Clinical Practice Guidelines for Schizophrenia
This workbook is one part of a comprehensive toolkit developed by Ontario Shores Centre for Mental Health Sciences, Whitby, Ontario.
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This workbook is intended to assist organizational leaders to implement Clinical Practice Guidelines (CPGs) for the assessment and treatment of Schizophrenia. It is one part of a CPG Toolkit.

The goal of the Tool Kit is to provide a standardized overview and practical tools for hospital leaders who are implementing CPGs for the assessment and treatment of Schizophrenia, and to create an interactive network for further learning and research – a cycle of continuous learning.

Exhibit 1. Cycle of Continuous Learning

This workbook is the “anchor” of the toolkit. It will:
- Provide a synopsis of the evidence supporting the use of Clinical Practice Guidelines
- Summarize system, clinical and operational information based on the evidence and the experience of Ontario Shores Centre for Mental Health Sciences (Ontario Shores)
- Provide information to share with key organizational leaders to obtain “buy in”
- Provide practical tools to assist in planning and implementation

It is divided into two sections:

Section 1 is a summary of the findings from the literature on CPGs and information about the Ontario Shores experience – knowledge transfer

Section 2 contains “how to” guidance and practical tools for planning and implementing – algorithms, checklists etc.
Introduction

It is important to acknowledge that no two organizations are alike and therefore, not every recommendation or tool may work for you. However, we are confident the information will, at the very least, give you a head start in your CPG implementation. It will provide background and rationale for a project plan. It will lay the groundwork for scoping out your project and designing a methodology that will work for you. Tools that are not an exact fit may require some simple modifications. Some tools may not be useful and these should be eliminated. There isn’t a “cookie cutter” process to lead a transformative practice change. However, there is an advantage to building on the learning and experience of those who have gone before you. For this reason, we ask that you, in turn, document your experience. We want to hear what worked well and what challenges were not included in this workbook. If you modify any tools, or develop your own, we want to hear about that as well. In this collaborative venture, the collective vision is to expand the tools that leaders can access for their unique circumstances.
Section 1

Information / Knowledge Transfer

This section provides the background material and context for CPG implementation. It begins with information about Clinical Practice Guidelines (CPGs). It then goes on to discuss why the NICE Guidelines were selected to guide implementation, and drills down to the NICE Guidelines specifically for the assessment and treatment of Schizophrenia.

The Ontario Shores experience is described, including the initiative to “roll out” the CPG Project to other organizations.

I. Understanding Clinical Practice Guidelines (CPGs) and the Decision to Use the NICE Guidelines

About CPG’s

A Clinical Practice Guideline is:

• A “best practice” approach to assessment, diagnosis and treatment in a particular area of healthcare
• Usually created at national or international level
• Usually created by a panel of experts who review the evidence in the current literature and supplement with consensus expert opinions
• A synthesis of vast medical literature into a summary of best practices
• Developed with an emphasis on research evidence rather than personal opinions.

Limitations:

• CPGs provide general recommendations which may be difficult to apply to the individual patient
• Although they attempt to be interprofessional in nature, they generally emphasize pharmacologic treatments as these are most studied
• Can be expensive to implement

CPG Findings Related Specifically To Schizophrenia

A number of organizations throughout the world have developed CPG’s, including Schizophrenia Guidelines. These include:

• RANZCP: The Royal Australian and New Zealand College of Psychiatrists
• APA: American Psychiatric Association
• DGPPN: The German Association of Psychiatry, Psychotherapy and Psychosomatics
• NICE: National Institute for Health and Care Excellence (NICE) – Department of Health, United Kingdom
• PORT: National Institute of Mental Health - USA

The Decision to Use National Institute for Health and Care Excellence (NICE) Guidelines

Several steps were taken in order to decide which Guidelines were preferable for use in this Project.

• Reviewed key Canadian, American and UK CPGs
Clinical Practice Guidelines for Schizophrenia

Section 1
Information / Knowledge Transfer

• The Agree instrument was utilized to appraise each CPG and select the most appropriate based on the finding (refer to Exhibit 2 Comparison of CPGs for Schizophrenia)

The NICE Guideline had the highest total based on the Agree instrument, assessing the CPG on the six domains. Therefore, this Project is based on the 2009 version (the most updated at the time) of the NICE guidelines. http://www.nice.org.uk/CG82

Exhibit 2. Comparison of CPGs for Schizophrenia

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
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<td>Clarity and Presentation</td>
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<td>62</td>
<td>71</td>
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<td>90</td>
<td>72</td>
</tr>
</tbody>
</table>

About NICE
General information and extensive details regarding the development of CPGs at The National Institute for Health and Care Excellence (NICE) is provided in Appendix A.

II. Implementation of Clinical Practice Guidelines (CPGs) for Schizophrenia at Ontario Shores Centre for Mental Health Services

Ontario Shores endeavours to provide exemplary patient care to those living with complex and serious mental illness. Using a recovery model as a backdrop, patient care reflects evidence-based research and clinical best practices. We are committed to staying on the “leading edge” by continually challenging our practices through the lens of the latest advances in research. It is this mandate that led the organization to initiate the implementation of Clinical Practice Guidelines (CPGs) in a standardized way, starting with the assessment and treatment of Schizophrenia.
Clinical Practice Guidelines for Schizophrenia

Moving Beyond Ontario Shores – Extending the Reach of the CPGs

In addition to a commitment of excellence in caring for our patients, Ontario Shores is dedicated to sharing its expertise, knowledge and experience with healthcare providers, community partners, policy makers, those with mental illness and those caring for persons with mental illness. We believe that collectively, using research, education and advocacy initiatives, we can influence the mental health care system provincially, nationally and internationally.

With the CPG Project and accompanying tools, we are reaching out to hospital leaders - Executive, Chiefs of Psychiatry, Directors of Mental Health Programs - to collaborate with us on a larger vision – to implement a CPG for Schizophrenia in hospitals throughout Ontario and beyond. Using a system that integrates a fully constructed, standardized approach, we can collectively structure a methodology for effectively implementing Clinical Practice Guidelines (CPGs) in our organizations.

Utilizing the toolkit, organizations can
- Introduce the concept to key decision makers within the organization
- Eliminate resources required for initial research and planning and allow the hospital to commence at the implementation phase.
- Educate staff using a standardized, tested curriculum and format
- Interact with colleagues at Ontario Shores and other organizations to share ideas and address challenges
- Contribute input to a collection of experiences from a growing network of participating hospitals
- Allow Ontario Shores to identify patterns, monitor issues and build on the collective learning to develop research and best practices associated with implementing CPGs. This will be shared with hospital participants forming a cycle of continuous learning (refer to Exhibit 1 on page 5).

Project Goal:
To collaborate with other hospitals to implement Clinical Practice Guidelines (CPGs) for the assessment and treatment of Schizophrenia using a standardized, evidence-based approach, while establishing a network for continued learning.

Project Objectives:
- To summarize system, clinical and operational information based on (a) the evidence and (b) the experience of Ontario Shores (and eventually other peer hospitals)
- To provide practical tools to assist in planning and implementation
- To provide ongoing support between Ontario Shores and participating hospitals as well as among participating hospitals (online)
- To establish a feedback loop to allow Ontario Shores to continue ongoing analysis and evaluation

Section 1
Information / Knowledge Transfer
Clinical Practice Guidelines for Schizophrenia

Section 1
Information / Knowledge Transfer

Summary:
Ontario Shores has undertaken, as part of major strategic initiative, the implementation of evidence-based mental health practices through the use of a Clinical Practice Guideline (CPG) for the assessment and treatment of Schizophrenia. This is the beginning of a longer term vision to integrate evidence into practice through the application of a number of CPGs within mental health. In the initial phases of the project the following became clear:

• Introducing the use of a CPG in a meaningful and comprehensive manner is a major undertaking in terms of commitment, resources and professional understanding. It requires dedication on the part of the leadership. There is a need to balance necessary constraints and parameters with a readiness to look at all aspects of the organization and openly challenge existing paradigms in favour of new evidence.
• There is not a standardized approach to guide the implementation – a “how to” manual. By documenting our project we could begin to develop a standardized set of tools.
• What we learned through the process could be helpful to other organizations considering the use of CPGs.
• By collaborating with other organizations we could continue to learn from their experience, resulting in an ongoing cycle of learning.
• The collective learning would be useful to a broader audience (publish) and would identify the next questions (research), and ultimately continue to enhance the quality of care for patients.
Section 2
Practical Tools For Implementation

The purpose of this section is to provide practical tips and useful tools to assist hospital leaders to implement a CPG for the assessment and treatment of Schizophrenia. While we are focusing specifically on Schizophrenia for the purposes of this workbook, the tools are generally transferrable and can guide the implementation of other CPGs. As indicated earlier, not every tool will work for every organization. In some cases you may be able to use this information “off the shelf”. In other cases, it will not be an exact fit to your organization. However, in those circumstances some of the information or the format may be useful. In other circumstances, it may help to “trigger” aspects for consideration in your hospital. If some of the lists or charts are not helpful, simply disregard them and move on. We recognize that every organization is unique. There is not, and should never be, a “one size fits all” approach. In the course of your implementation you may design tools that work for you. In that circumstance we ask that you share your work, and in that way, we will all, including service users, benefit from each other’s experience. We wish you all the best as you embark on this major initiative. We believe the journey will be as rewarding as the outcome.

How to Lead the Implementation
Here we will share lessons learned and critical success factors when choosing to implement CPGs.

Critical Success Factors
• Effective collaboration of physician leadership, professional practice, clinical services, decision support, clinical information, and communications
• Development of approval committee structure
• A common agreement among all participants as to roles, responsibilities, and principles
• Good communication throughout the project with leadership and the users, on the status of the project;
• A change management strategy that includes engagement at all levels within the organization and that addresses clinical transformation
• Knowledge and understanding of documentation methodologies, standards, interdisciplinary documentation design and professional practice requirements
• Knowledge of the key link between clinical documentation and clinical practice
• Timely receipt of clinical data to support clinical decision-making

Steps to Implementing CPGs
There are 8 overarching steps when implementing Clinical Practice Guidelines. Those steps are articulated below.

Step 1 Choose the guideline that you want to implement
Step 2 Create an algorithm that represents the Clinical Practice Guideline
(Refer to Exhibit 6 Algorithm Clinical Practice Guideline for Assessment and Treatment of Schizophrenia on an Inpatient Unit p.20)
Step 3 Undertake a gap analysis and operationalize key recommendations from the CPG
Section 2
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**Step 4** Create governance structure to support CPG implementation (Refer to Project Governance Exhibit 3 p. 15)

**Step 5** Decide on key process adherence measures and clinical outcome measures to monitor CPG implementation (Refer to exhibit 7 p.21). We used a Modified Delphi Process to accomplish this. The goal is to create Clinical Dashboards that can be distributed at various levels of the organization and promote quality improvement in service user care provision.

**Step 6** Create a Project Charter with accountabilities, executive sponsorship, timelines, budget and escalation strategies. Use Project Management strategies to ensure timelines are adhered to.

**Step 7** Utilize Informatics:
- Utilize process-mapping to document current work-flows and future-state workflows
- Focus on revision of clinical documentation tools and the use of clinical decision support to promote evidence-based clinical decision-making (making it easy to do the right thing)
- Build/Identify select group of Clinician Decision-Support and Patient Educational Tools

**Step 8** Realignment of Therapeutic Services:
- Realign therapeutic services offered in the organization to promote evidence-based therapeutic interventions
- Use decision-documents to establish scope of changes
- Create design/implementation teams to promote the changes

**Project Components**
Some of the initial planning that was completed by Ontario Shores does not have to be repeated. We are including it here for information.
- Reviewed key American, Canadian, and UK CPGs in the relevant areas and incorporated them into a clinical algorithm
- Operationalized the key recommendations in a clinical algorithm (Refer to Exhibit 6 on page 20)
- Performed a gap analysis illustrating current state versus desired state using the clinical algorithm as a guide
- Identified key indicators to track adherence to CPGs and monitor related clinical outcomes through a Modified Delphi process (Refer to Exhibit 7 on page 21)
- Revised physician documentation tools and order sets to support CPG recommendations (Refer to Exhibits 8 on page 23 and 9 on page 29)
- Created Physician decision support tool that lists all antipsychotics, associated costs, starting and maximum doses and relative risks of major side-effects and adverse events
- Revised nursing/allied health documentation tools and clinical panels to conform with CPG recommendations
- Identified clinical service changes that would be required for the organization to have adherence with identified CPGs
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• Developed custom reports to provide individualized feedback to clinicians about specific CPG suggestions
• Developed custom reports that monitor guideline adherence to agreed-upon measures
• Developed custom reports that monitor changes to clinical outcomes in relation to CPG implementation

Project Scope
The following outlines the scope of the project at Ontario Shores. It can be used as a guide to establish your project scope.

In Scope
Medical Leadership will provide the following:
• An appraisal of key international CPGs related to the assessment and treatment of schizophrenia using the Agree instrument and the development of clinical algorithm which support the recommendations
• A gap analysis between current state and desired state as depicted by the clinical algorithm
• A review of current physician, nursing and allied health documentation tools and revision of current tools and development of additional tools to support practice guided by the clinical algorithm
• Identify opportunities and provide content to build automated decision-support into Electronic Medical Record (EMR) that supports practice guided by the clinical algorithm
• Identify appropriate indictors to monitor adherence to CPGs and patient outcomes through a Modified Delphi process
• Provide guidance and expertise in development of educational plans for physicians, nursing and allied health professionals

Professional Practice will provide the following:
• A review of current nursing and allied health professional documentation tools, revision of current tools and development of additional tools to support the clinical algorithm
• Develop and deliver educational plans for physicians, nurses and allied health professionals that supports the clinical algorithms, new documentation templates, decision-support tools, and interpreting and monitoring of clinical indicators
• Develop and deliver training for any allied health professionals who have a change in the clinical services that they are offering as part of adherence to the clinical algorithms
• Develop and/or revise policies and procedures to support implementation of the clinical algorithms
Clinical Practice Guidelines for Schizophrenia

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**Clinical Services will provide the following:**
- A review of current roles and responsibilities of allied health professionals and revision of these to reflect the recommended therapeutic interventions as indicated by the clinical algorithm (where possible and within the scope of existing allied health professionals practice)
- Assignment of revised roles to allied health professionals to deliver the recommended therapeutic interventions
- A review of supported employment opportunities and efforts to increase capacity

**Clinical Information (Clinical Informatics and Health Information Management) will provide the following:**
- Process map current-state work-flow and future-state work-flow related to the clinical algorithm
- Expertise, support and guidance in revising and developing documentation tools to ensure that they are supported by Meditech functionality and support collection of the necessary adherence and outcome indicators
- Support professional practice in identifying current documentation and Meditech queries related to proposed changes in documentation
- Work with physician leadership to develop new order-sets and reflexive orders that flow from physician documentation
- Develop and deliver training to physicians on new system functionality being used to support the clinical algorithm
- Build and test revised documentation and decision-support tools
- Produce downtime forms as appropriate

**Decision Support will provide the following:**
- Develop 5 (five) custom reports that track the identified adherence indicators and outcome measures
- Develop a process for delivering the indicator results to identified stakeholders and Clinicians

**Communications will provide the following:**
- Develop recommended education materials translated into appropriate languages for clinicians, patients, families, and caregivers in support of the clinical algorithms
- Develop and deliver a communication plan regarding the Clinical Practice Guideline project

**Pharmacy will provide the following:**
- Create decision support tool that lists all antipsychotics, associated costs, starting and maximum doses and relative risks of major side-effects and adverse events
- Assist with the creation of an automated summary list that includes previous psychototropic trials and reasons for discontinuation.
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Additional In Scope Items
- Identification of opportunities for standardization of nomenclature in clinical documentation
- Identification of obstacles to implementing clinical practice guidelines and development of recommended strategies/processes to overcome the obstacles
- Identification of data to use for quality improvement
- Operational review of internal support and change management processes
- Development of sustainability strategies using engagement of physician leaders, directors, and managers

Out of Scope
- Hiring additional staff to provide therapeutic interventions recommended by the clinical algorithms
- Procurement and implementation of additional technology, hardware or software
- Any significant changes to scope of practice of allied health professionals that would be outside of expected roles and responsibilities of currently employed health professionals
- Changes to clinical programming in Adolescent Services, Dual Diagnosis Services and Geriatric and Neuropsychiatry Services.

Project Governance
Be explicit in how the project will be overseen and be clear on roles and responsibilities.

Exhibit 3. Project Governance

<table>
<thead>
<tr>
<th>Committee</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPG Project Committee</td>
<td>Provide project oversight and escalate issues to executive sponsors and/or SMT.</td>
</tr>
<tr>
<td>Governance Steering Committee</td>
<td>Ensure timelines are being met and resources are secured in the face of competing priorities to meet timelines.</td>
</tr>
<tr>
<td>Clinical Information Committee</td>
<td>Review change requests and recommendations from Clinical Informatics. Provide further recommendations and guidance around development and revision of clinical documentation content in electronic health record. Pass change request to IPPAC/MAC for approval as required. Identify and review quality data related to clinical documentation in the EHR.</td>
</tr>
<tr>
<td>IPPAC</td>
<td>Approval body for clinical content and clinical process.</td>
</tr>
<tr>
<td>MAC</td>
<td>Approval body for medical content and medical process.</td>
</tr>
<tr>
<td>Nursing Council</td>
<td>Approval body for nursing content and clinical process.</td>
</tr>
<tr>
<td>P&amp;T</td>
<td>Review decision-support as it relates to reflexive order sets.</td>
</tr>
<tr>
<td>Physician Advisory Group</td>
<td>Design team for revisions and development of new physician documentation, decision-support tools, reflexive orders and order sets.</td>
</tr>
<tr>
<td>Clinical Design Team</td>
<td>Design team for revisions and development of new nursing and allied health professional processes and documentation tools.</td>
</tr>
</tbody>
</table>
### Section 2
Practical Tools For Implementation

#### Exhibit 4. Project Roles and Responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Executive Sponsors:</strong></td>
<td>• Provide overall guidance, and sign-off on all major milestones&lt;br&gt;• Secure planned resources and expertise from within the organization as required;&lt;br&gt;• Ensure cross-functional support of the project outcomes&lt;br&gt;• Represent the project at IPSC and SMT Chairs CPG project Committee Meeting&lt;br&gt;• Monitor project status&lt;br&gt;• Provide overall direction, management, and leadership of the project.&lt;br&gt;• Serves as a liaison between physician leadership, the physician community and project team&lt;br&gt;• Chair Clinical Information Committee&lt;br&gt;• Provide content expertise, physician leadership, and direction for the CPG project&lt;br&gt;• Provide input/clinical advice and testing into and leads the development of documentation templates, decision-support tools and order sets</td>
</tr>
<tr>
<td><strong>Director, Professional Practice and Clinical Information</strong></td>
<td>• Monitor project status&lt;br&gt;• Support and guide project&lt;br&gt;• Co-Chair CPG project Committee Meeting&lt;br&gt;• Assign roles and responsibilities to team members&lt;br&gt;• Develop a plan, organize and manage professional practice staff and professional practice leaders to ensure the following deliverables are provided according to timelines</td>
</tr>
<tr>
<td><strong>Professional Practice, CPG team lead/allied health/nursing design team lead</strong></td>
<td>• Review of current nursing and allied health professional documentation tools, revision of current tools and development of additional tools to support the clinical algorithm&lt;br&gt;• Develop and deliver educational plans for physicians, nurses and allied health professionals that supports the clinical algorithms, new documentation templates, decision support tools, and interpreting and monitoring of clinical indicators&lt;br&gt;• Develop and deliver training for any allied health professionals who have a change in the clinical services that they are offering as part of adherence to the clinical algorithms&lt;br&gt;• Develop and/or revise policies and procedures to support implementation of the clinical algorithms</td>
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</tbody>
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*Continued on next page.*
## Section 2
### Practical Tools For Implementation

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Manager, Clinical Information             | • Provide leadership for the clinical redesign within Meditech  
• Assign roles and responsibilities to team members                                                                                                                                         |
| Clinical Services, Project Lead          | • Provide leadership for the clinical redesign within Meditech  
• Assign roles and responsibilities to team members  
• Liaise with Executive VP clinical services, clinical  
  directors and managers to ensure that staff are aligned  
  to provide the therapeutic services contained within the  
  algorithm.  
• Manage and support clinical managers in implanting  
  changes in clinical service delivery  
• Assign a review of supported employment opportunities  
• Ensure and report efforts to increase capacity of  
  supported employment opportunities                                                                                                                                                    |
| Director, Decision Support               | • Monitor project status  
• Ensure that appropriate reports are created and maintained and distributed  
• Assign roles and responsibilities to team members                                                                                                                                          |
| Manager, Communications                   | • Deliver overall communications plan  
• Assign roles and responsibilities to team members  
• Provide oversight for development of educational  
  materials and translation into appropriate languages                                                                                                                                           |
| Manager, Pharmacy                         | • Ensure creation of decision support tool that lists all antipsychotics, associated costs, starting and maximum doses and relative risks of major side-effects and adverse events |
| Business Representation                   | • Represent specific stakeholder group on working  
  groups to support design leads  
• Develop and provide training on functional changes  
  being implemented                                                                                                                                                            |
| Frontline clinicians                      | • Participation with design leads as necessary  
• Ongoing consultation with design lead                                                                                                                                                    |
| Design Teams                              | • Design teams will be developed to focus on specific processes  
• In conjunction with Clinical Education, develop the  
  education and support programs for all users  
• Develop and complete testing scenarios prior to  
  introduction of optimized applications into the clinical  
  setting (if applicable)  
• Engages subject matter experts across the facility to  
  ensure clinical practice is supported by technology |
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Practical Tools For Implementation

Assumptions and Constraints
Validate assumptions and be realistic in your approach. Identify constraints and risks. Consider how you will mitigate any risks.

Assumptions
Consider the following assumptions:
• Project resources will be made available to the project as agreed to
• Assigned project team resources will be available for the entire duration of the project
• Identified additional resources can be recruited in a timely manner
• Meditech system will function as documented by the vendor
• Decisions will be made in a timely manner
• Approvals will be received in the time allocated
• Time and resources will be available to enable education and implementation
• Organizational resources will adopt change management processes to coincide with project expectations
• Priority of deliverables will be reviewed and adjusted as required to address new needs due to organizational changes and or mandated requirements

Constraints
• Unexpected system issues
• External mandated process requirements
• Funding changes
• Attrition to project resources
## Exhibit 5. Project Risks and Mitigation Strategies

<table>
<thead>
<tr>
<th>Specific Risk/Assumption</th>
<th>Plan</th>
</tr>
</thead>
</table>
| **Change Management/Acceptance** | • Ensure appropriate resources/expertise available to plan for clinical transformation  
                                | • Comprehensive change management plan with a detailed tactical planning component  
                                | • Ongoing strategies to support adoption  
                                | • Ongoing measurement of effectiveness of and adherence to CPG adoption  |
| **Competing Priorities**      | • Senior team and Governance Steering Committee to review and prioritize to minimize conflicts  
                                | • Develop and support clear communication of priorities corporately with regularly scheduled updates  
                                | • CPG project team members to protect time of appropriate resources to ensure that deliverables are completed in timely manner  |
| **Implementation Plan**       | • Project Structure defined, with roles and responsibility clearly delineated.  
                                | • Leverage the skills and expertise of Information Services, Informatics and Professional Practice to work as a team and define decision – making process.  
                                | • Ensure the principle that Practice is supported (not driven) by technology  
                                | • Dedicated build and thinking time for Core CPG project Team  
                                | • Define adherence and outcome indicators and ensure they are distributed in timely manner Monitor and track project progress through utilization of green (on track); yellow (some obstacles but manageable) and red (major obstacles/off timeline) and escalate as appropriate  |
| **Completion of all Optimization Activities** | • Clear articulation of all requirements and detailed project plan  
                                | • Prioritize requirements to ensure high priority items are addressed within timeframe  
                                | • Articulate plan for lower priority items if not addressed within timeframe  |
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Exhibit 6. Develop an Algorithm for Assessment and Treatment

Clinical Practice Guideline for Assessment and Treatment of Schizophrenia on an Inpatient Unit
Establish Performance Indicators and Measures

Project indicators and appropriate measures need to be put into place to ensure project objectives are met. The following table demonstrates how the modified Delphi Process was utilized. Each indicator was evaluated using the National Quality Forum Criteria. The table also includes the rankings for each potential outcome and adherence measure that was considered. It explains how we determined our five choices.

Exhibit 7. Scoring of CPG Process and Adherence Measures using National Quality Forum Criteria

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Importance</th>
<th>Validity</th>
<th>Scientific Soundness</th>
<th>Usability</th>
<th>Feasibility</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGI-SCH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>1</td>
</tr>
<tr>
<td>Degree of involvement in supported employment or related activities</td>
<td>HIGH</td>
<td>HIGH</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td></td>
</tr>
<tr>
<td>Brief Psychiatric Rating Scale</td>
<td>MED</td>
<td>HIGH</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td></td>
</tr>
<tr>
<td>Degree of Independent Living</td>
<td>HIGH</td>
<td>HIGH</td>
<td>MED</td>
<td>LOW</td>
<td>LOW</td>
<td></td>
</tr>
<tr>
<td>PANSS</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td></td>
</tr>
<tr>
<td>Patient Satisfaction Survey Responses</td>
<td>HIGH</td>
<td>LOW</td>
<td>LOW</td>
<td>MED</td>
<td>MED</td>
<td></td>
</tr>
<tr>
<td>Development of Metabolic Syndrome/Diabetes</td>
<td>HIGH</td>
<td>HIGH</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td></td>
</tr>
<tr>
<td>GAF Score</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td>MED</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process Adherence Measures</th>
<th>Importance</th>
<th>Validity</th>
<th>Scientific Soundness</th>
<th>Usability</th>
<th>Feasibility</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Patients with Schizophrenia on Multiple Antipsychotics (excluding clozapine): Comments: Track polypharmacy with clozapine separately (not part of adherence measure). There should be no defined target. Need to have flags to enter reason for using second/third antipsychotic when it is initiated</td>
<td>MED</td>
<td>HIGH</td>
<td>MED</td>
<td>HIGH</td>
<td>HIGH</td>
<td>1</td>
</tr>
<tr>
<td>Percentage of patients who have WC, BMI and fasting lipids/glucose performed at recommended intervals</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>2</td>
</tr>
<tr>
<td>Percentage of patients with schizophrenia that have been referred for supported employment/vocational services</td>
<td>HIGH</td>
<td>MED</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>3</td>
</tr>
<tr>
<td>Percentage of patients with schizophrenia that have been referred to CBT for psychosis</td>
<td>HIGH</td>
<td>MED</td>
<td>HIGH</td>
<td>HIGH</td>
<td>HIGH</td>
<td>4</td>
</tr>
</tbody>
</table>

Continued on next page.
Gap Analysis and Key Recommendations
As you work through the process you will identify gaps between where you are and where you want to be. In our experience we identified three fundamental and strategic areas that needed to be addressed. Using the NICE guidelines we determined the following required further review.

**Key Decision #1: Implementation of CBT for Psychosis**
Implementation of CBT for psychosis as a standardized treatment option for inpatients (Assessment and Reintegration Program (ARP) and Forensic Program) with a diagnosis of schizophrenia

Recommendation
- Offer CBT in a standardized Group format with clinical supervision
- Identify/create eligibility criteria/algorithm for patients that can be referred to 1:1 CBT. (in conjunction with offering group delivery as the main intervention option)

Decision Point
- This would involve additional training and supervision for frontline staff. This would also mean that many staff-patient interactions during the day would be evidence based as opposed to determined by the individual staff.

**Key Decision #2: Implementation of Art Therapy**
Implementation of art therapy as a standard treatment option for inpatients (ARP and Forensic Program) with a diagnosis of schizophrenia at Ontario Shores.
Recommendation:
• Utilization of current internal resources:
  – Create a Module/Manual (Music Therapy) based on best practices and train existing TR/staff with contracted clinical supervision

Decision Point
Art therapy is an effective treatment shown to reduce negative symptoms of schizophrenia.

**Key Decision #3: Implementation of Care Giver Assessment**
Implementation of caregiver supports as a standardized intervention option for inpatients (ARP Forensic Program) with a diagnosis of schizophrenia

Recommendation:
• Implement Enhancements to existing processes:
  – Create “Family Plan of Care”
  – Create a standardized template in Meditech for “carer” assessment. Social workers would complete this as part of their work with carers.
  – Increase the capacity of FWRAP programming for families supplemented with specific modules for families affected by schizophrenia and ORB-related issues.
  – Create a standardized child assessment

The following exhibit provides a visual summary of the online order sets utilized in the implementation of these practice changes.

**Exhibit 8. Example of Order Sets for CPG Implementation**

Continued on next page.
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Practical Tools For Implementation

Continued on next page.
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### Interventions

#### CBT for Psychosis: Active

- **Number of Sessions**
  - 4 Sessions
  - 12 Sessions

#### CBT for Psychosis

- **Session 1: Introduction**
- **Session 2: Stress and CST**
- **Session 3: Automatic Thoughts**
- **Session 4: Individual Session**
- **Session 5: Thought Records**
- **Session 6: Finding the Evidence**
- **Session 7: Paranoid Delusions**
- **Session 8: Auditory Hallucinations**
- **Session 9: Individual Session**
- **Session 10: Problem Solving**
- **Session 11: Negative Symptoms**
- **Final Session: Wrap up and Review**

#### CGI Scale: Degree of Illness

Considering your total clinical experience with patients with schizophrenia, how severely ill has the patient been during the past week?

<table>
<thead>
<tr>
<th>Positive Symptoms</th>
<th>1 (Normal, not ill)</th>
<th>2 (Mildly ill)</th>
<th>3 (Moderate ill)</th>
<th>4 (Severely ill)</th>
<th>5 (Markedly ill)</th>
<th>6 (Very Severely ill)</th>
<th>7 (Most Severely ill)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Symptoms</td>
<td>1 (Normal, not ill)</td>
<td>2 (Mildly ill)</td>
<td>3 (Moderate ill)</td>
<td>4 (Severely ill)</td>
<td>5 (Markedly ill)</td>
<td>6 (Very Severely ill)</td>
<td>7 (Most Severely ill)</td>
</tr>
<tr>
<td>Depressive Symptoms</td>
<td>1 (Normal, not ill)</td>
<td>2 (Mildly ill)</td>
<td>3 (Moderate ill)</td>
<td>4 (Severely ill)</td>
<td>5 (Markedly ill)</td>
<td>6 (Very Severely ill)</td>
<td>7 (Most Severely ill)</td>
</tr>
<tr>
<td>Cognitive Symptoms</td>
<td>1 (Normal, not ill)</td>
<td>2 (Mildly ill)</td>
<td>3 (Moderate ill)</td>
<td>4 (Severely ill)</td>
<td>5 (Markedly ill)</td>
<td>6 (Very Severely ill)</td>
<td>7 (Most Severely ill)</td>
</tr>
<tr>
<td>Overall Severity</td>
<td>1 (Normal, not ill)</td>
<td>2 (Mildly ill)</td>
<td>3 (Moderate ill)</td>
<td>4 (Severely ill)</td>
<td>5 (Markedly ill)</td>
<td>6 (Very Severely ill)</td>
<td>7 (Most Severely ill)</td>
</tr>
</tbody>
</table>

#### CGI Scale: Degree of change

Compared to the previous evaluation, how much has the patient changed? Rate improvement whether or not, in your judgement, is due entirely to treatment?

<table>
<thead>
<tr>
<th>Positive Symptoms</th>
<th>1 (Very much improved)</th>
<th>2 (Much improved)</th>
<th>3 (Minimally improved)</th>
<th>4 (No change)</th>
<th>5 (Minimally worse)</th>
<th>6 (Much worse)</th>
<th>7 (Very much worse)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Symptoms</td>
<td>1 (Very much improved)</td>
<td>2 (Much improved)</td>
<td>3 (Minimally improved)</td>
<td>4 (No change)</td>
<td>5 (Minimally worse)</td>
<td>6 (Much worse)</td>
<td>7 (Very much worse)</td>
</tr>
<tr>
<td>Depressive Symptoms</td>
<td>1 (Very much improved)</td>
<td>2 (Much improved)</td>
<td>3 (Minimally improved)</td>
<td>4 (No change)</td>
<td>5 (Minimally worse)</td>
<td>6 (Much worse)</td>
<td>7 (Very much worse)</td>
</tr>
<tr>
<td>Cognitive Symptoms</td>
<td>1 (Very much improved)</td>
<td>2 (Much improved)</td>
<td>3 (Minimally improved)</td>
<td>4 (No change)</td>
<td>5 (Minimally worse)</td>
<td>6 (Much worse)</td>
<td>7 (Very much worse)</td>
</tr>
<tr>
<td>Overall severity</td>
<td>1 (Very much improved)</td>
<td>2 (Much improved)</td>
<td>3 (Minimally improved)</td>
<td>4 (No change)</td>
<td>5 (Minimally worse)</td>
<td>6 (Much worse)</td>
<td>7 (Very much worse)</td>
</tr>
</tbody>
</table>

### Current Orders

<table>
<thead>
<tr>
<th>Category</th>
<th>Ordering Provider</th>
<th>Start</th>
<th>Renew</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit / Discharge / Transfer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOA weekend @ Nurs...</td>
<td>ADT</td>
<td>Train 1 Doctor, MD, FRCP</td>
<td>06/12/13</td>
<td>Active</td>
</tr>
<tr>
<td>Reg Diet - Standard T...</td>
<td>Diet</td>
<td>Train 1 Doctor, MD, FRCP</td>
<td>12/08/13 Lunch</td>
<td>Ordered</td>
</tr>
<tr>
<td>Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continued on next page.
Section 2
Practical Tools For Implementation

Continued on next page.
### Section 2

**Practical Tools For Implementation**

#### Caregiver Assessment:

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Caregiver Assessment, Active</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessments</strong></td>
<td>Caregiver Assessment ✔</td>
</tr>
<tr>
<td>This includes the completion and recording of findings on his/her/the patient's record of personal health record for the caregiver assessment.</td>
<td></td>
</tr>
<tr>
<td>SDM/patient consent to completion of assessment?</td>
<td>Yes ☐ No ☑ Comment:</td>
</tr>
<tr>
<td>Restriction of any family members from participation?</td>
<td>Yes ☐ No ☑ Comment:</td>
</tr>
<tr>
<td>Individuals restricted from participating under ORB or judicial orders?</td>
<td>Yes ☐ No ☑ Comment:</td>
</tr>
</tbody>
</table>

#### Antipsychotic Side Effect Checklist:

<table>
<thead>
<tr>
<th>Antipsychotic Side Effect</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased Energy/Fatigue</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>Difficulty walking/transferring or recent fall</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>Daytime drowsiness/elevation</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>Muscles trembling or shaking</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>Feeling restless or jittery</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>Trouble getting to sleep or staying asleep</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>Blurry vision</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>Drooling</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>Memory and Concentration</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>Does Pt have a history of constipation</td>
<td>Yes ☐ No Comment:</td>
</tr>
<tr>
<td>Changes in sexual functioning</td>
<td>Yes ☐ No Comment:</td>
</tr>
<tr>
<td>Men: Difficulties with erections or ejaculation</td>
<td>Low sex drive</td>
</tr>
<tr>
<td>Women: difficulty achieving orgasm</td>
<td></td>
</tr>
<tr>
<td>Menstrual or breast problems</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>Progressive weakness, difficulty with coordination</td>
<td></td>
</tr>
<tr>
<td>Body aches, muscle cramps, or tremors</td>
<td></td>
</tr>
<tr>
<td>Me Dizziness</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>GI Upset</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>Presence of nausea or vomiting</td>
<td></td>
</tr>
<tr>
<td>Increased appetite</td>
<td></td>
</tr>
<tr>
<td>Skin abnormalities</td>
<td>Yes ☐ No</td>
</tr>
<tr>
<td>Rash, photosensitivity</td>
<td></td>
</tr>
</tbody>
</table>

Continued on next page.
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Music Therapy Group Note Template:

<table>
<thead>
<tr>
<th>Goals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To achieve relaxation</td>
</tr>
<tr>
<td>To develop skills for achieving relaxation</td>
</tr>
<tr>
<td>Self-awareness and regulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Degree of interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active throughout</td>
</tr>
<tr>
<td>Minimally/only when asked</td>
</tr>
<tr>
<td>Occasional</td>
</tr>
<tr>
<td>Socializes (staff/pers)</td>
</tr>
<tr>
<td>No socialization</td>
</tr>
<tr>
<td>Disruptive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is this the first or last session?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

If this is the first or last session, the CGI scale must be documented.

Clozapine Monitoring Form Template:

### Assessments
- **Clozapine Monitoring Form**
- Prior to test dose:
  - Clozapine work up completed on
  - Consent for Clozapine tx signed on

### Vital Signs
- Set:
  - Baseline
  - 3 hours post test dose
  - 6 hours post test dose

### Temperature
- Temperature (36.4 C-37.6 C)
- Temperature Source:
  - Oral
  - Axillary
  - Tympanic
  - Skin

### Pulse
- New Pulse Location:
  - Add a Pulse Location
  - Pulse Rate (60-90 beats/min)
  - Rhythm
  - Strength
  - Method

### Respiration
- Respiratory Rate (12-24)
- Depth:
  - Normal
  - Deep
  - Shallow
- Effort:
  - Normal
  - Short of Breath
  - Accessory Muscle Use
  - Pursed Lip
  - Non-Labored
  - Labored
  - Nasal Flaring
  - Retracting
  - Apnal

### Blood Pressure
- New Blood Pressure Location:
  - Add a Blood Pressure Location
  - Blood Pressure (mm Hg)

### Adverse Effects/Symptoms
- **Key**
  - Hematological - (including Bloodwork): Agranulocytosis, flu-like symptoms
  - Cardiovascular: Hypo/hypertension, tachycardia, dizziness
  - GU: Urinary retention, overflow incontinence
  - GI: Nausea, vomiting, constipation, diarrhea
Clinical Practice Guidelines for Schizophrenia

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Practical Tools For Implementation

The physician orders for managing patients using the CPG for Schizophrenia are included here as Exhibit 9.

Exhibit 9. Physician Order Set for Pre-Initiation of Antipsychotic:

<table>
<thead>
<tr>
<th>Order</th>
<th>Status</th>
<th>Start/Stop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antipsychotic Pre-Initiation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excluding Clozapine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Monitoring:**
  - Height/Weight and Waist Circumference is already part of the patient's Standard of Care and has a set frequency of Q2BD. If a baseline is required as part of initiating this medication, please enter a new order.
  - **ONCE**
    - BMI is calculated when height and weight are documented and is viewable in the Patient header.
  - **ONCE**

- **Vital Signs**
  - New Thu Apr 03 15:07

- **Aims Assessment**
  - New Thu Apr 03 15:07

- **As clinically indicated:**
  - Dietitian Referral
    - Routine

- **Diagnostic Imaging:**
  - **ECG - Electrocardiogram**
    - New* Thu Apr 03 15:07

- **Lab Orders:**
  - **Glucose - Random [CHEM]**
    - New Thu Apr 03 15:07
  - **Lipid Profile [CHEM]**
    - New Thu Apr 03 15:07
  - **Electrolytes [CHEM]**
    - New Thu Apr 03 15:07
  - **Creatinine [CHEM]**
    - Routine
  - **Alanine Transaminase (ALT) [CHEM]**
    - Routine
  - **Complete Blood Count (CBC) [HEM]**
    - Routine
  - **HBA1C [CHEM]**
    - New* Thu Apr 03 15:07

- **Consider for Ziprasidone**
  - Magnesium [CHEM]
    - Routine

- **Consider for Quetiapine**
  - Thyrotropin [CHEM]
    - Routine

- **Consider for antipsychotics with increased potential to affect prolactin such as Risperidone**
  - Prolactin [CHEM]
    - Urgent

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Once a practice issue (key decision) is identified there may be several options for change to be considered. This is important and can contribute to the success of the project. We work in complicated organizations, with contractual agreements, human resource policies, and traditional hierarchies. Embarking on fundamental changes to the status quo is not simple. The following decision document or variations on this have been found to be useful in Project Management.
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### Exhibit 10. Decision Document

<table>
<thead>
<tr>
<th><strong>Project Name:</strong></th>
<th><strong>Clinical Practice Guidelines:</strong></th>
<th><strong>Project Number:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Sponsor:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Decision/Issue #:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Issue/Opportunity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Impact if not resolved:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Background Information</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Options for Resolution:</strong></td>
<td><strong>Option Description</strong></td>
<td><strong>Pros/Cons</strong></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CPG clinical redesign team recommendation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Impact:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Key Stakeholders involved in recommendation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Final Decision:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Responsibility (If impact requires action and/or process change):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Approvals:</strong></td>
<td><strong>Project Sponsor:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Project Manager:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Project Lead:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Document Owner:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Date of Decision:</strong></td>
<td></td>
</tr>
</tbody>
</table>
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**Utilizing Informatics**
The following is taken from Interpretable Guidelines - Peleg M. Journal of Biomedical Informatics. 2013 Aug

**Conclusion**
This is a work in progress. Moreover, this work, if approached correctly, will always be a work in progress. Our intention is not to provide our colleagues with a step by step, “cookie cutter” guide to CPG implementation. Rather, it is an invitation to work together. By sharing what we have learned thus far, we hope to give you a “head start” and increase the likeliness of your success. In return, we hope to learn from you what went well, what challenges you overcame, what modifications you would suggest to the next organization. Collectively we can provide additional tools, identify emerging trends and what questions we need answers to.

The scope of this project is ambitious. However, it has the potential to improve patient care using the talents of leaders across regions, with effective use of resources. There is also the potential for synergistic benefits associated with partnering and building strong networks among professional leaders.
Appendix A

The National Institute for Health and Care Excellence (NICE)

The National Institute for Health and Care Excellence (NICE) guidelines provide national guidance and advice to improve health and social care. NICE was originally set up in 1999 as the National Institute for Clinical Excellence, a special health authority, to reduce variation in the availability and quality of NHS treatments and care. In 2005, after merging with the Health Development Agency, they began developing public health guidance to help prevent ill health and promote healthier lifestyles. The name changed to the National Institute for Health and Clinical Excellence.

In April 2013 NICE was established in primary legislation, becoming a Non Departmental Public Body (NDPB). As an NDPB, it is accountable to the Department of Health, but operationally is independent of government. Guidance and other recommendations are made by independent committees.

The following are pertinent excerpts from the NICE Charter (April 2013)

• The National Institute for Health and Care Excellence (NICE) is the independent organisation responsible for developing national guidance, standards and information on providing high quality health and social care, and preventing and treating ill health. NICE guidance helps health, public health and social care professionals deliver the best possible care based on the best available evidence
• All of our guidance, quality standards and other advice products are independent and authoritative. They are all based on the best available evidence and set out the best ways to prevent, diagnose and treat disease and ill health, promote healthy living, and care for vulnerable people.

Core principle - We are internationally recognised for the rigorous processes we use to produce our recommendations. All NICE guidance, quality standards and other products are developed in accordance with a set of core principles that underpin all of our work:

The core principles are:
• Expert Input - Every piece of NICE guidance and every quality standard is developed by an independent committee of experts, which includes lay members and representatives from clinical practice, public health, social care and where appropriate, from industry.
• Public Involvement - of our committees include at least two lay members: patients, carers, service users or the general public. The expertise, insight and input of these lay members is essential to the development of all NICE guidance and advice, and helps us to make sure that our work reflects the needs and priorities of those who will be affected by them.
• Independence, genuine consultation and transparency - All NICE committees are independent and unbiased. Once a topic has been referred to us by the Department of Health, or NHS England, neither organisation has any more influence over the final guidance than any other stakeholder. All of our guidance, quality standards and other products are developed independently of government influence. We have a consultation process, which allows individuals, patient groups, professional
Appendix A
The National Institute for Health and Care Excellence (NICE)

and statutory bodies, commissioners, charities and industry to comment on our recommendations throughout the development of our guidance and quality standards. We also have a formal appeal process for final recommendations in our technology appraisals.

• Once published, all NICE guidance is regularly considered for review, and updated in light of new evidence, if necessary.

• Methodological Developments - Our independent advisory committees use a wealth of scientific methodology to help underpin and inform their decisions and recommendations. This includes internationally recognised scientific methods for evaluating and comparing the benefits and cost effectiveness of different forms of practice. The science that the committees use when making their recommendations is constantly evolving. To make sure that NICE stays at the forefront of this challenging field, our Research and Development (R&D) team oversees a range of R&D activities that are undertaken across NICE to ensure that our processes, methods and policies remain up to date and fit for purpose.

How we involve people:

• All of our guidance, quality standards, and other products are developed taking into account the opinions and views of the people who will be affected by them, including patients, carers and members of the public, as well as health and social care professionals, NHS organisations, industry, social care businesses and local government.

• Our consultation process allows a range of individuals and organisations to comment on our recommendations throughout the development of our guidance and quality standards. Our guidance is created by independent and unbiased advisory committees that include a range of diverse experts from surgeons and midwives, to health economists and social workers, as well as patients or carers or other members of the public.

• In the case of our technology appraisals, in which we make recommendations about the use of new drugs and technologies within the NHS, we work with manufacturers to ensure that evidence they submit on the effectiveness of their products is the most appropriate to enable an evaluation to be undertaken.

• We value the input of patients, carers and the general public in the development of our guidance and other products. By involving the people for whom the guidance will be relevant, we put the needs and preferences of patients and the public at the heart of our work. Our Public Involvement Programme supports individual patients, carers and members of the public, as well as voluntary, charitable and community organisations involved with NICE’s work. We also have a Citizens Council – an advisory body made up entirely of members of the public from across the UK. It was established to ensure that the values held by the public are incorporated into the decision-making process. The Citizens’ Council provides NICE with advice that reflects the public’s perspective on what are often challenging issues faced by NICE. The council is responsible for ensuring the views of the public underpin the thoughts and processes of NICE. Its recommendations and conclusions have been incorporated into a Social Value Judgements document which describes the principles that NICE and its advisory...
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bodies should take into account when making decisions about effective and cost effective health and social care practice
• NICE provides specific implementation support products, including a suite of educational modules, all of which are available on our website

NICE’s Role
NICE’s role is to improve outcomes for people using the NHS and other public health and social care services. We do this by:
• Producing evidence-based guidance and advice for health, public health and social care practitioners.
• Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services;
• Providing a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.

Among other things Clinical guidelines provide the NHS and others with advice on the management of individual conditions. They are systematically-developed statements to assist professional and patient decisions about appropriate care for specific clinical circumstances. These may be as diverse as antenatal care, breast cancer or schizophrenia. They are developed in association with the Royal Medical, Nursing and Midwifery Colleges.

NICE Evidence is an online search engine that identifies relevant clinical, public health and social care guidance. As part of the service, NICE also provides access to information content purchased on behalf of the NHS. This includes access to a range of bibliographic databases such as MEDLINE, and professional journals.

NICE International Mission Statement
NICE International contributes to better health around the world through the more effective and equitable use of resources. It does this by providing advice on the use of evidence and social values in making clinical and policy decisions. NICE International applies rigorous analytic methodology to:
• Put patients and the public first
• Respond to the needs and priorities of decision makers at all levels
• Emphasise an understanding of the social and cultural context
• Encourage transparent and inclusive decision making processes

NICE International also aims to undertake activities that have benefits outside of individual countries. These might include generation of knowledge products (such as case studies), preparation of tools for data collection and analysis, and facilitation of knowledge transfer among decision-makers across countries (such as through international meetings).

Developing NICE Clinical Guidelines
The following is a brief summary of how NICE develops clinical guidelines.
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1. **Guideline topic is referred.**
   The Department of Health refers clinical guideline topics to NICE.

2. **Stakeholders register interest.**
   National organisations representing patients and carers, and also health professionals involved in their care can register as stakeholders. Stakeholders are consulted throughout the guideline development process.

3. **Scope prepared.**
   The National Collaborating Centre (NCC) commissioned to develop the guideline prepares the scope. This document sets out what the guideline will - and will not - cover. NICE, registered stakeholders and an independent guideline review panel can all contribute to the development of the scope.

4. **Guideline development group established.**
   This group is made up of health professionals, representatives of patient and carer groups and technical experts. The group is recruited during the scoping phase: if required, one member may be recruited at the start of scoping.

5. **Draft guideline produced.**
   To produce the draft guideline, the group assesses the available evidence and makes recommendations.

6. **Consultation on the draft guideline.**
   There is at least one public consultation period for registered stakeholders to comment on the draft guideline.

7. **Final guideline produced.**
   After the guideline development group finalises the recommendations, the collaborating centre produces the final guideline.

8. **Guidance issued.**
   NICE formally approves the final guideline and issues its guidance to the NHS.

**Short guideline process**
Short clinical guidelines are designed specifically to address clinical questions which do not meet the topic selection criteria for a traditional clinical guideline or technology appraisal, but nevertheless require guidance to be produced by the Institute. Short clinical guidelines are developed to the same rigorous methods as existing clinical guidelines but they are produced within a shorter 9-11 month timescale. The criteria for their referral to NICE are the same as for topics selected for the main clinical guidelines programme, with an additional judgement about the urgency of the advice.

**Highlights from the NICE Schizophrenia Guideline (CPG)**
- Between 18 and 60 years of age
- The term ‘psychosis’ is used in this guideline to refer to the group of psychotic disorders that includes schizophrenia, schizoaffective disorder, schizophreniform disorder and delusional disorder
- This guideline uses the term ‘carer’ to apply to everyone who has regular close contact with people with psychosis and schizophrenia, including advocates, friends or family members, although some family members may choose not to be carers
- The guideline will assume that prescribers will use a drug’s summary of product
This guideline offers best practice advice on the care of adults with psychosis and schizophrenia.

Excluded from the NICE Schizophrenia Guideline (CPG)

- Affective psychosis (such as bipolar disorder or unipolar psychotic depression)
- The specific treatment of young people under the age of 18 years, except those who are receiving treatment and support from early intervention in psychosis services
- Psychosis and schizophrenia are commonly associated with a number of other conditions, such as depression, anxiety, post-traumatic stress disorder, personality disorder and substance misuse. This guideline does not cover these conditions. NICE has produced separate guidance on the management of these conditions (see related NICE guidance).

Key priorities for implementation of the NICE Schizophrenia Guideline (CPG)

1. Preventing Psychosis
2. First Episode Psychosis
3. Subsequent acute episodes of psychosis or schizophrenia and referral in crisis
4. Promoting recovery and possible future care

1. **Preventing psychosis**

   If a person is considered to be at increased risk of developing psychosis
   - Offer individual cognitive behavioural therapy (CBT) with or without family intervention and
   - offer interventions recommended in NICE guidance for people with any of the anxiety disorders, depression, emerging personality disorder or substance misuse.

2. **First episode psychosis**

   - Early intervention in psychosis services
   - Primary care
   - Assessment and care planning
   - Treatment options
   - Choice of antipsychotic medication
   - How to use antipsychotic medication
   - How to deliver psychological interventions
   - Monitoring and reviewing psychological interventions
   - Competencies for delivering psychological interventions

   - Early intervention in psychosis services should be accessible to all people with a first episode or first presentation of psychosis, irrespective of the person’s age or the duration of untreated psychosis.
   - Assess for post-traumatic stress disorder and other reactions to trauma because people with psychosis or schizophrenia are likely to have experienced previous adverse events or trauma associated with the development of the psychosis or as a result of the psychosis itself. For people who show signs of post-traumatic stress, follow
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the recommendations in Post-traumatic stress disorder

- The choice of antipsychotic medication should be made by the service user and healthcare professional together, taking into account the views of the carer if the service user agrees. Provide information and discuss the likely benefits and possible side effects of each drug, including:
  - metabolic (including weight gain and diabetes)
  - extrapyramidal (including akathisia, dyskinesia and dystonia)
  - cardiovascular (including prolonging the QT interval)
  - hormonal (including increasing plasma prolactin)
  - other (including unpleasant subjective experiences).
- Do not initiate regular combined antipsychotic medication, except for short periods (for example, when changing medication)

3. Subsequent acute episodes of psychosis or schizophrenia and referral in crisis

- Service-level interventions
- Treatment options
- Pharmacological interventions
- Psychological and psychosocial interventions
- Behaviour that challenges
- Early post-acute period

- Offer CBT to all people with psychosis or schizophrenia. This can be started either during the acute phase or later, including in inpatient settings.
- Offer family intervention to all families of people with psychosis or schizophrenia who live with or are in close contact with the service user. This can be started either during the acute phase or later, including in inpatient settings.

4. Promoting recovery and possible future care

- General principles
- Return to primary care
- Primary care
- Psychological interventions
- Pharmacological interventions
- Using depot/long-acting injectable antipsychotic medication
- Interventions for people whose illness has not responded adequately to treatment
- Employment, education and occupational activities

- GPs and other primary healthcare professionals should monitor the physical health of people with psychosis or schizophrenia when responsibility for monitoring is transferred from secondary care, and then at least annually. The health check should be comprehensive, focusing on physical health problems that are common in people with psychosis and schizophrenia. A copy of the results should be sent to the care coordinator and psychiatrist.
- Offer clozapine to people with schizophrenia whose illness has not responded adequately to treatment despite the sequential use of adequate doses of at least 2
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different antipsychotic drugs. At least 1 of the drugs should be a non-clozapine second-generation antipsychotic.

- Offer supported employment programmes to people with psychosis or schizophrenia who wish to find or return to work. Consider other occupational or educational activities, including pre-vocational training, for people who are unable to work or unsuccessful in finding employment.

**General Principles Of Care For Adults**

*Improving Service user experience*

- work in partnership with people with schizophrenia and their carers
- offer help, treatment and care in an atmosphere of hope and optimism
- take time to build supportive and empathic relationships as an essential part of care

**Support for carers**

- Offer carers of people with psychosis or schizophrenia an assessment (provided by mental health services) of their own needs and discuss with them their strengths and views. Develop a care plan to address any identified needs, give a copy to the carer and their GP and ensure it is reviewed annually.
- Give carers written and verbal information in an accessible format about:
  - diagnosis and management of psychosis and schizophrenia
  - positive outcomes and recovery
  - types of support for carers
  - role of teams and services
  - getting help in a crisis
  - When providing information, offer the carer support if necessary.
- As early as possible negotiate with service users and carers about how information about the service user will be shared. When discussing rights to confidentiality, emphasise the importance of sharing information about risks and the need for carers to understand the service user’s perspective. Foster a collaborative approach that supports both service users and carers, and respects their individual needs and interdependence.
- Review regularly how information is shared, especially if there are communication and collaboration difficulties between the service user and carer.
- Include carers in decision-making if the service user agrees.
- Offer a carer-focused education and support programme, which may be part of a family intervention for psychosis and schizophrenia, as early as possible to all carers. The intervention should:
  - be available as needed
  - have a positive message about recovery.

**Race, culture and ethnicity**

- Healthcare professionals inexperienced in working with people with psychosis or schizophrenia from diverse ethnic and cultural backgrounds should seek advice and supervision from healthcare professionals who are experienced in working transculturally.
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• Healthcare professionals working with people with psychosis or schizophrenia should ensure they are competent in:
  – assessment skills for people from diverse ethnic and cultural backgrounds
  – using explanatory models of illness for people from diverse ethnic and cultural backgrounds
  – explaining the causes of psychosis or schizophrenia and treatment options
  – addressing cultural and ethnic differences in treatment expectations and adherence
  – addressing cultural and ethnic differences in beliefs regarding biological, social and family influences on the causes of abnormal mental states
  – negotiating skills for working with families of people with psychosis or schizophrenia
  – conflict management and conflict resolution.

• Mental health services should work with local voluntary black, Asian and minority ethnic groups to jointly ensure that culturally appropriate psychological and psychosocial treatment, consistent with this guideline and delivered by competent practitioners, is provided to people from diverse ethnic and cultural backgrounds.

Comprehensive services provision
All teams providing services for people with psychosis or schizophrenia should offer a comprehensive range of interventions consistent with this guideline.

Physical Health
• People with psychosis or schizophrenia, especially those taking antipsychotics, should be offered a combined healthy eating and physical activity programme by their mental healthcare provider.
• If a person has rapid or excessive weight gain, abnormal lipid levels or problems with blood glucose management, offer interventions in line with relevant NICE guidance (see Obesity [NICE clinical guideline 43], Lipid modification [NICE clinical guideline 67] and Preventing type 2 diabetes
• Offer people with psychosis or schizophrenia who smoke help to stop smoking, even if previous attempts have been unsuccessful. Be aware of the potential impact of reducing nicotine on the metabolism of other drugs, particularly clozapine and olanzapine.
• Consider one of the following to help people stop smoking:
  – nicotine replacement therapy (usually a combination of transdermal patches with a short-acting product such as an inhalator, gum, lozenges or spray) for people with psychosis or schizophrenia or
  – bupropion for people with a diagnosis of schizophrenia or
  – varenicline for people with psychosis or schizophrenia
  – Warn people taking bupropion or varenicline that there is an increased risk of adverse neuropsychiatric symptoms and monitor them regularly, particularly in the first 2–3 weeks.
• For people in inpatient settings who do not want to stop smoking, offer nicotine...
replacement therapy to help them to reduce or temporarily stop smoking.
• Routinely monitor weight, and cardiovascular and metabolic indicators of morbidity in people with psychosis and schizophrenia. These should be audited in the annual team report.
• Organizations should ensure compliance with quality standards on the monitoring and treatment of cardiovascular and metabolic disease in people with psychosis or schizophrenia through performance indicators.

For NICE Pathways Refer to http://pathways.nice.org.uk/ Search Psychosis and Schizophrenia

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