

Quality  
Standards

# Schizophrenia

Care for Adults in Hospitals

*Let's make our health system healthier*

# Summary

**This quality standard addresses care for people aged 18 years and older who have schizophrenia. The quality standard focuses on care for people who are in an emergency department or admitted to a hospital. It also provides guidance on care that takes place when a person is between settings, such as when discharged from a hospital.**

## About Quality Standards

Health Quality Ontario, in collaboration with clinical experts, patients, residents, and caregivers across the province, is developing quality standards for Ontario.

Quality standards are concise sets of statements that will:

- Help patients, residents, families, and caregivers know what to ask for in their care
- Help health care professionals know what care they should be offering, based on evidence and expert consensus
- Help health care organizations measure, assess, and improve their performance in caring for patients

The recommendations in this quality standard do not override the responsibility of health care professionals to make decisions with patients, after considering each patient's unique circumstances.

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# How to Use Quality Standards

Quality standards inform clinicians and organizations about what high-quality health care looks like. They are based on the best available evidence.

They also include indicators to help clinicians and organizations assess the quality of care they are delivering, and to identify gaps and areas for improvement. These indicators measure structure, process, and outcomes.

In addition, tools and resources to support clinicians and organizations in their quality improvement efforts accompany each quality standard.

For more information on how to use quality standards, contact [qualitystandards@hqontario.ca](mailto:qualitystandards@hqontario.ca).

# About Health Quality Ontario

Health Quality Ontario is the provincial advisor on the quality of health care. We are motivated by a single-minded purpose: **Better health for all Ontarians.**

## Who We Are

We are a scientifically rigorous group with diverse areas of expertise. We strive for complete objectivity, and look at things from a vantage point that allows us to see the forest and the trees. We work in partnership with health care providers and organizations across the system, and engage with patients themselves, to help initiate substantial and sustainable change to the province's complex health system.

## What We Do

We define the meaning of quality as it pertains to health care, and provide strategic advice so all the parts of the system can improve. We also analyze virtually all aspects of Ontario's health care. This includes looking at the overall health of Ontarians, how well different areas of the system are working together, and most importantly, patient experience. We then produce comprehensive, objective reports based on data, facts and the voice of patients, caregivers, and those who work each day in the health system. As well, we make recommendations on how to improve care using the best evidence. Finally, we support large scale quality improvements by working with our partners to facilitate ways for health care providers to learn from each other and share innovative approaches.

## Why It Matters

We recognize that, as a system, we have much to be proud of, but also that it often falls short of being the best it can be. Plus certain vulnerable segments of the population are not receiving acceptable levels of attention. Our intent at Health Quality Ontario is to continuously improve the quality of health care in this province regardless of who you are or where you live. We are driven by the desire to make the system better, and by the inarguable fact that better has no limit.

# About This Quality Standard

## Scope of This Quality Standard

This quality standard applies to the care of adults aged 18 years and older with a primary diagnosis of schizophrenia (including related disorders such as schizoaffective disorder) who are seen in an emergency department or admitted to an inpatient setting. This quality standard also includes guidance for the care of people who are transitioning from the inpatient setting to the community. While focused on hospital care, some of the interventions described are likely to take place outside of the hospital, following their initiation or a referral in hospital. All patients should have a follow-up visit after initiating any new treatment.

## Why This Quality Standard Is Needed

Schizophrenia is a severe and chronic mental disorder that usually begins when a person is in late adolescence or early adulthood. It is associated with “positive” symptoms such as hallucinations and delusions and “negative” symptoms such as social withdrawal and a loss of interest.

In Canada, about 1% of the population has schizophrenia. The disorder ranks in the top five conditions that have the highest impact on the life and health of people in Ontario.<sup>1</sup> Schizophrenia is more common in men and in certain ethnic subgroups.<sup>1,2</sup>

People with schizophrenia live about 15 to 20 years less than the general population, with the majority of deaths resulting from cardiovascular or chronic respiratory diseases.<sup>3</sup> People with schizophrenia also have an increased risk of substance use, homelessness, unemployment, and suicide.

There are significant gaps in the quality of care that people with schizophrenia receive in Ontario: only 25% of people discharged from a schizophrenia- or psychosis-related hospitalization receive the recommended follow-up visit with a physician within 7 days; people hospitalized for schizophrenia have a high rate (12.5%) of readmission within 30 days of discharge<sup>4</sup>; and rates of emergency department visits for schizophrenia vary widely across the province.<sup>5</sup>

People with schizophrenia often also encounter stigma or beliefs and attitudes that lead to negative stereotyping of them and their illness. Stigma, or the perception of stigma, can negatively affect their ability to tell friends and family about their illness, and to seek help. Stigma may also impact their ability to access health care services.

These issues suggest the need for a quality standard for schizophrenia care in Ontario.

## Principles Underpinning This Quality Standard

This quality standard is underpinned by the principles of respect and *recovery*, as described in the Mental Health Strategy for Canada.<sup>6</sup>

People with schizophrenia and their families, caregivers, and personal supports should receive services that are respectful of their rights and dignity and that promote self-determination. They should be engaged in informed shared decision-making with their care providers around their treatment options. Each person is unique and has the right to determine their path toward mental health and well-being.<sup>6</sup>

People with schizophrenia have a right to services provided in an environment that promotes hope, empowerment, and optimism, and that are embedded in the values and practices associated with recovery-oriented care. There are “many intersecting factors (biological, psychological, social, economic, cultural, and spiritual)” that may have an impact on mental health and well-being.<sup>6</sup>

Beyond the hospital-based clinical care that this quality standard focuses on, people with schizophrenia can benefit from a wide range of community and social services, including:

- Employment
- Housing
- Education
- Peer support
- Family-centred care and support for family members and caregivers

Care for people with schizophrenia should also recognize the specific needs of marginalized, underserved, or other subgroups (e.g., lesbian, gay, bisexual, transgender, and queer or questioning [LGBTQ] populations, Indigenous populations, specific cultural groups, survivors of sexual abuse or violence).

Care for people with schizophrenia should also incorporate what is referred to as recovery. As described in the Mental Health Strategy for Canada, “recovery—a process in which people living with mental health problems and mental illnesses are actively engaged in their own journey of wellbeing—is possible for everyone. Recovery journeys build on individual, family, cultural, and community strengths and can be supported by many types of services, supports, and treatments.”<sup>6</sup>

## How We Will Measure Our Success

Early in the development of each quality standard, a small number of health outcomes are chosen as the most important measures of success of the entire standard. The outcomes are mapped to indicators that reflect the goals of the standard. These outcomes and the associated indicators guide the development of the quality standard so that every statement within the standard aids in achieving the chosen outcomes. Each statement is accompanied by process, structure, and/or outcome indicators that measure the successful implementation of the statement.

The following set of outcome indicators has been selected to measure the impact of the schizophrenia quality standard as a whole:

- Number of deaths by inpatient suicide among people with a primary diagnosis of schizophrenia
- Percentage of people admitted to hospital with a primary diagnosis of schizophrenia who die by suicide within 30 days of discharge
- Percentage of people admitted to hospital with a primary diagnosis of schizophrenia who experience an improvement in behavioural symptoms between their admission and discharge, stratified by their length of stay
- Percentage of people admitted to hospital with a primary diagnosis of schizophrenia who experience an improvement in positive symptoms between admission and discharge, stratified by their length of stay
- Rates of readmission to any facility within 7 days and 30 days of discharge, stratified by the reason for readmission:
  - Any reason
  - A reason related to mental health and addictions
  - Schizophrenia
- Rates of unscheduled emergency department visits after hospital inpatient discharge within 7 days and 30 days, stratified by the reason for the visit:
  - Any reason
  - A reason related to mental health and addictions
  - Schizophrenia
  - Self-harm

We look forward to including patient-reported outcome measures in this list when validated indicators become available.



# Quality Statements in Brief

The following quality statements are underpinned by the principles of respect and recovery. People with schizophrenia and their families, caregivers, and personal supports should receive services that are respectful of their rights and dignity and that promote self-determination. They should be engaged in informed shared decision-making with their care providers around their treatment options.

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## Quality Statement 1: Comprehensive Interprofessional Assessment

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia undergo a comprehensive interprofessional assessment that informs their care plan.

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## Quality Statement 2: Screening for Substance Use

Adults who present to an emergency department or in an inpatient setting with a primary diagnosis of schizophrenia are assessed for substance use and, if appropriate, offered treatment for concurrent disorders.

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## Quality Statement 3: Physical Health Assessment

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia undergo a physical health assessment focusing on conditions common in people with schizophrenia. This assessment informs their care plan.

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## Quality Statement 4: Promoting Physical Activity and Healthy Eating

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered interventions that promote both physical activity and healthy eating.

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## Quality Statement 5: Promoting Smoking Cessation

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered behavioural and pharmacological interventions to alleviate nicotine-withdrawal symptoms and to help them reduce or stop smoking tobacco.

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## Quality Statement 6: Treatment With Clozapine

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia who have failed to respond to previous adequate trials of treatment with two antipsychotic medications are offered clozapine.

### **Quality Statement 7: Treatment With Long-Acting Injectable Antipsychotic Medication**

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered the option of a long-acting injectable antipsychotic medication.

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### **Quality Statement 8: Cognitive Behavioural Therapy**

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered individual cognitive behavioural therapy for psychosis either in the inpatient setting or as part of a post-discharge care plan.

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### **Quality Statement 9: Family Intervention**

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered family intervention.

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### **Quality Statement 10: Follow-Up Appointment After Discharge**

Adults with a primary diagnosis of schizophrenia who are discharged from an inpatient setting have a follow-up appointment within 7 days.

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### **Quality Statement 11: Transitions in Care**

Adults with a primary diagnosis of schizophrenia who are discharged from an inpatient setting have a team or provider who is accountable for communication and the coordination and delivery of a care plan that is tailored to their needs.

# Comprehensive Interprofessional Assessment

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia undergo a comprehensive interprofessional assessment that informs their care plan.

## Background

An assessment undertaken by an interprofessional health care team—and, ideally, informed by family, caregivers, and/or personal supports—provides an opportunity to thoroughly examine biological, psychological, and social factors that may have contributed to the onset, course, and outcome of

the illness. An assessment can establish a diagnosis and determine a baseline level of functioning to track potential changes in the person's status. It should identify targets for intervention and treatment, as well as the person's own goals.

**Sources:** Canadian Psychiatric Association, 2005<sup>7</sup> | National Institute for Health and Care Excellence, 2014<sup>8</sup>

## What This Quality Statement Means

### For Patients

You should receive a full assessment every time you are admitted to hospital. An assessment means that your care team will want to learn more about you to understand how best to help you. It should include questions about your medical history, what medications you are taking, your social situation, and your goals for recovery.

### For Clinicians

For people admitted with a primary diagnosis of schizophrenia, carry out a comprehensive interprofessional assessment, as described in the Definitions section of this statement. The results of these assessments will inform their care plans.

### For Health Services

Ensure there are systems, processes, and resources in inpatient settings for teams to carry out comprehensive assessments of people with schizophrenia. This includes access to standardized assessment tools and protocols, and timely access to the relevant sources of information to support comprehensive assessments.

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

#### Comprehensive interprofessional assessment

This should be undertaken by health care professionals with expertise in the care of people with schizophrenia and ideally be informed by communication with the individual's primary care and/or community treatment providers. The assessment should address the following domains:

- Current sources of distress
- Risk of harm to self or others
- Family and developmental history (social, cognitive, and motor development and skills, including coexisting neurodevelopmental conditions) including a history of trauma or adversity
- History of social situation (housing, culture and ethnicity, leisure activities and recreation, and responsibilities for children or as a caregiver), social networks, and intimate relationships
- Occupational and educational histories (educational attainment, employment, activities of daily living) and financial status
- Medical history and physical examination to assess medical conditions, nutritional status, and any prescribed drug treatments that may result in psychosis
- History of substance use
- Legal history, if any
- Self-identified goals and aspirations that are aligned with personal recovery

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## Quality Indicators

### Process Indicator

#### Percentage of adults admitted to hospital with a primary diagnosis of schizophrenia who receive a comprehensive interprofessional assessment

- Denominator: total number of adults admitted to an inpatient setting with a primary diagnosis of schizophrenia
- Numerator: number of people in the denominator who receive a comprehensive interprofessional assessment
- Data sources: data could be reported through the Ontario Mental Health Reporting System of the Canadian Institute for Health Information. The Ministry of Health and Long-Term Care has mandated mental health reporting using the Resident Assessment Instrument–Mental Health data collection system (RAI-MH, version 2.0) in all hospitals with inpatient beds designated for adults with mental health issues. These facilities are required to collect clinical and administrative data using the RAI-MH, which would be considered a comprehensive assessment

### Structural Indicator

#### Ability to generate Clinical Assessment Protocols from RAI-MH for people with schizophrenia

- Data source: local data collection

#### Access to an interprofessional team, within the hospital, for people with schizophrenia

- Data source: local data collection

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

#### Comprehensive interprofessional assessment

CONTINUED FROM PAGE 10

- Treatment history (including medication duration and dosages) and psychosocial interventions
- Level of service needs (assessed using a tool or instrument such as the Level of Care Utilization System [LOCUS]) to match resource intensity with care needs

## Screening for Substance Use

Adults who present to an emergency department or in an inpatient setting with a primary diagnosis of schizophrenia are assessed for substance use and, if appropriate, offered treatment for concurrent disorders.

### Background

Substance use is common among people with schizophrenia and is associated with poor functional recovery. Substance use may exacerbate the symptoms and worsen the course of schizophrenia and may interfere with the therapeutic effects of both

pharmacological and nonpharmacological treatments. Validated screening tools such as the Dartmouth Assessment of Lifestyle Inventory and the Leeds Dependence Questionnaire can assist with screening for substance use.

**Sources:** Canadian Psychiatric Association, 2005<sup>7</sup> | National Institute for Health and Care Excellence, 2014<sup>8</sup> | Scottish Intercollegiate Guidelines Network, 2013<sup>9</sup>

## What This Quality Statement Means

### For Patients

While in hospital, you should be assessed for the use of alcohol or drugs as they may make your symptoms worse and interfere with treatment.

### For Clinicians

Conduct an assessment for substance use in people with a primary diagnosis of schizophrenia who present in the emergency department or an inpatient setting. Initiate a referral for treatment of concurrent disorders for people who use substances in a harmful manner.

### For Health Services

Ensure hospitals are able to assess and provide treatment for concurrent disorders for people with schizophrenia who use alcohol, prescription or nonprescription medications, or illicit drugs in a harmful manner.

## Quality Indicators

### Process Indicators

#### Percentage of adults presenting to hospital with a primary diagnosis of schizophrenia who are assessed for substance use

- Denominator: total number of adults admitted to an inpatient setting or seen in the emergency department who have a primary diagnosis of schizophrenia
- Numerator: number of people in the denominator who are assessed for substance use
- Data source: local data collection

#### Percentage of adults presenting to hospital with a primary diagnosis of schizophrenia found to have a substance use problem who are offered treatment for concurrent disorders

- Denominator: total number of adults admitted to an inpatient setting or seen in the emergency department who have a primary diagnosis of schizophrenia and who are assessed for and identified as having a substance use problem (excludes adults who have received a referral for treatment for concurrent disorders for which they are currently awaiting initiation)
- Numerator: number of people in the denominator who are offered treatment for concurrent disorders
- Data source: local data collection

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

#### Substance use

This is the harmful use of alcohol, prescription or nonprescription medications, or illicit drugs.

## Physical Health Assessment

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia undergo a physical health assessment focusing on conditions common in people with schizophrenia. This assessment informs their care plan.

### Background

Adults with schizophrenia have poorer physical health and a shorter life expectancy than the general population: males with schizophrenia die 20 years earlier and females 15 years earlier.<sup>3</sup> The most common cause of death is cardiovascular disease, which is partly owing to modifiable risk factors such as obesity, smoking, diabetes, hypertension, and

dyslipidemia.<sup>10</sup> Antipsychotic medications can be associated with weight gain and can aggravate other metabolic or cardiovascular risk factors. There is a need to comprehensively assess physical health, with a particular emphasis on cardiovascular risk factors and diabetes, to enable treatment if necessary.

**Sources:** Canadian Psychiatric Association, 2005<sup>7</sup> | National Institute for Health and Care Excellence, 2014<sup>8</sup> | Scottish Intercollegiate Guidelines Network, 2013<sup>9</sup>



## What This Quality Statement Means

### For Patients

You should have a physical examination every time you are admitted to hospital. It should focus on conditions that are common in schizophrenia (for example, heart disease and diabetes) and should be used to develop your care plan.

### For Clinicians

Complete a physical assessment that focuses on conditions common in people with schizophrenia. The results of these assessments will inform their care plans.

### For Health Services

Ensure systems, processes, and resources are in place for health care teams to carry out comprehensive physical health assessments of people with schizophrenia while in the hospital. This includes access to standardized physical assessment protocols and tools.

## Quality Indicators

### Process Indicators

**Percentage of adults admitted to hospital with a primary diagnosis of schizophrenia who received a comprehensive physical health assessment, including metabolic workup, within the past year**

- Denominator: total number of adults admitted to an inpatient setting with a primary diagnosis of schizophrenia
- Numerator: number of people in the denominator who received a comprehensive physical health assessment, including metabolic workup, within the past year
- Data source: local data collection

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

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#### Physical health assessment

This should assess:

- Weight, body mass index, and waist circumference
- Pulse and blood pressure
- Fasting blood glucose or glycosylated hemoglobin (HbA<sub>1c</sub>)
- Lipid panel (total cholesterol, low- and high-density lipoproteins, triglycerides)
- Extrapyramidal signs and symptoms
- Overall physical health (with particular attention to common findings such as cardiovascular disease and lung disease)
- Age-appropriate physical health screening
- Nutritional intake

**Process Indicators** CONTINUED

**Percentage of adults admitted to hospital with a primary diagnosis of schizophrenia who did not receive a comprehensive physical health assessment, including metabolic workup, within the past year but receive one during the current hospitalization**

- Denominator: total number of adults admitted to an inpatient setting with a primary diagnosis of schizophrenia who did not receive a comprehensive physical health assessment, including metabolic workup, within the past year
- Numerator: number of people in the denominator who receive a comprehensive physical health assessment, including metabolic workup, during the current hospitalization
- Data source: local data collection

## Promoting Physical Activity and Healthy Eating

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered interventions that promote both physical activity and healthy eating.

### Background

Poor diet and nutrition, weight gain, and a lack of physical activity in people with schizophrenia contribute to high rates of physical comorbidities such as type 2 diabetes and reduced life expectancy, particularly from cardiovascular disease.<sup>8</sup> Offering people with schizophrenia interventions that promote both physical

activity and healthy eating can help to improve their physical and mental health. Additionally, several of the medications used to treat schizophrenia may cause weight gain. This side effect should be mitigated as much as possible through encouragement of physical activity and healthy eating.

**Sources:** National Institute for Health and Care Excellence, 2014<sup>8</sup> | Scottish Intercollegiate Guidelines Network, 2013<sup>9</sup>

## What This Quality Statement Means

### For Patients

You should be offered services or programs that encourage you to exercise and eat in a healthy way. These steps can help improve your physical and mental health.

### For Clinicians

Offer people with schizophrenia combined interventions that promote physical activity and healthy eating.

### For Health Services

Ensure that there are interventions available in hospitals that promote, in a combined manner, physical activity and healthy eating for people with schizophrenia.

## Quality Indicators

### Process Indicator

**Percentage of adults admitted to hospital with a primary diagnosis of schizophrenia who receive interventions that promote physical activity and/or healthy eating**

- Denominator: total number of adults admitted to an inpatient setting with a primary diagnosis of schizophrenia
- Numerator: number of people in the denominator who:
  - Receive interventions promoting physical activity
  - Receive interventions promoting healthy eating
  - Receive interventions promoting both physical activity and healthy eating
- Data source: local data collection

### Structural Indicator

**Availability of programs for adults admitted to an inpatient setting with a primary diagnosis of schizophrenia that promote healthy eating or physical activity**

- Data source: local data collection

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

#### **Interventions that promote physical activity and healthy eating**

These behavioural interventions, offered in hospital, may follow a chronic illness self-management model or an information-based approach. They provide information and support to increase levels of physical activity and healthy eating.

## Promoting Smoking Cessation

**Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered behavioural and pharmacological interventions to alleviate nicotine-withdrawal symptoms and to help them reduce or stop smoking tobacco.**

### Background

Cigarette smoking rates among people with schizophrenia are much higher than in the general population.<sup>11</sup> High tobacco use contributes to the main causes of morbidity and mortality in people with schizophrenia.<sup>12</sup> Tobacco use may also

interfere with the effectiveness and mechanisms of action of certain antipsychotic medications.<sup>13</sup> People with schizophrenia should be offered interventions to stop or reduce smoking that are aligned with their readiness for change.

**Source:** National Institute for Health and Care Excellence, 2014<sup>8</sup>

## What This Quality Statement Means

### For Patients

You should be offered services or programs that may help you to stop smoking or smoke less. Quitting or cutting down on smoking can help improve your physical and mental health.

### For Clinicians

Offer smoking-cessation behavioural interventions, counselling, or medications to people with schizophrenia who smoke tobacco to alleviate their nicotine-withdrawal symptoms and help them reduce or stop smoking.

### For Health Services

Ensure that there are smoking-cessation behavioural interventions and medications available in hospitals for people with schizophrenia who smoke.

## Quality Indicators

### Process Indicator

**Percentage of adults admitted to an inpatient setting with a primary diagnosis of schizophrenia who are current smokers who receive behavioural and/or pharmacological interventions to alleviate nicotine-withdrawal symptoms and help them reduce or stop smoking**

- Denominator: total number of adults admitted to an inpatient setting with a primary diagnosis of schizophrenia who are current smokers or who are quitting smoking but experiencing nicotine-withdrawal symptoms
- Numerator: number of people in the denominator who receive behavioural and/or pharmacological interventions to alleviate nicotine-withdrawal symptoms and help them reduce or stop smoking
- Data source: local data collection

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

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#### **Interventions to reduce or stop smoking tobacco**

These interventions may be offered in hospital and include:

- Motivational interviewing
- Behavioural support
- Nicotine replacement therapy products (e.g., transdermal patches, gum, inhalation cartridges, sublingual tablets, or spray) such as varenicline or bupropion
- Adequately dosed pharmacotherapy

## Treatment With Clozapine

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia who have failed to respond to previous adequate trials of treatment with two antipsychotic medications are offered clozapine.

### Background

Clozapine has been demonstrated to be highly effective and is the treatment of choice if someone

with schizophrenia has a partial or total nonresponse to other antipsychotic treatments.<sup>8</sup>

**Sources:** Canadian Psychiatric Association, 2005<sup>7</sup> | National Institute for Health and Care Excellence, 2014<sup>8</sup> | Scottish Intercollegiate Guidelines Network, 2013<sup>9</sup>

## What This Quality Statement Means

### For Patients

If you have tried at least two different antipsychotic medications and your symptoms have not improved, you should be offered clozapine. Clozapine is taken orally.

### For Clinicians

Offer people with schizophrenia clozapine if they have tried two antipsychotic medications without success.

### For Health Services

Through adequately resourced systems and services, ensure that clinicians are able to offer clozapine as a treatment for people with schizophrenia who are admitted to hospital.

## DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

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### Failure to respond

This refers to schizophrenia that has not improved despite adequate dosages and durations of two antipsychotic medication trials, with reasonable assurance of medication adherence during the trials. The trials may or may not have been initiated within an inpatient setting.



## Quality Indicators

### Process Indicators

**Percentage of adults admitted to hospital with a primary diagnosis of schizophrenia who have not responded adequately to treatment with at least two antipsychotic medications and who are offered clozapine**

- Denominator: total number of adults admitted to an inpatient setting with a primary diagnosis of schizophrenia who have not responded adequately to treatment with at least two antipsychotic medications
- Numerator: number of people in the denominator who are offered clozapine while in hospital
- Data source: local data collection

**Percentage of adults admitted to hospital with a primary diagnosis of schizophrenia who did not respond adequately to treatment with at least two antipsychotic medications, and who receive clozapine**

- Denominator: total number of adults admitted to an inpatient setting with a primary diagnosis of schizophrenia who did not respond adequately to treatment with at least two antipsychotic medications and who were offered clozapine
- Numerator: number of people in the denominator who receive clozapine while in hospital
- Data source: local data collection

## Treatment With Long-Acting Injectable Antipsychotic Medication

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered the option of a long-acting injectable antipsychotic medication.

### Background

Long-acting injectable antipsychotic medications can improve treatment adherence and prevent relapse. Relapse into more active psychosis may affect the course of the illness. Unlike treatment with oral antipsychotic medications, treatment with long-acting injectable medications can help the clinician know the level of medication adherence. Further potential

advantages include a reduced risk of unintentional or deliberate overdose and required regular contact between the person and the health care team.<sup>14</sup> People with schizophrenia who have long-acting injectable medication initiated in the hospital require a scheduled follow-up appointment to continue their treatment.

**Sources:** Canadian Psychiatric Association, 2005<sup>7</sup> | National Institute for Health and Care Excellence, 2014<sup>8</sup> | Scottish Intercollegiate Guidelines Network, 2013<sup>9</sup> | World Health Organization, 2012<sup>15</sup>

## What This Quality Statement Means

### For Patients

You should be offered long-acting antipsychotic medications. These are injected once or twice a month.

### For Clinicians

Offer the option of long-acting injectable antipsychotic medications to people with schizophrenia. Offer this option early in the course of antipsychotic treatment.

### For Health Services

Through adequately resourced systems and services, ensure that clinicians are able to offer long-acting injectable antipsychotic medications to people with schizophrenia.

## Quality Indicators

### Process Indicators

#### Percentage of adults admitted to hospital with a primary diagnosis of schizophrenia who are offered a long-acting injectable antipsychotic medication

- Denominator: total number of adults admitted to an inpatient setting with a primary diagnosis of schizophrenia
- Numerator: number of people in the denominator who are offered a long-acting injectable antipsychotic medication while in hospital
- Data source: local data collection

#### Percentage of adults admitted to hospital with a primary diagnosis of schizophrenia who receive a long-acting injectable antipsychotic medication

- Denominator: total number of adults admitted to an inpatient setting with a primary diagnosis of schizophrenia
- Numerator: number of people in the denominator who receive a long-acting injectable antipsychotic medication while in hospital
- Data source: local data collection

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

#### Long-acting injectable antipsychotic medications

These medications are injected every 2 to 4 weeks. The option of treatment with long-acting injectable antipsychotic medications should be offered early in the course of antipsychotic treatment.

# Cognitive Behavioural Therapy

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered individual cognitive behavioural therapy for psychosis either in the inpatient setting or as part of a post-discharge care plan.

## Background

Cognitive behavioural therapy is a form of psychotherapy that helps a person become more conscious of their beliefs and patterns of thinking. It helps them to execute strategies to reshape these to achieve a positive

outcome. Cognitive behavioural therapy for psychosis, in addition to antipsychotic medication, can reduce symptom severity and rehospitalization rates in people with schizophrenia.<sup>8</sup>

**Sources:** Canadian Psychiatric Association, 2005<sup>7</sup> | National Institute for Health and Care Excellence, 2014<sup>8</sup> | Scottish Intercollegiate Guidelines Network, 2013<sup>9</sup> | World Health Organization, 2012<sup>15</sup>

## What This Quality Statement Means

### For Patients

You should be offered cognitive behavioural therapy. This type of psychotherapy helps you develop skills and strategies to get and stay healthy by focusing on the problems of day-to-day life and how perceptions can affect feelings.

### For Clinicians

Offer people with schizophrenia individual cognitive behavioural therapy for psychosis that they can access while in hospital or in the community after discharge. Advise them that this therapy is more effective when delivered in conjunction with antipsychotic medication.

### For Health Services

Through adequately resourced systems and services, ensure that people with schizophrenia can access cognitive behavioural therapy for psychosis on an individual basis, either while in hospital or in the community following discharge. Ensure that clinicians are aware of and able to refer people to these services.

## Quality Indicators

### Process Indicators

**Percentage of adults admitted to hospital with a primary diagnosis of schizophrenia who are screened for appropriateness of cognitive behavioural therapy for psychosis**

- Denominator: total number of adults admitted to an inpatient setting with a primary diagnosis of schizophrenia
- Numerator: number of people in the denominator who are screened for appropriateness of cognitive behavioural therapy for psychosis
- Data sources: local data collection

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

#### Cognitive behavioural therapy for psychosis

This therapy should be:

- Started in the inpatient setting. Alternatively, assessment should occur in hospital, with referral for cognitive behavioural therapy on discharge
- Delivered on a one-to-one basis over at least 16 planned sessions
- Delivered by an appropriately trained therapist according to a treatment manual

**Process Indicators** CONTINUED**Percentage of adults admitted to hospital with a primary diagnosis of schizophrenia who are screened and referred for cognitive behavioural therapy for psychosis**

- Denominator: total number of adults admitted to an inpatient setting with a primary diagnosis of schizophrenia who are screened and deemed appropriate for cognitive behavioural therapy
- Numerator: number of people in the denominator who are referred for cognitive behavioural therapy for psychosis
- Data source: local data collection

**Structural Indicator****Availability of in-hospital cognitive behavioural therapy or referral to community-based cognitive behavioural therapy for adults with schizophrenia**

- Data source: local data collection

## Family Intervention

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia are offered family intervention.

### Background

Family intervention aims to improve support and resilience and enhance the quality of communication and problem solving with the family, caregivers, and personal supports of a person with schizophrenia.

It also seeks to provide insight into the person's condition and the relevant signs and symptoms to improve family members' ability to anticipate and help reduce the risk of relapse.<sup>16</sup>

**Sources:** Canadian Psychiatric Association, 2005<sup>7</sup> | National Institute for Health and Care Excellence, 2014<sup>8</sup> | Scottish Intercollegiate Guidelines Network, 2013<sup>9</sup> | World Health Organization, 2012<sup>15</sup>

## What This Quality Statement Means

### For Patients

Interventions should be offered to your family, caregivers, and personal supports to help them understand schizophrenia and its signs and symptoms. This will allow them to better support you, help you cope, and help to prevent relapse.

### For Clinicians

Offer family intervention to people with schizophrenia.

### For Health Services

Through adequately resourced systems and services, ensure that health care providers in hospitals can offer family intervention to people with schizophrenia.

## Quality Indicators

### Process Indicator

#### Percentage of adults admitted to hospital with a primary diagnosis of schizophrenia who receive family intervention

- Denominator: total number of adults admitted to an inpatient setting with a primary diagnosis of schizophrenia (excludes those without a family and those who do not consent to family involvement)
- Numerator: number of people in the denominator who:
  - Receive family intervention during the inpatient stay *or*
  - Have family intervention arranged in their discharge plan
- Data source: local data collection

### Structural Indicator

#### Availability of in-hospital family intervention programs or referral to community-based family intervention programs for adults with schizophrenia and their family members

- Data source: local data collection

## DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

### Family

This term includes members of a person's family, personal supports, and caregivers who live with or are in close contact with the adult with schizophrenia

### Family intervention

This intervention should:

- Include at least 10 planned sessions (these may be part of the inpatient setting; planning for subsequent sessions should be part of the discharge planning)
- Be delivered by an appropriately trained practitioner
- Be sensitive to the cultural and spiritual characteristics of the individual and their family
- Take account of the whole family's preference for either single-family intervention or multifamily group intervention
- Consider the relationship between the family and the person with schizophrenia
- Involve communication skills, problem solving, and education
- Have reasons discussed and documented when a patient chooses not to involve their family



## Follow-Up Appointment After Discharge

Adults with a primary diagnosis of schizophrenia who are discharged from an inpatient setting have a follow-up appointment within 7 days.

### Background

A follow-up appointment after hospitalization helps to support a person's transition to the community. It can allow for the identification of medication-related issues;

it also helps to maintain clinical and functional stability and aims to prevent readmission to hospital.

**Source:** Advisory committee consensus

## What This Quality Statement Means

### For Patients

Before you leave the hospital, you should have a follow-up appointment scheduled with your health care professional in the community.

### For Clinicians

Make arrangements for people with schizophrenia who are discharged from hospital to receive a follow-up appointment within 7 days of discharge.

### For Health Services

Ensure systems, processes, and resources are in place for health care teams to arrange for a follow-up appointment for people within 7 days of discharge from an inpatient setting.

## Quality Indicators

### Process Indicators

#### Percentage of adults admitted to hospital with a primary diagnosis of schizophrenia who have a follow-up appointment with a care provider within 7 days of discharge

- Denominator: total number of adults discharged from an inpatient setting after an admission for a primary diagnosis of schizophrenia
- Numerator: number of people in the denominator who have a follow-up appointment with a care provider within 7 days of discharge
- Data source: local data collection, measurable for physicians who bill for services using Ontario Health Insurance (OHIP)

#### Percentage of adults admitted to hospital with a primary diagnosis of schizophrenia who have a follow-up appointment with a physician (primary care provider or psychiatrist) within 7 days of discharge

- Denominator: total number of adults discharged from an inpatient setting after an admission for a primary diagnosis of schizophrenia
- Numerator: number of people in the denominator who have a follow-up appointment with a physician (primary care provider or psychiatrist) within 7 days of discharge
- Data sources: Canadian Institute for Health Information's Discharge Abstract Database or Ontario Mental Health Reporting System, and OHIP

### DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

#### Follow-up appointment

This visit can be with either:

- A trained peer support worker or
- A registered or unregistered professional (e.g., case worker, social worker, psychologist, nurse practitioner, occupational therapist, general or family practitioner, or psychiatrist)

## Transitions in Care

Adults with a primary diagnosis of schizophrenia who are discharged from an inpatient setting have a team or provider who is accountable for communication and the coordination and delivery of a care plan that is tailored to their needs.

### Background

Transitions from hospital are important events that can introduce the risk of breakdowns in a person's care and of crucial information being lost or miscommunicated. It is important for people with

schizophrenia who are leaving hospital to have a care plan that is shared between their providers in hospital and those in the community.

**Source:** Advisory committee consensus

## What This Quality Statement Means

### For Patients

Your health care professionals from the hospital should work with you to ensure all important information is transferred to your new health care professionals in the community and that you are connected to the ongoing supports that you need.

### For Clinicians

When discharging people to the community, send their care plan to their team or provider who will be accountable for coordinating, communicating, and providing their care on an ongoing basis.

### For Health Services

Ensure systems, processes, and resources are in place for health care teams to share health information between settings, including communication platforms, standardized protocols, and tools (such as discharge planning protocols). Specifically, ensure that hospitals are able to share care plans with providers in the community once people are discharged.

## DEFINITIONS USED WITHIN THIS QUALITY STATEMENT

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### Transition in care

This process includes:

- Transfer of the care plan
- Provision of treatment history, including treatments that have succeeded and those that have failed
- Arrangements for housing
- Arrangements for follow-up services in the community for the patient as well as any family, caregivers, and personal supports involved in their recovery
- Provision of an assessment of the level of service needs (assessed using a tool or instrument such as the Level of Care Utilization System [LOCUS]) in order to match resource intensity with care needs

## Quality Indicators

### Process Indicators

**Percentage of adults discharged from hospital with a primary diagnosis of schizophrenia who have their care plan made available to the receiving provider within 7 days**

- Denominator: total number of adults discharged from an inpatient setting after an admission for a primary diagnosis of schizophrenia who have a documented care plan
- Numerator: number of people in the denominator whose care plan is made available to the receiving provider within 7 days of discharge
- Data source: local data collection

**Percentage of adults discharged from hospital with a primary diagnosis of schizophrenia who are discharged to homelessness**

- Denominator: total number of adults discharged from an inpatient setting after an admission for a primary diagnosis of schizophrenia
- Numerator: number of people in the denominator who are discharged to homelessness
- Data source: local data collection

# Emerging Practice Statement: Nonpharmacological Interventions in Hospital

## What Is an Emerging Practice Statement?

An emerging practice statement describes an area for quality improvement that has been prioritized by the advisory committee but for which there is insufficient or inconsistent evidence in the guidelines used in the development of the quality statements. An emerging practice statement acknowledges that there is a need for evidence-based guidance to be developed in an area, but the evidence base in this area is still emerging.

## Rationale

Apart from cognitive behavioural therapy and family intervention, we cannot provide guidance at this time on the use of other nonpharmacological treatments in acute care for adults who are admitted with a primary diagnosis of schizophrenia. There is a paucity or uncertainty in the evidence base of the effectiveness of these nonpharmacological treatments, and further evidence is needed before a quality statement can be developed.

# Acknowledgements

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# Schizophrenia

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