



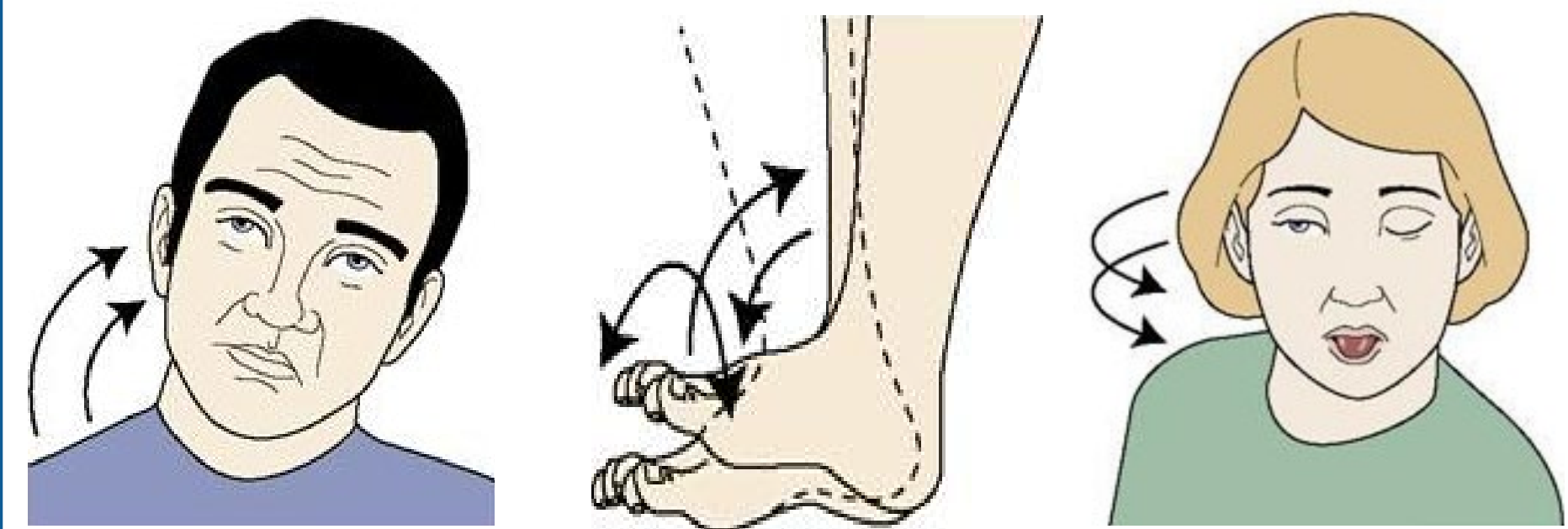
Improving AIMS Documentation for Patients on Antipsychotics in the UVA Neurodevelopmental and Behavioral Pediatrics Clinic

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Introduction

The American Academy of Child and Adolescent Psychiatry recommends using standardized rating scales such as the AIMS (Ambulatory Involuntary Movement Scale) to monitor patients on antipsychotic medications. In our NDBP clinic, providers do not consistently use and/or document an AIMS score for patients on antipsychotic medications. Side effects of antipsychotic medications, including acute dystonia, akathisia, and most importantly tardive dyskinesia, can be very dangerous and warrant close monitoring.

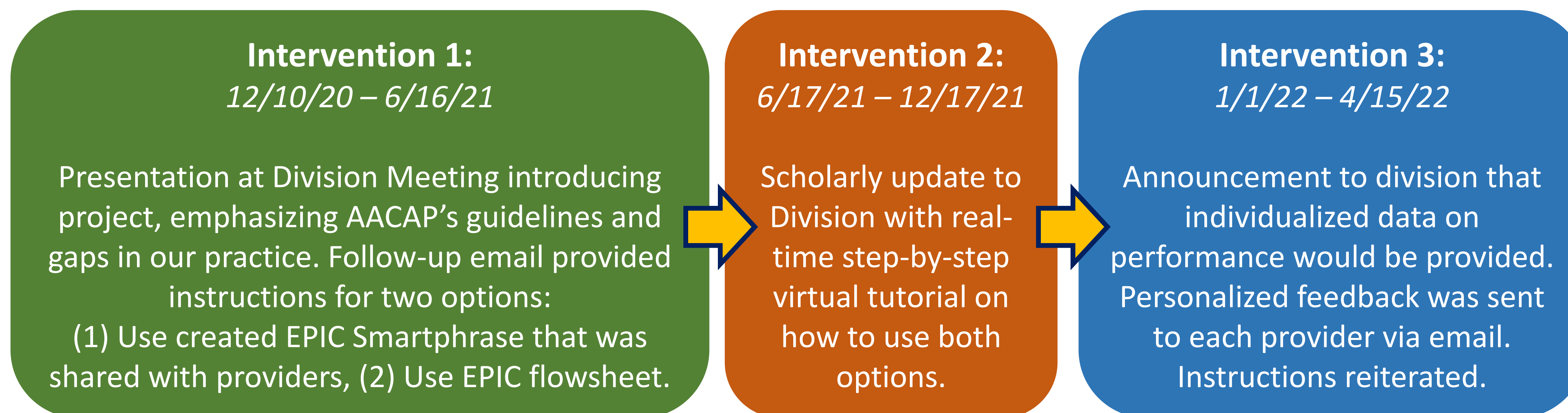


Objectives

The goal was to increase AIMS documentation rate for patients on antipsychotics prescribed by our clinic. Successful documentation was defined as having an AIMS fully recorded for their visit. This could be accomplished by using an EPIC Smartphrase in encounter note or by using a flowsheet in EPIC.

Methods

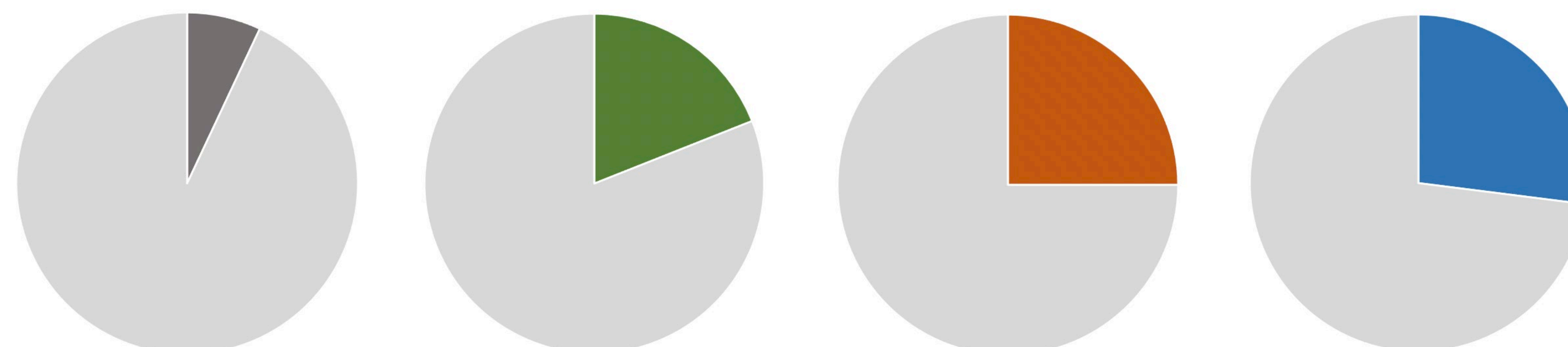
- Recruited providers who were interested in participating
- Used EPIC SlicerDicer to obtain list of all antipsychotic prescriptions written by those providers
- Reviewed charts to include only prescriptions associated with in-person or video telemedicine encounters where patient was already on the medication
- Obtained baseline data (percentage of encounters per time period that had documented AIMS)
- Performed 3 PDSA cycle interventions, obtaining data after each intervention



Results

	Baseline Data	After Intervention 1	After Intervention 2	After Intervention 3
AIMS Documented	3	23	24	12
Total Encounters	41	123	95	45
Percentage	7%	19%	25%	27%

AIMS documentation increased from 7% to 27% after all interventions.



Conclusions

- Our clinic refills these medications often without associated encounter
 - Most notable increase in documentation was after simply drawing attention to problem and providing documentation options
 - While overall there was improvement in documentation, level of success varied by provider
 - Note option was used more often than flowsheet (35 vs 24 times)
- Future directions:**
- Other possible interventions: building reminder into EPIC, physical prompts in clinic
 - Expand to lab monitoring

References

- American Academy of Child and Adolescent Psychiatry. PRACTICE PARAMETER FOR THE USE OF ATYPICAL ANTIPSYCHOTIC MEDICATIONS IN CHILDREN AND ADOLESCENTS. 2011.
- Harrison et al. Antipsychotic Medication Prescribing Trends in Children and Adolescents. J Pediatric Health Care. 2012 Mar; 26(2): 139-145.
- Introduction images: <https://www.parkinsonsinfolclub.com/is-tardive-dyskinesia-a-symptom-of-parkinsons/>

Acknowledgements

The Blue Ridge Leadership Education in Neurodevelopmental Disabilities (Blue Ridge LEND) and this project are supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,242,875. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.