



Treatment  
Optimization of  
Psychosis Collaborative

## CHANGE PACKAGE

July 2021



LIVE GRAPHIC RECORDING | Drawing  
Sam Bradd | Change

### Land acknowledgement

We acknowledge we live and work in Vancouver on the Ancestral Traditional Unceded Territories of the Coast Salish People, the TOP Collaborative sites operate on the Lands of the ~ thex<sup>w</sup>məθ k<sup>w</sup>əyəm (Musqueam), Skwxwú7mesh Úxwumixw (Squamish) Mi ce:p k<sup>w</sup>ətx<sup>w</sup>iləm (Tseil-Waututh) and Shíshálh (Sechelt) Nations.

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The TOP Collaborative is  
supported through funding from:



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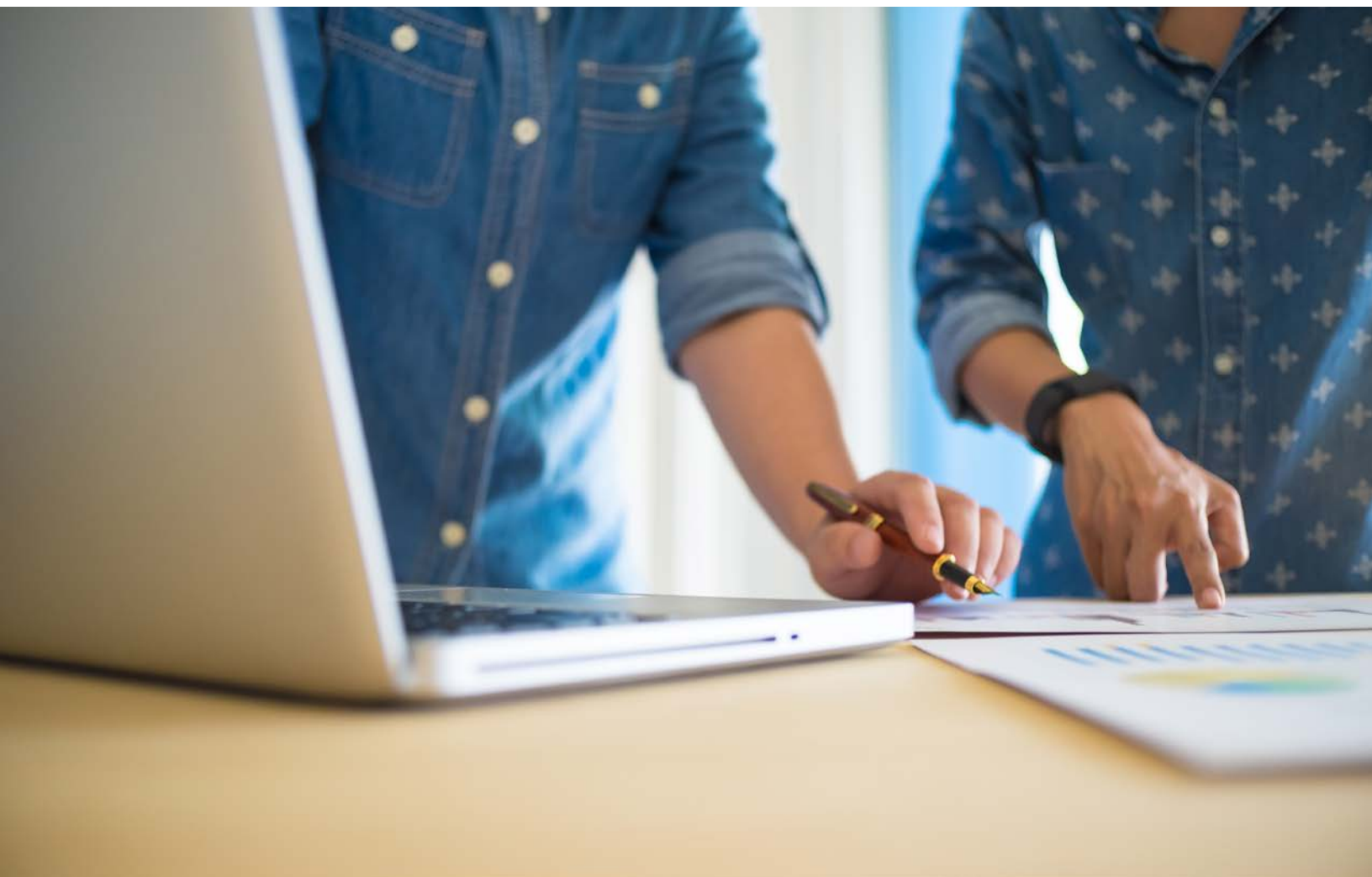
# Change Package Introduction

To facilitate the process of selecting interventions by teams participating in the TOP Collaborative, the TOP faculty has developed two resources: a Driver Diagram (a graphic to illustrate factors that contribute to the overall TOP aims) and a Change Package (a listing of interventions for consideration by TOP teams to test in working towards reaching their individualized aims).

## Driver Diagram

The figure below presents a graphic framework on the drivers (factors) that have been identified by our experts and stakeholders to have major impacts on achieving the outcome shown in the box on the far left of the diagram. The Primary Drivers are the major factors driving the outcome. The Secondary Drivers are the detailed activities and structures that make up the Primary Drivers. The interventions listed further in this document are specific ideas that can be tested to determine if improvements are achieved.

The TOP Driver Diagram can be found on the following page. For more QI resources, visit [www.topcollaborative.ca](http://www.topcollaborative.ca)





**The aim of the TOP Collaborative is to increase the system-wide optimization of anti-psychotic treatment in community settings amongst our clients living with schizophrenia/ schizoaffective disorder, in order to improve outcomes and quality of life. In partnership with interdisciplinary MHSU teams and community partners, participating teams will implement evidence-based practice. By June 2022 we aim to reach the following:**

- 100% of clients with treatment resistant schizophrenia (TRS) will be offered clozapine
- 90% of clients who are eligible for a clozapine start in the community and who accept the treatment, will undergo titration in the community
- 45% of clients undergoing clozapine treatment will see an improvement in their functioning as assessed by HONOS and PANSS-SV



→ **AIM**



→ **PRIMARY DRIVERS**



→ **SECONDARY DRIVERS**

### HEALTH SYSTEM:

The healthcare system is optimally set up and coordinated to provide effective chronic care

### DECISION SUPPORT:

Evidence-based guidelines are integrated into the daily clinical practice

### SELF-MANAGEMENT SUPPORT:

Clients and families play an important role in managing and coordinating their own care

### DELIVERY SYSTEM DESIGN:

Teamwork and expanded scope of practice is implemented to support chronic care

### CLINICAL INFORMATION SYSTEMS:

Routine access to information systems support treatment optimization in psychosis

Senior leaders visibly support and promote efforts to improve TOP care, to remove barriers, and to provide necessary resources

Effective systems are in place to routinely share pertinent client information

Partnerships with internal and external stakeholders coordinate community resources and policies

Clinical staff and supportive service staff are offered opportunities to increase their capacity to provide effective TOP care

Prescriber and clinical team knowledge of treatment optimization of psychosis increase

Clients, families, and a proactive practice team engage in informed and shared decision-making processes

Clients accept their diagnosis and actively engage in their treatment

Clients adhere to their treatment and receive routine adherence support

Client and families are actively supported to manage their condition

An effective interdisciplinary and cross-agency care approach is implemented

Active support systems are in place to start treatment implementation of clozapine

Data systems are in place to routinely measure performance goals

Medical record systems incorporate standardized templates to optimize treatment decisions

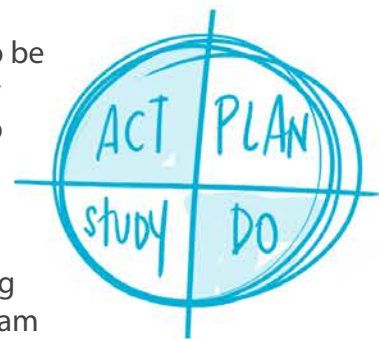
Providers are trained and supported in improving encounter documentation

NB: \*Treatment Resistant Schizophrenia (TRS) is defined as *inadequate medication response to an adequate medication trial* of 2 different antipsychotics. Inadequate medication response is based on clinician judgement if relevant measurement scale data does not exist or more than 20% improvement on PANSS-SV when this data exists. An adequate antipsychotic medication trial is defined as lasting at least 6 weeks, at a therapeutic dosage.



# TOP Collaborative Change Package

A change concept is a general notion or approach to change that has been found to be useful in developing specific ideas for changes that lead to improvement. Creatively combining these change concepts with knowledge about specific subjects can help generate ideas for tests of change.



Building upon the Driver Diagram, TOP faculty developed a TOP Change Package to facilitate the selection and uptake of evidence-informed interventions and emerging practices to reach the agreed aims of the TOP Collaborative. Each participant TOP team should review the individual change ideas, prioritize those that are most relevant for their organization, and implement them. After selecting the ideas, Plan-Do-Study-Act (PDSA) cycles are used to test a change or group of changes on a small scale to see if the tests are resulting in an improvement. If they do, the tests are expanded and gradually incorporated using larger and larger samples until you are confident that the changes should be adopted more widely.

## Change Package

The following change ideas are organized using the TOP Driver Diagram.

### Health System: The healthcare system is optimally set up and coordinated to provide effective chronic care

#### Senior leaders visibly support and promote efforts to improve TOP care, to remove barriers, and to provide necessary resources

Routinely meet with senior organizational leaders to provide verbal or written updates on the TOP progress being made, share pertinent performance data and to address any potential barriers

Secure local resources by ensuring that the necessary time for multidisciplinary team members and the necessary meeting space are consistently available

Identify and engage key formal and informal leaders who can support/champion the TOP project and its successful implementation

Set up routine meetings of the local TOP team and all staff members to inform them about the progress being made



## **Effective systems are in place to routinely share pertinent client information**

Secure data sharing agreements, such as MOUs, to systematically share pertinent client information across agencies

Integrate data sets to allow for optimal alignment and efficiency across the entire care team

Train all staff to utilize these data systems to optimize data access and use

Set up and use client metrics that are user friendly and provide meaningful information at finger tips

## **Partnerships with internal and external stakeholders coordinate community resources and policies**

Identify key partnerships with internal and external stakeholders to maximize access to TOP and improved client health outcomes

Establish partnerships with key organizations (e.g., BC Schizophrenia Society) to improve client/family involvement

Systematize the routine input of internal and external stakeholders to optimize handoffs between care team members and families

Integrate representatives of these partnerships in routine TOP meetings

Routinely seek the voices of clients and family representatives for guidance and integrate them in routine TOP meetings





## **Self-Management Support: Clients and families play an important role in managing and coordinating their own care**

### **Clients, families, and a proactive practice team engage in informed and shared decision-making processes**

Use/adapt existing materials to help clients and families make informative decisions – videos or animated videos, leaflets, groups, websites, psychoeducation meetings etc. using motivational interviewing approach

Provide relevant resource listings to clients and families, including leaflets, to learn more about TOP, including information on client flow through the system, emergency contacts, treatment algorithms, importance and means for adherence and prognosis

Link clients and their families to external organizations for their support, including care supports, other organizational supports and family support

Ensure effective handoff between clients and external agencies

Train staff about shared decision-making processes with clients and family members

### **Clients accept their diagnosis and actively engage in their treatment**

Standardize client/family education by introducing checklists to ensure that clients understand key messages

Review client educational information with staff and provide strategies to educate clients

Conduct routine screenings with clients to understand their knowledge and assumptions

Develop key messages for clients and families to know about clozapine uptake and adherence through early introduction to treatment algorithms and insight orientation techniques using approaches (leaflet, website, videos etc. using motivational interviewing techniques)

Implement consistent messaging across all team members to consistently and routinely emphasize the importance to adhere to their treatment

Provide individualized information during one-on-one sessions with clients and family members to remove barriers



## **Clients adhere to their treatment and receive routine adherence support**

Train all staff to conduct effective motivational interviewing techniques

Ask all staff to participate in CME trainings related to motivational interviewing

Use video and other media to inform clients and family members about their treatment and adherence

Provide psychoeducation and other psychosocial interventions with clients

Provide access to compliance aids and support and how to use them to optimize adherence (blister packs)

Set up electronic reminders systems (e.g., text messages, alarms) to improve medication adherence

Set up special adherence education sessions (compliance therapy) led by members of the care team

Provide psychoeducation to clients and families about antipsychotic long-acting injections and their benefits where adherence is identified as a problem

Share dedicated material (e.g., leaflets, videos, education sessions, group therapy) to support use of depot antipsychotic medication in case of identified potential adherence issues

Create depot injection clinics where necessary

## **Clients and families are actively supported to manage their condition**

Teach client and family to understand and manage side effects (e.g., if meds cause sedation, they may be better taken before going to bed, etc.)

Refer clients and families to external organizations (e.g., BC Schizophrenia Society) to improve client/family involvement

Provide access to family therapy

Set up family support groups to help each other where necessary

Conduct group training with staff to help educate clients on prognosis and on treatment algorithm

Involve the client and family voice in the TOP team and how interventions are prioritized and implemented





## **Decision Support: Evidence-based guidelines are integrated into the daily clinical practice**

### **Clinical staff and support staff are offered opportunities to increase their capacity to provide effective TOP care**

Establish a structure for all relevant clinical staff to be appropriately trained and confident in starting clozapine

Routinely assess the knowledge and training needs of all staff

Provide support for ongoing staff education and CME

Create space and time to meet urgent needs of clients on clozapine

Provide staff access to time, space, and materials to effectively implement TOP

Routinely share TOP performance data with all clinical staff and supportive service staff to generate momentum for change and to visually display changes in performance over time

### **Prescriber and clinical team knowledge of treatment optimization of psychosis increase**

Train all clinical staff to educate them on TOP, depot antipsychotic medications, and uptake of clozapine

Establish workflow processes to access external experts (in clozapine) for consultative advice (RACE line and or access to specialist opinions)

Conduct case conference for complex clients



## **Delivery System Design: Teamwork and expanded scope of practice is implemented to support chronic care**

### **An effective interdisciplinary and cross-agency care approach is implemented**

Develop effective processes to access specialists (e.g., cardiologists, hematologists, cardiologists, neurologists, and gastroenterologists)

Identify and involve key disciplines - MOA, Psychiatrist, Case-Manager, RPN, Occupational Therapist, Psychologist / Counsellor, Family Physician / Nurse Practitioner

Facilitate transfer to higher level of care when needed, including inpatients, BC Psychosis Program, Venture, etc.

Set up routine communication channels to effectively seek help in the management of the side effects with Family Physicians, Nurse Practitioners or specialists

Give Family Physicians/Nurse Practitioners easy access (phone contact, up-to-date case notes, etc.) to case manager, clozapine resource nurse or physician at the team to discuss clients

Create provision for cover in case of non-nursing case managers

Create access to Clinical Pharmacists

### **Active support systems are in place to start treatment implementation of clozapine**

Create provisions for daily dispensing for the duration of titration

Create twice weekly appointments with physicians for the duration of titration at the outset

Create space and time for duty doctors to cover for absent colleagues

Create space for home visits in case of a non-adherent client

Create after hours care through AAC, ER, inpatients, and Venture for advice and support

Inform and engage Family Physicians at the start and request easy access for the clients for the duration of clozapine titration

Provide easy access to latest physician notes / case manager notes when reviewing side effects or complications for everyone involved with client's care



## **Clinical Information Systems: Routine access to information systems that support treatment optimization of psychosis**

### **Data systems are in place to routinely measure performance goals**

Identify clear process and outcome metrics to routinely share with the team and leadership

Identify the necessary staffing time and resources and establish roles and responsibilities for routinely reporting performance data

Routinely review whether clients are connected with routine primary care and refer when appropriate

### **Medical record systems incorporate standardized templates to optimize treatment decisions**

Develop and standardize reporting template in medical records

Integrate algorithm in the medical record system to facilitate decision making

Create client lists for those who are meeting and not meeting set targets

Develop and share individual clinician performance reports to identify clozapine prescriber

### **Providers are trained and supported in improving encounter documentation**

Provide routine training to staff to utilize available data systems and their report function

Develop population health reporting tools



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