

# Recommendations for Adoption: Schizophrenia

Recommendations to enable widespread adoption of this quality standard

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# About this Document

This document summarizes recommendations at local practice and system-wide levels to support the adoption of the quality standard for schizophrenia.

At the local and regional levels, health care providers and organizations in all settings where applicable, local health integration networks (LHINs), and other health system partners across the province are encouraged to use the quality standard as a resource for quality improvement by assessing the care that is currently being provided against the evidence-based care outlined in the quality standard.

While many organizations and providers may be offering the care described in the quality standard, the statements, related measures, and adoption supports are designed to help organizations determine where there are opportunities to focus their improvement efforts. The [Getting Started Guide](#) outlines the process for using this quality standard as a resource to deliver high-quality care.

An important next step will be to action the recommendations included in this document. In some situations, this may require a more detailed plan, new resources, or to leverage or expand existing programs. At the same time, many aspects of the quality standard represent care that can and should be made available today.

A monitoring and evaluation strategy is included in the final section, with suggested measures to monitor and track progress. Health Quality Ontario's Quality Standards Committee will review these regularly, including the actions needed to support implementation.

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# The Schizophrenia Quality Standard

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

Click [here](#) to access the quality standard.

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# The Recommendations for Adoption

The approach to developing these recommendations was guided by the principle of using the quality standards to promote practice improvement among health care professionals.<sup>i ii iii</sup>

Click [here](#) to download the detailed process and methods guide for the development of quality standards and recommendations for adoption.

The recommendations for adoptions were developed after a review of the available evidence and a scan of existing programs, as well as extensive consultation with the Schizophrenia Quality Standard Advisory Committee and key stakeholders, including

the Association of General Hospital Psychiatric Services, Addictions and Mental Health Ontario, the Canadian Mental Health Association, and the Schizophrenia Society of Ontario. Additional engagement through surveys, focus groups, and/or key informant interviews will build on the content of these initial recommendations to inform recommendations for adoption for the quality standard on schizophrenia care in the community, to be released in 2018. These recommendations aim to bridge the gaps between current care and the care outlined in the quality statements.

## THE RECOMMENDATIONS FOR ADOPTION CONTINUED

Equity considerations: Equity issues should be taken into consideration to ensure specific adoption strategies do not reinforce current states of inequity and inequality, but rather, where possible, contribute to improvements or highlight areas of opportunity for equality and equity.

The adoption recommendations are organized as follows:

- Integrating the quality standard into practice
  - Quality improvement
  - Coordination of care
- Policy and system planning

Three time frames for adoption are referenced: Immediate means within 1 year; medium-term refers to 1 to 3 years; and long-term is 3 or more years.

Note that the organizations, programs, and initiatives referenced in this document are examples for consideration, and do not reflect all the organizations, programs, and initiatives doing work in this area across the province.

[Appendix A](#) includes a list of these same recommendations aligned to specific organizations and groups.

<sup>i</sup> French SD, Green SE, O'Connor DA, et al. *Developing theory-informed behaviour change interventions to implement evidence into practice: a systematic approach using the Theoretical Domains Framework*. *Implementation Sci.* 2012;7:38.

<sup>ii</sup> Bero LA, Grilli R., Grimshaw JM, Harvey E, Oxman AD, Thomson M. (1998). *Closing the gap between research and practice: An overview of systematic reviews of interventions to promote the implementation of research findings*. *BMJ.* 1998;315:465-68.

<sup>iii</sup> National Implementation Research Network. *Implementation Drivers* [Internet]. Chapel Hill, NC: FPG Child Development Institute, University of North Carolina [cited 2017 Feb 8]. Available from: <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers>

## Integrating the Quality Standard into Practice - *Quality Improvement*

**Gap:** There is a lack of practical tools to help providers and organizations integrate the quality standard into daily care practices. Use of common tools would help mitigate duplication of information.

Recommendations	Quality Statements	Action Needed By	Time Frame
Assess the care being provided against the quality standard using Health Quality Ontario's Getting Started Guide and refer to the Action Plan Template as a tool to support quality improvement.	All	Providers Hospitals	Immediate
Sub-regional clinical leadership should work with health care organizations to assess the care that is being provided against the quality standard and use the quality statements, related indicators, and quality improvement science to make improvements to care.	All	LHINs Hospitals	Medium-term
Identify how clinical pathways can help support the adoption of the standard and adapt or adopt existing applicable materials, particularly related to medication management statements.	All	Health Quality Ontario	Medium-term

## Integrating the Quality Standard into Practice - *Coordination of Care*

**Gap:** Barriers to effective transitions between care settings include lack of provider access to patient records, variations in information within those records, and privacy issues related to information sharing.

Recommendation	Quality Statements	Action Needed By	Time Frame
Ensure this patient population is considered in the development of the quality standard focused on transitions.	11: Transitions in Care	Health Quality Ontario	Immediate

## Policy and System Planning

The recommendations for adoption include those needed at the system level. In accordance with Health Quality Ontario's mandate, set out in the *Excellent Care for All Act*, the board of directors has formally provided the following recommendations about the schizophrenia quality standard to the Minister of Health and Long-Term Care.

Recommendations	Time Frame
1. Ensure the recommendations in the forthcoming health technology assessment for cognitive behavioural therapy for psychosis inform the implementation of expanded access to structured psychotherapy.	Medium-term
2. Ensure the schizophrenia order set developed through Ministry of Health and Long-Term Care funding is aligned to the quality standard.	Immediate
3. Support a standardized process for data collection and reporting in the mental health and addictions sector, as recommended by the Mental Health and Addictions Leadership Advisory Council.	Medium-term

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# Measurement and Reporting

Health Quality Ontario will develop a monitoring and evaluation plan for these recommendations as part of the broader quality standards evaluation. This plan may require the development of measures and/or a resource plan to support data collection and monitoring. The evaluation will include the following components:

1. Monitor existing databases available through information briefs, Quality Improvement Plans (QIPs), and public reporting. Note identified gaps and areas for improvement. For this quality standard, the outcome indicators below are currently measurable and have been prioritized:
  - Percentage of patients who were readmitted to hospital for a mental health or addictions condition within 30 days of a previous hospital discharge for schizophrenia.
  - Percentage of patients who revisited the emergency department for a mental health or addictions condition within 30 days of a previous emergency department visit for schizophrenia.
  - Percentage of patients who had contact with a family doctor or a psychiatrist within 7 days of a previous hospital discharge for schizophrenia.

2. Monitor the uptake of the recommendations for adoption.

A plan to measure the impact of specific recommendations related to clinical care and improvement will be defined (the Re-Aim Framework that includes measurement of Reach, Effectiveness, Adoption, Implementation, and Maintenance provides a useful approach for larger scale improvement interventions that are proposed). This approach could leverage process measures that can be collected from embedded tools, such as order sets.

Health Quality Ontario will recommend that the Ontario Quality Standards Committee receive twice-annual updates on the progress of the recommendations and review any additional measurement that may be needed to assess impact.

# Appendix A: Summary Recommendations for Health Sector Organizations and Other Entities

Health Quality Ontario	Time Frame*
Identify how clinical pathways can help support the adoption of the standard and adapt or adopt existing applicable materials, particularly related to medication management statements.	Medium-term
Ensure this patient population is considered in the development of the quality standard focused on transitions.	Medium-term
Local Health Integration Networks	Time Frame*
Sub-regional clinical leadership should work with health care organizations to assess the care that is being provided against the quality standard, and use the quality statements, related indicators, and quality improvement science to make improvements to care.	Medium-term
Hospitals	Time Frame*
Assess the care being provided against the quality standard using Health Quality Ontario's Getting Started Guide and refer to the Action Plan Template as a tool to support quality improvement.	Immediate
Work with sub-regional clinical care leadership to assess the care that is being provided against the quality standard, and use the quality statements, related indicators, and quality improvement science to make improvements to care.	Medium-term

*\*Three time frames for adoption are referenced: Immediate means within 1 year; medium-term refers to 1 to 3 years; and long-term is 3 or more years.*

# For more information:

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