

Background

- Outpatient Psychiatric services need to monitor certain evidence-based quality indicators that promote patient safety and guide standards of care.
- Our Child and Adolescent Psychiatry (CAP) fellow outpatient clinic provides psychotherapy and pharmacological management to a population in a major metropolitan city, who belong to various minority predominantly African American and reduced socio-economic at-risk groups.
- The COVID pandemic has brought about a lot of changes in psychiatric practice which includes Telepsychiatry.
- This study aims to determine if greater use of telepsychiatry has resulted in changes in compliance with the evaluation of basic vital sign parameters of our patients during the peripandemic era.

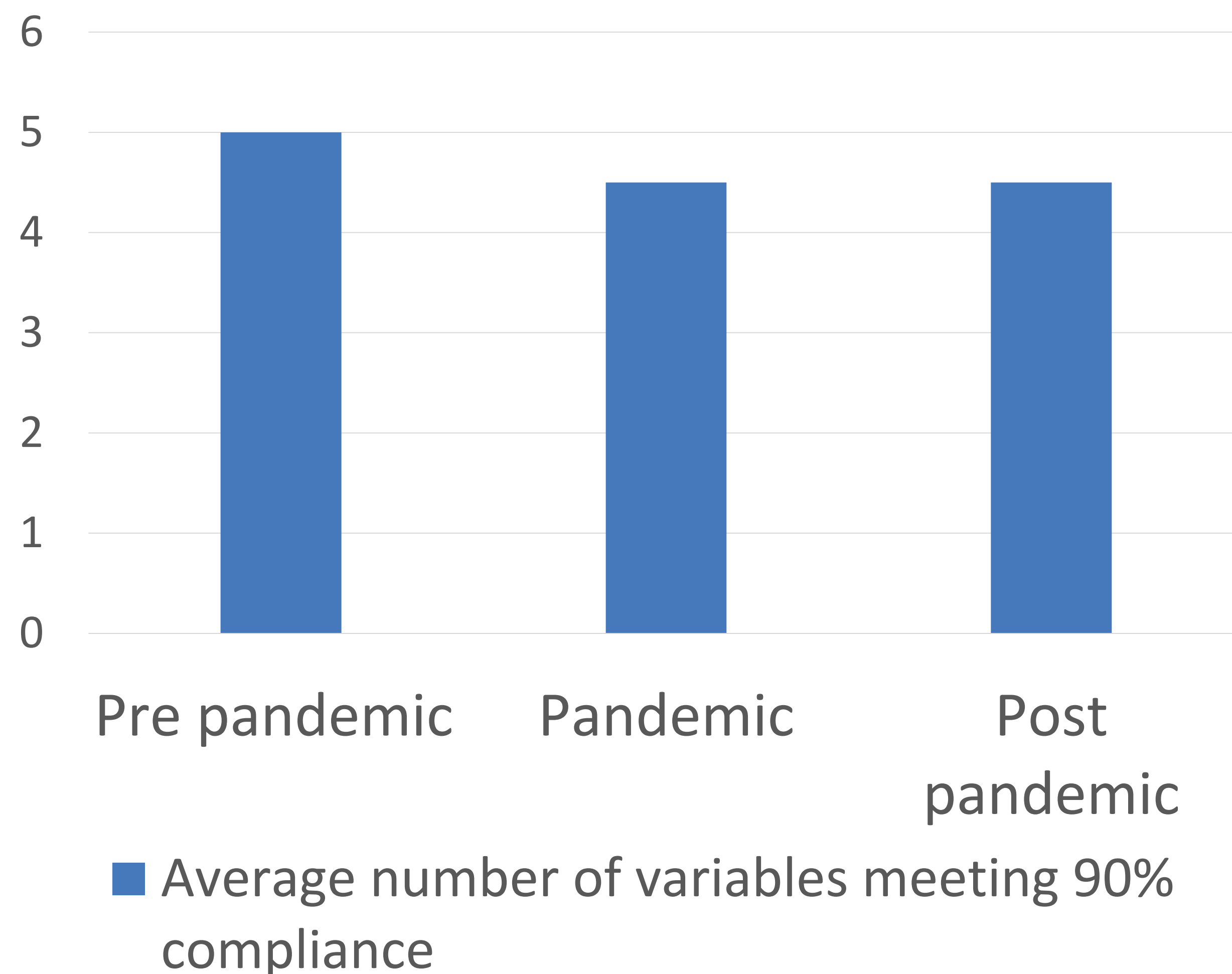
Objectives

- Evaluate the quality of care before the COVID pandemic using certain indicators
- Determine the changes of these indicators during and after the pandemic
- Evaluate the effect of trends in telemedicine on these indicators

Methods

- This is a retrospective analysis looking at compliance with 9 parameters(Blood pressure, Heart rate, Height, weight, graphed height, BMI, graphed weight, BMI percentile graph, documentation of abnormal BMI percentile)
- We reviewed regular monitoring of BMI, if BMI range less than 5 percentile or greater than 95% then reviewing if chart had documentation addressing nutrition.
- Data was collected yearly from 2019 to 2023

Average number of variables meeting 90% compliance



Results

- Before the pandemic an average of 5 out of 9 variables met the quality-of-care standard of 90% compliance (range 3-9). During the pandemic (Jan '20 to June '21) 4.5 variables on average met the standard (range 1-8) and after the pandemic, 4.5 variables again (range 3-6).
- ANOVA analysis showed no difference between the groups (p=0.98).
- The compliance was tracked of recorded direct measurements, or by pulling data from the care everywhere functionality of the electronic medical record system: for example in the 2023 data, nine of the sixteen patients (56.25%) had measurements pulled from nearby hospitals and clinics that were using the same electronic health record system.

Conclusion

- Changes with formats of practice during the pandemic brought in alterations with routine components of visits.
- Our quality improvement project helped monitor standard of care with yearly review and efficiently help address changing needs with the evolving care model.

References

1. Bardach NS, Burkhart Q, Richardson LP, Roth CP, Murphy JM, et al. Hospital-Based Quality Measures for Pediatric Mental Health Care. *Pediatrics*. 2018 Jun;141(6):e20173554. doi: 10.1542/peds.2017-3554. PMID: 29853624; PMCID: PMC6317537. Wolraich ML, Hagan Jr JF,
2. Allan C, Chan E, Davison D, et al. Clinical Practice Guideline for the Diagnosis, Evaluation and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. 2019 Oct; 144 (4): e20192528. doi: 10.1542/peds.2019-2528.
3. <https://www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/> Follow-Up Care for Children Prescribed ADHD Medication – NCQA. Accessed 9/4/2023
4. <https://www.dhs.pa.gov/contact/DHSOffices/Documents/Guidelines%20for%20Best%20Practice%20in%20Child%20and%20Adolescent%20Mental%20Health%20Services.pdf> Guidelines for Best Practice in Child and Adolescent Mental Health Services. Accessed 9/4/2023