An Inpatient Psychiatry Quality Metric

The Problem

The Patient Outcome Research Team (PORT) study found that patients with acute psychotic symptoms responded best when given a 300-1,000 chlorpromazine (Thorazine) equivalent dose per day of an antipsychotic medication for at least 6 weeks. Giving a dosage lower than the chlorpromazine equivalent results in suboptimal outcomes, while a higher dosage increases the likelihood of side effects without showing improved effectiveness.

Aim

To monitor the percentage of psychiatric inpatients with schizophrenia discharged on a chlorpromazine equivalent dosage in this target range of an antipsychotic (one of the most standardized psychiatric quality measures nationwide)

The Team

- Rohn Friedman, M.D., Vice Chair, Department of Psychiatry
- Stephenie Loux, M.S., QI Data Analyst, Department of Psychiatry
- Chris Coconcea, M.D., Medical Director, Inpatient Psychiatry Unit

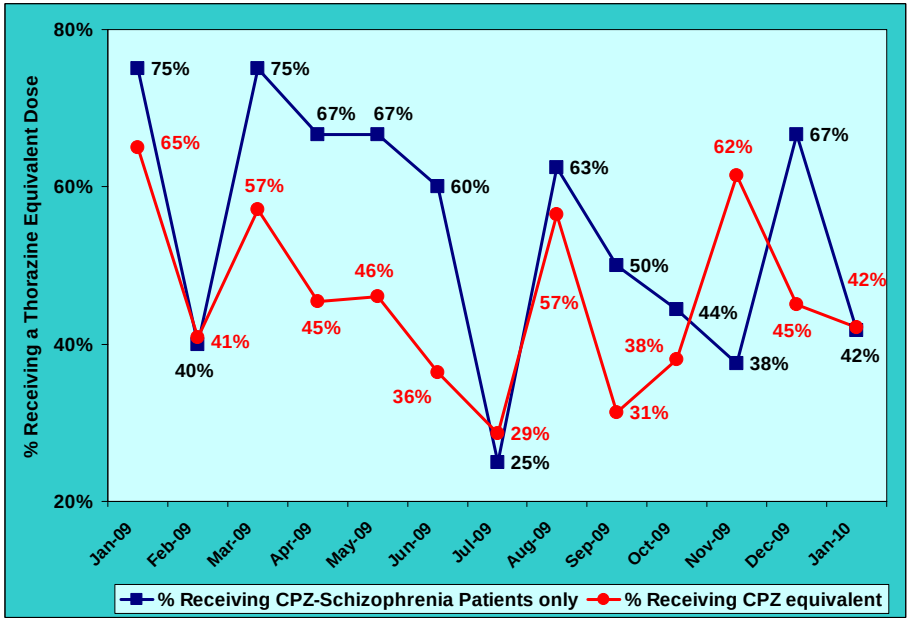
The Interventions

- Pilot calculations of chlorpromazine equivalent dosages, including of newer antipsychotics that were not part of the original PORT data
- Calculate the percentage of patients with a psychosis diagnosis who were discharged on a 300-1,000 chlorpromazine equivalent dose of an antipsychotic medication.

The Results/Progress to Date

The results show a significant variability from month to month. Some of this is likely due to the small numbers who have a psychotic diagnosis each month, ranging from 8 to 20 patients. The median for patients with any psychosis and those with a schizophrenia diagnosis is 45% and 60%, respectively.

Percentage of Patients Receiving a Thorazine Equivalent Dose



Lessons Learned

There are a wide range of diagnostic entities that fell into the initial diagnostic "net"; using a more homogeneous diagnostic group (patients with schizophrenia diagnosis) significantly increased the likelihood of reaching the recommended dosage.

Next Steps/What Should Happen Next

We will conduct more in-depth analyses to identify patient characteristics and other factors that may explain why some patients are not receiving an antipsychotic dose in the target range.

We will also develop strategies and interventions to insure that patients in whom it is clinically indicated consistently receive a chlorpromazine equivalent dose in the target range at discharge.

Beth Israel Deaconess Medical Center | A teaching hospital of Harvard Medical School | The Silverman Institute For Healthcare Quality and Safety

For More Information Contact

Rohn Friedman, M.D., Vice Chair, Psychiatry

rfriedma@bidmc.harvard.edu