

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: PMRI – Psychiatric Medication Review Instrument

Function Category:

PATIENT-FOCUSED

ORGANIZATION

STRUCTURES

Sub-category(s): Care of Patient

Heading: Medication Use

Contact Person: Marlene Cordero, MD

Telephone Number: 805-468-2395

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

PMRI - Form

Staff Training Curriculum

Photographs

Video Tape

Drawings

Manual

1. **SELECTION OF PROJECT/PROCESS AREA** (Describe how and why your team selected this project/process area for improvement.):

Psychiatric medication is one of the primary methods of therapy in a mental health setting. Assessing its efficacy can be challenging when several medications may be used at one time and when medications are used in conjunction with other therapeutic modalities. ASH developed the PMRI in an attempt to rate psych symptoms over time in association with the medications that a patient may be taking.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

Patient progress in treatment and efficacy of medications was only documented in the narrative MD progress notes. Depth and Style of documentation varied greatly depending on practitioner. A view of progress over time and response to psych. medications, was difficult to picture for the MD and for other clinician's working with the patient.

3. **ANALYSIS** (Describe how the problem was analyzed.):

In a narrative form, the medication related treatment outcome information was difficult to retrieve and virtually impossible to trend.

4. **IMPLEMENTATION** (Describe your implementation of the solution.):

The Medication Use PMT in collaboration with the Dept. of Psychiatry formed a group to develop and revise the instrument called the PMRI. (see attached Form) They developed descriptors for each of the items on the form.

The Psychiatric Medication Review Instrument –Version 2000 was revised to provide the professional staff of Atascadero State Hospital with an efficient, valid, reliable, and rapid evaluation procedure for assessing the impact of psychotropic medications on the signs and symptoms of the forensic patients served by this facility.

Goals of Revision:

The PRMI Revision Committee set forth the following goals for the revision of the previous version of the PMRI.

- 1) Improve on the reliability and validity of the previous version of the PMRI to better assist psychiatrists in psychotropic prescriptive decisions for individual patients.
- 2) Provide ASH psychiatrists and psychologists involved in forensic testimony with clearer indices of patient status over time while receiving different dosages and combinations of psychotropic medications. That is, make the PMRI more defensible in court testimony.
- 3) Include items for mentally disordered offenders (MDO's).
- 4) Develop an instrument that is quick and easy to use that can be used at the time of medication reviews.
- 5) Update item descriptors to conform to changes in the DSM-IV and assessment descriptors used by widely accepted psychiatric rating scales used in psychiatric and psychopharmacology research.
- 6) Meet JCAHCO criteria of measuring progress (or lack of) in reducing psychopathology and side effects. This goal had been presented to JCAHO surveyors during the 1994 accreditation site visit.

5. **RESULTS** (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

The resulting form was a two sided grid that listed a patients psychiatric medications, corresponding lab results, and displayed 12 months worth of rating the severity of a patients signs and symptoms.

6. **LEARNING** (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

1) Drug Use Evaluations conducted by the pharmacy showed us that the Original rating scale and number of descriptors were not detailed finely enough to capture the subtleties of a patient's progress in mental health. The PMRI Team developed a revised version of the form with more a more detailed rating scale and an increased number of signs and symptoms to better capture the patients progress.

2) In follow-up audits after the first version of the PMRI was in use for a year, we found that just printing and distributing the descriptors was not enough to guarantee consistent use of the form by practitioners.

With the revision of the form a training packet and training session was devised for PMRI users to facilitate inter-rater reliability and consistency throughout the hospital.

3) The PMRI is designed primarily to measure a patient's response to psychiatric medications. Caution must be exercised in the interpretation of PMRI scores. Other factors including psychopathy and organic brain disorders, e.g., retardation, head injury, may significantly influence forensic issues.

4) The PMRI does not stand alone. It must correlate to, and be substantiated by, Physician's Progress Notes and ID Team notes. The PMRI is intended to provide a mechanism for visual tracking to review a patient's response to psychiatric medications over time.