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ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

DATE ISSUED: August 26, 2010 **REVISED**: April 2, 2013

SUBJECT: **Administrative Bulletin 3:36**
Prevention and Management of Metabolic Syndrome in State Psychiatric Hospital Patients

The attached **revised** Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this order is responsible for being familiar with the content and ensuring that all affected personnel adhere to it.

Lynn A. Kovich
Assistant Commissioner

LAK:pjt

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
ADMINISTRATIVE BULLETIN 3:36

Effective Date: August 26, 2010

Date Revised: April 2, 2013

SUBJECT: Prevention and Management of Metabolic Syndrome in State Psychiatric Hospital Patients

I. Purpose

This bulletin establishes policies and practices that will reduce the risk to patients in state psychiatric hospitals of the adverse effects of metabolic syndrome. It will do this by ensuring that each hospital shall:

- screen and monitor patients at risk for metabolic syndrome;
- adjust psychotropic medications to reduce medical complications;
- educate patients and family members on their risks for metabolic syndrome;
- provide patients with medical, psychiatric, educational, recreational and rehabilitative interventions to make needed dietary and lifestyle changes; and
- ensure that treatment and discharge planning includes wellness interventions and coordinates care with community providers.

II. Statement

Individuals with psychiatric disorders have a high rate of premature mortality related to metabolic syndrome, including cardiovascular disease and diabetes mellitus. While lifestyle, genetic and health care delivery issues can affect cardio-metabolic risk in this population, there is substantial evidence that antipsychotic treatment can influence risk through effects on body weight as well as on lipid and glucose metabolism. As health care facilities, state psychiatric hospitals shall implement appropriate screening, monitoring and treatment protocols to improve the physical health of patients. Furthermore, the hospitals shall ensure that they provide needed interventions to reduce other risk factors, such as smoking and obesity, and to promote physical activity and a healthy lifestyle. The hospitals will also ensure that they actively seek consumer input into all wellness activities and interventions, so that consumer self-management/self-efficacy for these conditions is the focus of these interventions.

III. Relevant Policies

A.B. 3:35 Prescribing Psychotropic Medication in State Psychiatric Hospitals.

IV. Definitions

Metabolic syndrome (MetS), also called cardio-metabolic syndrome, is a clustering of interrelated risk factors for developing cardiovascular disease and Type 2 diabetes. The key components of MetS are abdominal obesity, hypertension, hyperglycemia and dyslipidemia.

Wellness is as an active process in which persons in recovery are empowered to make purposeful choices that lead to a more satisfying and healthy lifestyle.

Wellness Committee is a hospital-wide committee responsible for the development and implementation of policies and programs designed to monitor efforts to address MetS and to otherwise promote health and wellness in both patients and staff.

V. Procedures

A. MetS Assessment and Monitoring

1. All patients will be screened for MetS upon admission and throughout their hospitalization. This shall include an admission health evaluation and physical exam, dietary assessment, and laboratory testing.

2. Following the admission assessment, treating psychiatrists, in consultation with Physician Specialists, will be responsible for reviewing and ordering appropriate tests and other interventions that will assess MetS risks in accordance with ADA/APA Consensus Guidelines (*J Clin Psychiatry 2004; 65: 267-72)* and the DMHAS Pharmacological Practice Guidelines for the Treatment of Schizophrenia (*http://www.state.nj.us/humanservices/dmhs/consumer/NJDMHS_Pharmacological_Practice_Guidelines762005.pdf*).

3. Findings of MetS testing will be documented on the Metabolic Syndrome Tracking form (attached), which will be completed by assigned clinical staff and maintained in the records along with the Psychotropic Medication Record. If diabetic patients are routinely receiving blood glucose or HbA1c testing and this is documented elsewhere in the medical record, this should be checked on the form

and this section does not need to be completed. Similarly, if other data (e.g., weight, blood pressure) are being obtained on a more frequent than usual basis and need to be documented elsewhere, then this should be noted on the tracking form.

4. The treating psychiatrist must review the form at least monthly, and complete needed documentation on the weekly/monthly Psychiatric Progress Note. The Note shall contain check-offs to indicate that the tracking form was reviewed and indicate whether any interventions are being provided to address the metabolic issues. At least monthly, the psychiatrist shall document an assessment of the patient's metabolic indicators and medical conditions, and response to the specific interventions (e.g. medication change, behavioral or educational interventions for diet or lifestyle changes, etc.), that are provided to address these issues, as described below.

5. If psychotropic medication changes are indicated, the psychiatrist will make them and document respectively. If no changes are being made in the medication and/or dosages of medication, the rationale for this must be documented in the weekly/monthly Psychiatric Progress Note. Practitioners will be aware of the principles of shared decision-making and will involve consumers in medication decisions; use of tools and decision aids, such as *Sharing Decisions About Medication (http://www.state.nj.us/humanservices/dmhs/news/publications/Sharing_Decisions_re_Meds_revised_2012.pdf)*.

6. Consultant pharmacists will routinely review compliance with completion of the Metabolic Tracking form (e.g., whether the records contain the form and all of the required elements on the form are documented) and they will forward results of this to the attending psychiatrist or psychiatric APN..

7. Managing Physicians and medical staff will be responsible for routinely reviewing feedback from consultant pharmacists, monitoring prescribing practices in response to metabolic issues, and incorporating this into peer review processes established in the hospitals.

8. The Wellness Committees at the hospitals shall aggregate and track data from patients' metabolic tracking forms and medication orders (weights, BMI, waist measurement, blood pressure, serum lipids, and glucose/HgA1C) and report this to the DMHAS Medical Director on a quarterly basis in a form that is requested.

B. Treatment Planning and Wellness Education/Interventions

1. The treatment team shall be responsible for educating consumers about their individual risks and for teaching them how to monitor and self-manage these conditions. This shall require that they do the following
   a. Assess consumers for their need for healthy lifestyle education and other wellness interventions, as well as their readiness (e.g., stages of change);
   b. Assist consumers in developing goals for a healthy lifestyle;
   c. Regularly review each consumer's participation in wellness interventions and modify them as needed;
   d. Document the effectiveness of wellness interventions in the medical records, including the treatment plan and progress notes.

2 All hospitals will have one or more clinics supported by a Physician/Physician Specialist and nutritionist, who will be responsible for making clinical and treatment recommendations for patients at risk of MetS, and they will refer patients to appropriate specialty consultants.

3 Treatment teams will ensure that patients' cardio-metabolic issues are addressed upon their discharge by directly communicating the patients' needs to community providers, including primary care physicians. Psychiatrists shall incorporate plans to manage patients' metabolic risk, as well as patients' individual wellness goals, in their discharge summaries and other documents sent to providers of aftercare.

C. Wellness Committees

1. Hospitals will maintain a Wellness Committee that shall have overall responsibility for the ongoing review of patients' cardio-metabolic data, designing, implementing and for overseeing educational and therapeutic programs that will engage patients in health/wellness interventions including nutrition, tobacco cessation treatment, physical fitness and other relevant activities.

2. The committee will be composed of clinicians and administrators who can effectuate these practices in the hospitals, and so can include physicians, psychologists, physicians, nurses, social workers, nutritionists, rehabilitation, pastoral care staff, and pharmacists. Consumers, such as those at the self-help centers on

campus, shall either attend or have their views represented at committee meetings.. The committee shall be chaired by an executive level staff member, such as the Medical/Clinical Director, Chief of Psychiatry, Chief of Medicine or Deputy CEO or designee.

3. Aggregated MetS data will be reviewed and analyzed by the Wellness Committee and routinely shared with physicians and other staff. The data analysis will become part of the hospitals' quality improvement activities and shall be reported to DMHAS in a format developed by the DMHAS Medical Director.

4. The state hospitals' Wellness Committees shall send representatives to a central Wellness Committee, the Statewide Wellness Committee at the Division in order to review this data and discuss hospitals' health and wellness initiatives. The central Wellness Committee shall be chaired by the DMHAS Medical Director or designee and include the Special Assistant for Consumer Affairs and staff from the Office of State Hospital Management. The committee shall also invite participation of the Chief Dietitian and Chief Pharmacist in DHS.

D. Within 90 days after the effective date of this bulletin, hospitals shall have implemented this bulletin and submitted a detailed summary to the DMHAS Medical Director providing their plans to manage and prevent MetS.

4/2/13
Date

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Division of Mental Health & Addiction Services

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