Additionally, the type of polypharmacy could be categorised, and this demonstrated a but also with evidence of decrease in dual oral APP and oral and depot APP. Antipsychotic polypharmacy, primarily due to reduction of APP due to ‘prn’ prescriptions, Over the period of the ‘Plan-Do-Study-Act’ cycles, there was an overall reduction in Ward at the Forensic Hospital, and the rate of non-evidence based polypharmacy antipsychotic polypharmacy for all patients in Bronte Ward, an Acute Admission By December 2016 there will be a system in place to reduce non-evidence based APP, and the ability provided by the project discriminate between evidence based and non-evidence based (i.e. ‘unwarranted’) APP after project was 12-16%. Other benefits:

- Anecdotally, there was no increase in aggression.
- Balancing Measure:

  - Support prescribes good practice eg. med reduction (decrease in rate of the
  - Decrease or manage the risk of reducing medication (eg. long term)
  - Reduce the need for depot and oral APP of different types
  - Increase acceptance of and use of evidence (as it may be seen as not applicable)
  - Improve non-medical staff awareness of quality improvement
  - Increase compliance guidelines
  - Reduce legacy prescribing
  - Process Measure: How much; By when
  - Reasonable medication rationalisation
  - Reduce inpatient APP from previous prescribed
  - Increase APP form to identify cases for completing the APP form)
  - Develop clear policies, guidelines, support
  - Increasing compliance (eg. HANP APP, support, education, availability)
  - Reduce inpatient APP from previous prescription
  - Decrease or manage the risk of reducing medication (eg. long term)
  - Reduce the need for depot and oral APP of different types
  - Increase acceptance of and use of evidence (as it may be seen as not applicable)
  - Improve non-medical staff awareness of quality improvement
  - Increase compliance guidelines
  - Reduce legacy prescribing
  - Process Measure: How much; By when
  - Reasonable medication rationalisation
  - Reduce inpatient APP from previous prescribed
  - Increase APP form to identify cases for completing the APP form
- Solution Development:

  - The APP form was refined following feedback from the first PDSA cycle, in particular being easier to use, and incorporating an evaluation of consumer engagement. Also it included a method to register repeated APP form completion.

- Overall Outcome:

  - Outcome: By January 2017 there was a system in place to reduce unwarranted antipsychotic polypharmacy for all patients in Bronte Ward, an Acute Admission Ward at the Forensic Hospital, and evidence based and the amount non-evidence based antipsychotic polypharmacy had been reduced by 50%. A project team focused on one solution as a priority, namely to implement a step based antipsychotic/polypharmacy form for consultant psychiatrists and MDTs, as relatively high impact and easy to implement.

  - Thanks: The project team, and particular thanks to Mr Dale Owens Quality representative. Thanks:

- Team members:

  - Dr Tobias Mackinnon, Statewide Clinical Director Forensic Mental Health
  - Ms Michelle Eason (ECLP graduate, Practice Development)
  - Dr Stephen Hampton (ECLP), Ms Janelle Bunzombe (DCD)
  - Ms Grant Kingston (Nurse Manager Practice Development)

- Project Team

  - Dr Tobias Mackinnon, Statewide Clinical Director Forensic Mental Health
  - Ms Dare Owens, Quality Coordinator Mental Health; JHM/NPH
  - Dr Adrian Keller, Clinical Director, The Long Bay and Forensic Hospitals
  - Ms Donna Riemerjen, Chief Pharmacist, Justice Health and Forensic Mental Health Network
  - Ms Kelly Yates, Director of Nursing, The Forensic Hospital
  - Medical and nursing reps (each ward)
  - Junior doctor from ward involved
  - Consumer Representative, The Forensic Hospital

- Literature review:


- Results continued:

  - With the reduction in APP and the ability provided by the project discriminate between evidence based and non-evidence based APP, the level of non-evidence based (i.e. ‘unwarranted’) APP after project was 12-16%.

    - Balancing Measure:

      - Anecdotally, there was no increase in aggression.

    - Audit of the Incident Management System showed no increase in measures of
      - Other benefits:

      - Monitoring was in place for each patient on APP whether EB or NEB after project.
      - Consumer engagement was measured in round 2, with 71% of those nee
      - Feedback from participants on the project was also positive, including the consumer representative.

- Link to National Standards or LHD Strategic Imperative:

  - Justice Health & Forensic Mental Health Network’s Strategic Plan, Outcome 1.2: The health of our patients and their experiences of care improve

  - National Safety and Quality Health Service Standards: Standard 1 – Governance for Safety and Quality in Health Service Organisations, Standard 4 – Medication Safety

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  - Consumer Representative, The Forensic Hospital

- Plan to sustain change:

  - 1. Standardisation: Continue to disseminate guidelines
  - 2. Documentation:

      - Formalise the APP form via the JHM/NPH forms committee, consider an e-form
  - 3. Measurement:

      - Use the HANP data collection and analysis of APP form data (passive e-form)
  - 4. Training:

      - Include awareness of APP form and system for all new registrars
      - Education and support for staff, particularly around risk of prn polypharmacy

- Thanks:

  - The project team, and particular thanks to Mr Dale Owens Quality Coordinator Mental Health for his exceptional assistance with this project.