**Atypical antipsychotics** are associated with serious metabolic side effects: *weight gain*, dyslipidemia, diabetes, and heart disease. There is increasing evidence that *early identification* through BMI monitoring and treatment with metformin may prevent these side effects.

We speculated that although our residents were aware of the potential for these side effects, they were not being systematically documented prior to our intervention.

We therefore conducted a needs assessment and identified that BMI was being adequately documented *0% of the time* at UCSF outpatient psychiatry.

**Project Goal**

Increase documentation to ≥2 BMIs in ≥50% of patients on atypical antipsychotics in the outpatient setting over the academic year.

**The Intervention**

We used a “cause and effect fishbone” to gather data about the problem, and identify barriers to BMI documentation as well as potential solutions. After mid-year results, we held a focus group of affected individuals to brainstorm additional interventions.

**The Intervention (cont.)**

We implemented the following specific measures:

- **Universalization of documentation practices**
- **Education** (in resident didactics, in clinic)
- **Reminders at multiple levels** (emails, grand rounds announcements, making the clinic scale more visible)
- **Patient involvement** (flyers for patients in the waiting room, reminders asking patients to weigh themselves, examples below)
- **Incentivizing** (started a competition between outpatient teams, winner to receive an additional prize)
- **Personal accountability** (residents audited themselves)

**Results**

<table>
<thead>
<tr>
<th>Team</th>
<th>Baseline</th>
<th>Mid-Year</th>
<th>Third Quarter</th>
<th>Final</th>
</tr>
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<tbody>
<tr>
<td>Team 1</td>
<td>0.0%</td>
<td>46.7%</td>
<td>66.7%</td>
<td>?</td>
</tr>
<tr>
<td>Team 2</td>
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<td>48.3%</td>
<td>50.0%</td>
<td>?</td>
</tr>
<tr>
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<td>37.8%</td>
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<tr>
<td>Overall</td>
<td>0.0%</td>
<td>46.7%</td>
<td>51.7%</td>
<td>?</td>
</tr>
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</table>

**References**