

Improving Antipsychotic Adherence Among Individuals with Schizophrenia Spectrum Disorders Admitted to an Inpatient Psychiatric Unit: A Quality Improvement Project

Steven Broker

Abstract

Nature and Scope of the Project. Antipsychotic nonadherence is the most common contributing factor associated with readmission of patients with schizophrenia spectrum disorders (SSD). This quality improvement (QI) project is aimed to educate registered nurses (RNs) on an inpatient behavioral health unit to complete a standardized antipsychotic adherence assessment tool – the medication adherence report scale (MARS) – with admitted patients.

Synthesis and Analysis of Supporting Literature. The MARS scores have demonstrated a significant association with antipsychotic blood serum levels, supporting its validity to evaluate or screen for nonadherence. Adherence assessments have proven clinically relevant as screening tools to identify candidates for adherence-promoting interventions. Two interventions to improve antipsychotic adherence are long-acting injectable antipsychotics (LAIA) and telehealth technologies.

Project Implementation. RNs received evidence-based educational material and a 15-minute educational session on the MARS tool and project objectives. RNs completed the MARS assessment with patients with SSD and communicated the score to the health care provider. In instances of identified low adherence, RNs educated patients on facility-specific telehealth technologies.

Evaluation Criteria. Data collection included staff signatures to verify participation and the review of patient charts to determine the rate RNs completed and communicated the results of the MARS adherence assessment of total eligible patients. Additionally, chart reviews were used to verify what percentage of eligible patients received either LAIA or telehealth education.

Outcomes. Fifty-one (93%) of RNs attended an educational session. Forty-five patients with SSD were admitted during the trial. RNs completed the MARS assessment and communicated the results of 29 patients (64%). RNs failed to offer the assessment to four patients (8%). 24 patients (83%) MARS scores indicated nonadherence. Of these 24 patients, 11 (46%) received telehealth education, and two patients (8%) were prescribed LAIA medication. In contrast, zero patients received telehealth education and one patient received LAIAs in the 30-days before the study.

Recommendations. This QI project demonstrated the value of implementing an antipsychotic nonadherence screening tool on inpatient behavioral health units that serve patients with SSD.