Ensuring that clozapine has been considered (and tried or rejected) in all cases of treatment resistance and benign ethnic neutropenic patients with schizophrenia

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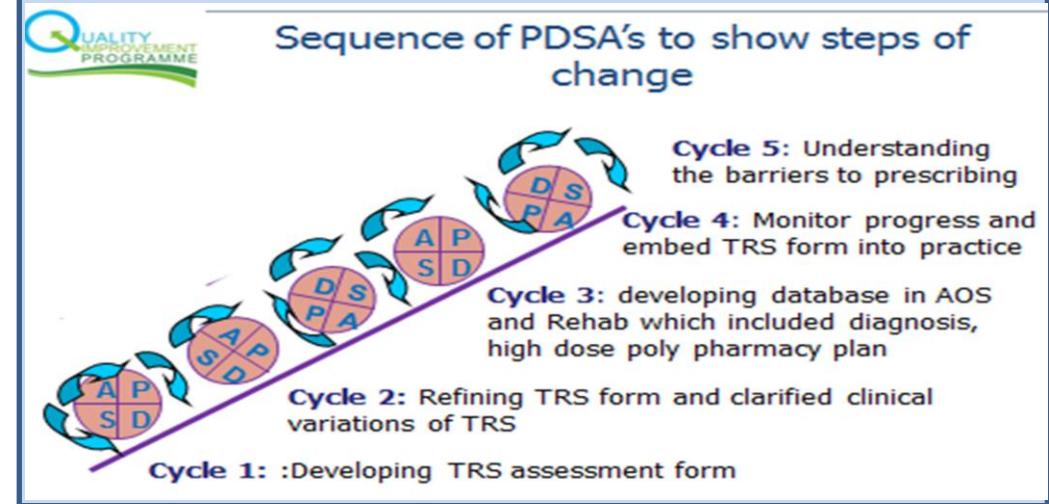
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Aim

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-base 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

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.

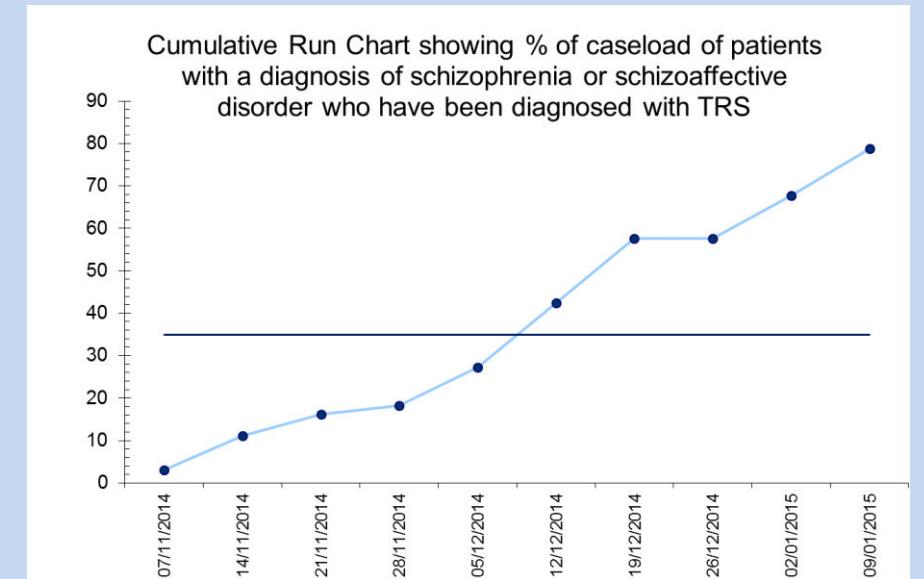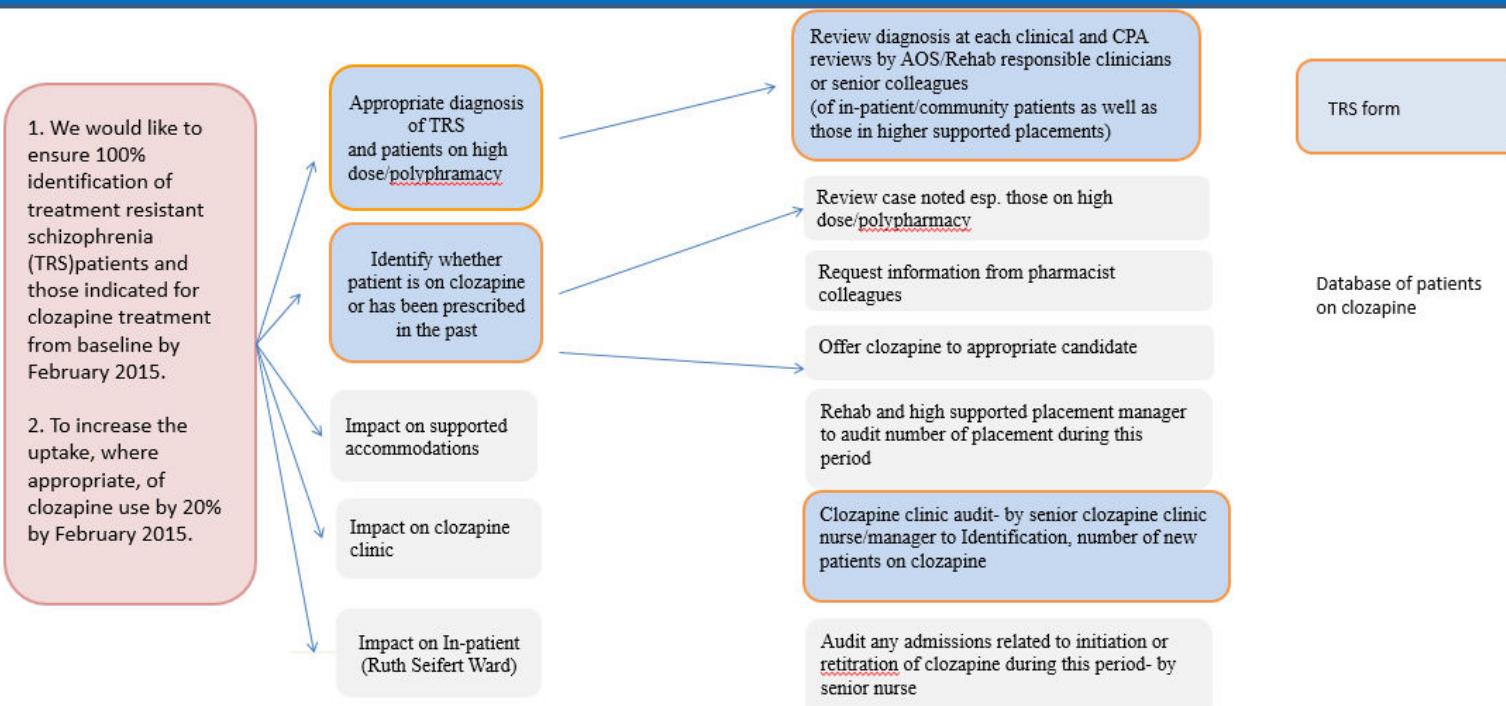2. To increase the uptake, where appropriate, of clozapine use by 20% by February 2015.

- Appropriate diagnosis of TRS and patients on high dose/polypharmacy
- Identify whether patient is on clozapine or has been prescribed in the past
- Impact on supported accommodations
- Impact on clozapine clinic
- Impact on In-patient (Ruth Seifert Ward)

- Review diagnosis at each clinical and CPA reviews by AOS/Rehab responsible clinicians or senior colleagues (of in-patient/community patients as well as those in higher supported placements)
- Review case noted esp. those on high dose/polypharmacy
- Request information from pharmacist colleagues
- Offer clozapine to appropriate candidate
- Rehab and high supported placement manager to audit number of placement during this period
- Clozapine clinic audit- by senior clozapine clinic nurse/manager to Identification, number of new patients on clozapine
- Audit any admissions related to initiation or retitration of clozapine during this period- by senior nurse

- TRS form
- Database of patients on clozapine

Tests of Change

Sequence of PDSA's to show steps of change

Cycle 5: Understanding the barriers to prescribing

Cycle 4: Monitor progress and embed TRS form into practice

Cycle 3: developing database in AOS and Rehab which included diagnosis, high dose poly pharmacy plan

Cycle 2: Refining TRS form and clarified clinical variations of TRS

Cycle 1: Developing TRS assessment form

Data

Cumulative Run Chart showing % of caseload of patients with a diagnosis of schizophrenia or schizoaffective disorder who have been diagnosed with TRS

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.