

Contraception for Inpatient Psychiatric Patients: A QI Project to Increase Screening and Prescribing Practices of Psychiatric Providers in a Community Hospital



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Background

- Patients with psychiatric illness are at increased risk of unplanned pregnancy and reduced access to care.¹
- In addition, patients are more likely to take teratogenic medications or use substances that could harm a pregnancy.¹
- Despite these issues, birth control status and contraceptive needs remain under-addressed issues on inpatient psychiatric units.²
- Patients desire for their reproductive health to be addressed during inpatient psychiatric stays.³
- Rate of prescription contraceptive use in the general public is 27.5%, according to CDC data.⁴

AIM: Increase the rate of contraception screening and prescribing on an inpatient psychiatry unit to that of the general public.

Methods

- Community safety-net hospital with 120 psychiatric beds
Target population: pregnancy capable individuals aged 18-52
- Identified low baseline level of contraception prescribing in patients hospitalized on inpatient psychiatry.
- Surveyed inpatient psychiatric providers regarding comfort and barriers to screening and prescribing.
- Collaborated with pharmacy and OB/GYN department to establish formulary options.
- Created and implemented an algorithmic Smart Phrases within the EMR for screening and prescribing.
- Collected recurring data to monitor changes in screening and prescribing rates for psychiatric inpatients
- Presented educational materials to stakeholders to encourage participation

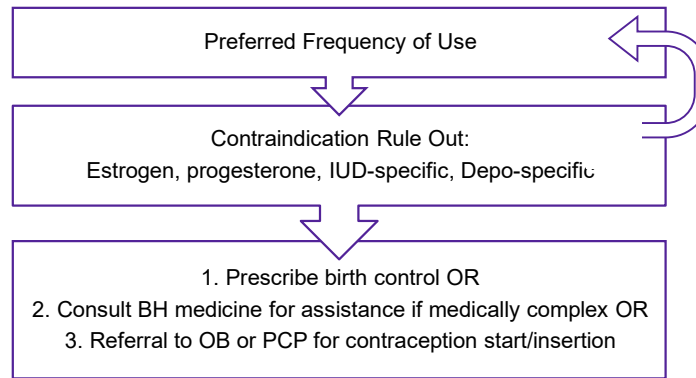
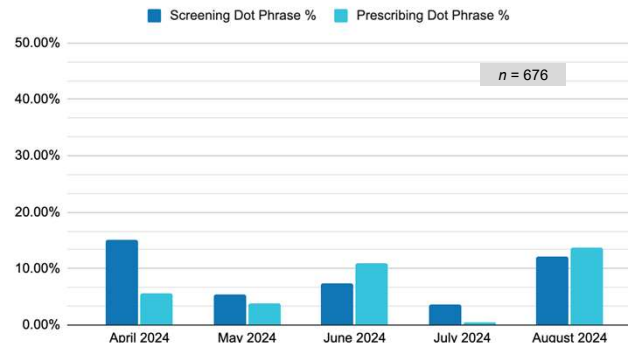


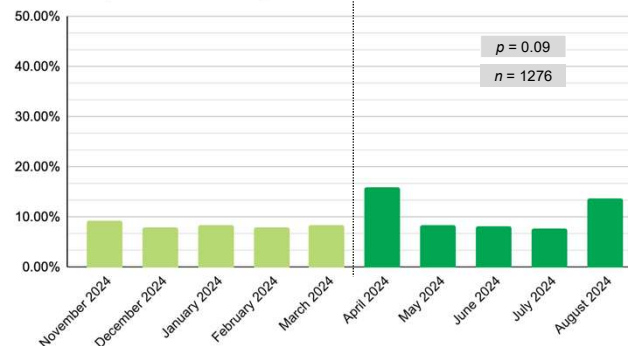
Figure 1: Schematic of Prescribing Dot Phrase

Results

Use of Contraception Dot Phrases in Psychiatric Inpatients



Contraceptive Prescribing Rates Pre- & Post-Intervention



Conclusions

- Contraception dot phrases were used at low rates (6-8% of eligible patients) despite ongoing educational initiatives
- Statistically insignificant increase in contraceptive prescribing 5 months pre- and post-intervention
- Absolute rate of contraceptive prescribing remained below goal (10.86%)
- Statistically insignificant increase in OB referrals

Limitations:

- Missing data for PCP referrals
- Data does not capture gender nonconforming patients who are pregnancy capable

Ongoing barriers:

- Time limitations on providers, especially on high volume services
- No routine long-acting reversible contraceptive placement on inpatient floors
- Ongoing discomfort with medical complexity of contraceptive prescribing

Next steps:

- Re-survey providers to assess obstacles
- Involve nursing staff to assist with screening, particularly in high volume/turnover areas
- Increase multidisciplinary collaboration for support around medically complex cases
- Consider implementing of screening in outpatient clinics

Disclosures

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