Schizophrenia: Care for Adults in Hospitals

Ontario Health

This document is a resource for health care providers and summarizes content from the <u>Schizophrenia Care for Adults in Hospitals quality standard</u>.

Assessment

Quality Statement (QS)* 1: Comprehensive Interprofessional Assessment

Perform a comprehensive interprofessional assessment for adults admitted with a primary diagnosis of schizophrenia. Use the results to inform the person's care plan. Consider assessing immediate service needs using a tool. (e.g., Level of Care Utilization System [LOCUS]).

QS 3: Physical Health Assessment

For adults admitted with a primary diagnosis of schizophrenia, complete a physical assessment that focuses on conditions common in people with schizophrenia (including cardiovascular disease, diabetes and metabolic syndrome, and lung disease). Use the results to inform the person's care plan.

QS 2: Screening for Substance Use

Conduct an assessment for substance use for adults with a primary diagnosis of schizophrenia who present to the emergency department or an inpatient setting. Use a standardized, validated tool to screen for substance use, such as:

- <u>Dartmouth Assessment of Lifestyle Inventory</u>
- <u>Leeds Dependence Questionnaire</u>

Initiate a referral for treatment of concurrent disorders for adults who use substances in a harmful manner.

*The quality statements are provided in full on page 2.

Treatment and Management

QS 4: Promoting Physical Activity and Healthy Eating

Offer adults with schizophrenia combined interventions that promote physical activity and healthy eating to help improve their physical and mental health.

QS 5: Promoting Smoking Cessation

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

QS 6: Treatment With Clozapine

Offer clozapine to adults with schizophrenia if they have tried two antipsychotic medications and their symptoms have not improved or remain distressing. Monitor and manage the risks associated with clozapine (including agranulocytosis, myocarditis, cardiomyopathy, and bowel obstruction).

QS 7: Treatment With Long-Acting Injectable Antipsychotic Medication

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

QS 8: Cognitive Behavioural Therapy for Psychosis

Offer individual cognitive behavioural therapy for psychosis that people 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.

QS 9: Family Intervention

Encourage adults with schizophrenia to involve their family in their care. Offer families education and supports that align with their circumstances and needs.

Follow-Up

QS 10: Follow-Up Appointment After Discharge

Make arrangements so that adults admitted with a primary diagnosis of schizophrenia who are discharged from hospital receive a follow-up appointment with a health care provider in the community within 7 days of discharge.

QS 11: Transition in Care

When discharging people with schizophrenia to the community, send their care plan to their team or provider in the community who will be accountable for coordinating, communicating, and providing their care on an ongoing basis. Consider assessing service needs using a tool (e.g., Level of Care Utilization System [LOCUS]) to match resource intensity with care needs.

Schizophrenia Care for Adults in Hospitals QUALITY STATEMENTS

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.

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.

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.

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.

Quality Statement 5: Promoting Smoking Cessation

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

Quality Statement 6: Treatment With Clozapine

Adults who are admitted to an inpatient setting with a primary diagnosis of schizophrenia and whose symptoms have not

responded to previous adequate trials of treatment with two different 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 longacting injectable antipsychotic medication.

Quality Statement 8: Cognitive Behavioural Therapy for Psychosis

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.

Quality Statement 9: Family Intervention

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

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.

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.

Note: This resource can be used to support health care professionals in the provision of care. It does not override the responsibility of health care professionals to make decisions with patients, after considering each patient's unique circumstances. Grouping/directionality of statements may not be applicable for every patient, and clinical judgment should be used.

Resources

- <u>Schizophrenia Care for Adults in Hospitals Quality Standard and Patient Guide bit.ly/3zbv87c</u>
- <u>Schizophrenia Care in the Community for Adults Quality Standard and Patient Guide bit.ly/3SxhqCz</u>
- <u>Early Psychosis Intervention Ontario Network (EPION)</u> help4psychosis.ca
- Institute for Advances in Mental Health (IAM) One-to-One Support bit.ly/3gwIHYh
- Schizophrenia: An Information Guide by the Centre for Addiction and Mental Health bit.ly/3Fa4ak4
- <u>ConnexOntario</u> connexontario.ca
- <u>Canadian Mental Health Association: Find Help</u> cmha.ca/find-help
- <u>Schizophrenia Society of Canada Resources and Links</u> schizophrenia.ca/resources-links
- <u>Smoking Treatment for Ontario Patients (STOP) Program</u> bit.ly/3EcSB9G
- <u>The Ottawa Model for Smoking Cessation (OMSC)</u> bit.ly/3TLu7dk
- Level of Care Utilization System (LOCUS) bit.ly/3018PSP

Additional tools and resources are on Quorum.