

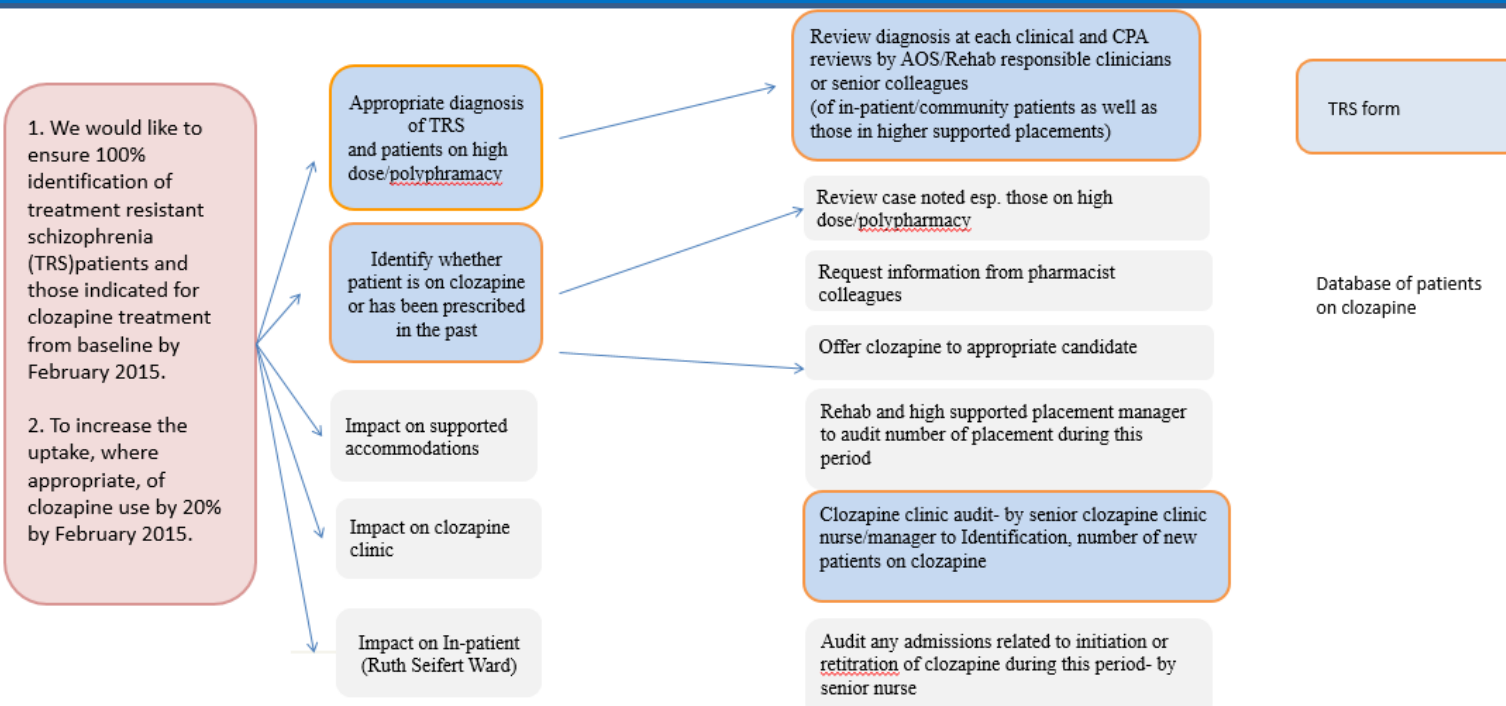
## Aim

1. We would like to ensure 100% identification of treatment resistant schizophrenia (TRS) patients and those indicated for clozapine treatment from baseline by February 2015.
2. To increase the uptake, where appropriate, of clozapine use by 20% by February 2015.

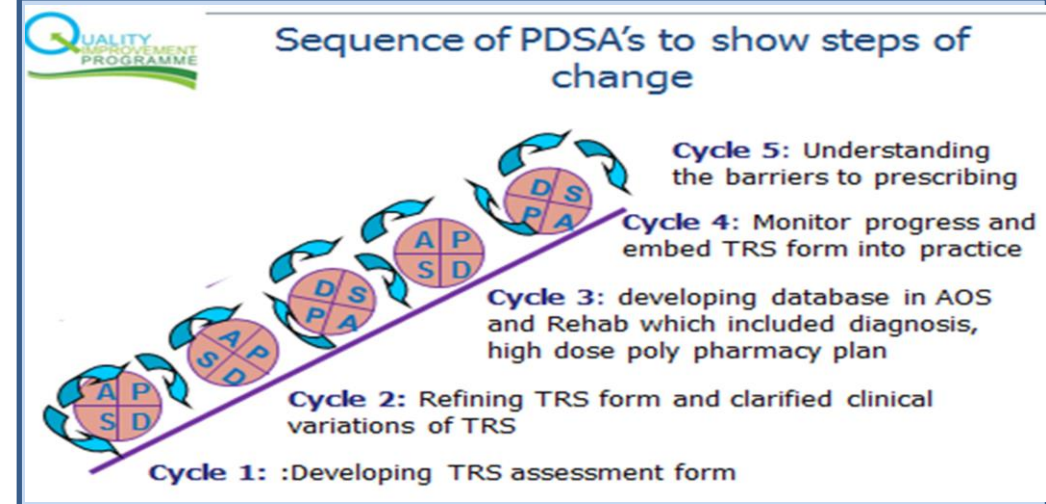
## Why is this important to service users and carers?

Evidence-based and leading guidelines (e.g. NICE, Maudsley) recommend the use of clozapine for patients with treatment resistant schizophrenia (TRS). Clozapine can have a transformative effect for these patients, enabling them to progress in their recovery and move forwards with their lives. It also replaces the use of multiple medications, thereby reducing the physical impact of high-dose treatment/polypharmacy. Literature in this area however also shows significant patient and clinician-related barriers in the prescribing of clozapine.

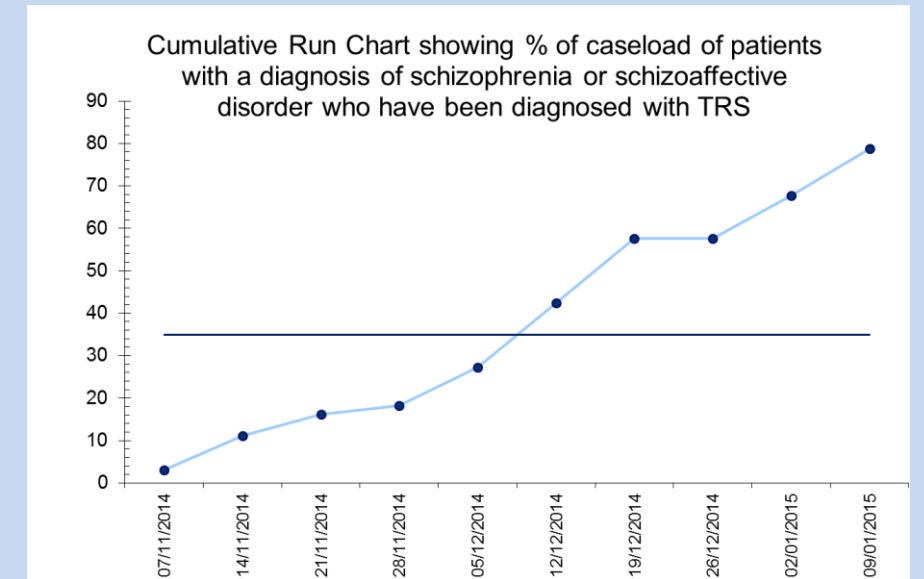
## Driver diagram



## Tests of Change



## Data



## Learning

The project evolved over time as we included other ward members in the project. QI philosophy around failure and testing. It is possible to test multiple change ideas in parallel. Meeting every week even if it was only for a few minutes ensured that the project kept on track. It was important to have more than one person owning the project so that it continued even in the team leaders absence.