

Recommendations for Adoption: Schizophrenia Care in the Community

Quality
Standards

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 adoption of the quality standard for schizophrenia care in the community for adults.

At the local and regional levels, health care professionals and organizations in all applicable settings, local health integration networks (LHINs), and other health system partners are encouraged to use the quality standard as a resource for quality improvement. While many health organizations and health care professionals may be offering the care described in this quality standard, the statements, related measures, and adoption supports outlined here are designed to help organizations find opportunities to focus their improvement efforts. The [Getting Started Guide](#) outlines how to use this quality standard as a resource to deliver high-quality care.

An important next step will be to put the recommendations in this document into action. In some situations, this may require a more detailed plan or new resources, or it may require leveraging or expanding existing programs. 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.

The Quality Standard for Schizophrenia Care in the Community for Adults

This quality standard addresses care for adults aged 18 years and older with a diagnosis of schizophrenia, including related disorders such as schizoaffective disorder. The quality standard focuses on care provided in the community, including primary care, hospital outpatient care, rehabilitation, care in correctional facilities, and community supports and services. It also provides guidance on early psychosis intervention for people who experience a first episode of schizophrenia.

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

For a quality standard that addresses care for adults with schizophrenia who present at the emergency department or are admitted to hospital, please refer to the quality standard [Schizophrenia Care for Adults in Hospitals](#).

The recommendations outlined in this document align with and build upon the recommendations for adoption related to the quality standard for schizophrenia care for adults in hospitals.

The Recommendations for Adoption

The purpose of these recommendations is to support the use of quality standards to promote practice improvement among health care professionals.¹⁻³ These recommendations aim to bridge the gaps between current care and the care outlined in the quality statements.

Click [here](#) to download the detailed process and methods guide for a description of how the quality standards and recommendations for adoption were developed.

These recommendations for adoption were developed after a review of the available evidence and a scan of existing programs, as well as extensive consultation with the Schizophrenia Care in the Community for Adults Quality Standard Advisory Committee, the Association of General Hospital Psychiatric Services, and the Schizophrenia Society of Ontario. Additional engagement was conducted with members of Addictions and Mental Health Ontario, local branches of the Canadian Mental Health Association, focus groups held by the Provincial System Support Program (Centre for Addiction and Mental Health), and through public consultation. (See [Appendix A](#) for further details on the development of these recommendations.)

These consultations highlighted some common themes:

- Continuity of care is affected by challenges related to sharing information among health care teams, and collaboration and communication across care settings
- Ongoing measurement, monitoring, and reporting of data is important. However, community mental health organizations face barriers related to adequate data collection, reporting infrastructure, resources, and standardization of common data sources across the province
- Addressing the social determinants of health will require multisectoral collaboration and commitment. Housing, employment, social isolation, and poverty greatly influence health outcomes
- Many people with schizophrenia do not have regular access to a primary care provider and do not receive appropriate care to assess and manage mental and physical health conditions
- Treatment for comorbidities and concurrent disorders should be integrated with mental health and addiction services, because people with schizophrenia may also experience other mental health conditions, substance use disorders, and physical health conditions such as cardiovascular disease and diabetes

A number of equity considerations were identified related to this quality standard:

1. There is a lack of access to mental health programs and services that reflect the cultural and linguistic diversity of Ontario's population. Specific populations such as Francophones, racialized groups, refugees, newcomers, LGBTQ2S people, people experiencing homelessness, and people with physical disabilities face greater barriers in accessing mental health care due to compounding factors related to stigma, discrimination, and poverty.
2. Very few community-based services and programs integrate holistic and inclusive Indigenous approaches to mental health and addiction care.
3. The needs of people with schizophrenia change significantly across the life span, and services should reflect and be responsive to changing needs.
4. Access to care is also affected by geography; specifically, there is a great need to expand mental health and addiction services in northern and rural regions of Ontario.

Specific adoption strategies should contribute to improvements or highlight opportunities to enhance equity.

The French Language Health Services Planning Entity in each LHIN can be leveraged to support local planning, delivery, evaluation and improvement of French-language health services. Community Health Centres and Aboriginal Health Access Centres

can support the development of culturally informed programs and self-management resources in multiple languages.

The adoption recommendations are organized as follows:

- Integrating the quality standard into practice:
 - Access to care
 - Quality improvement
- Education and training
- Policy and system planning

We describe three time frames for adoption: immediate (less than 1 year), medium term (1–3 years), and long term (more than 3 years).

Note that the organizations, programs, and initiatives described in this document are examples for consideration. They do not reflect all organizations, programs, or initiatives doing work in this area.

[Appendix B](#) provides a list of the recommendations aligned to specific organizations and groups.

¹ 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. Available from: <https://implementationscience.biomedcentral.com/track/pdf/10.1186/1748-5908-7-38?site=implementationscience.biomedcentral.com>.

² Bero LA, Grilli R, Grimshaw JM, Harvey E, Oxman AD, Thomson M. 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.

³ 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 – Access to Care

Gap: Specific population groups face greater barriers in access to care owing to inequities that relate to income and social status, social support networks, education, employment/working conditions, gender, culture, and social and physical environments.

Recommendations	Quality Statements	Action Needed By	Time Frame
Use the Health Equity Impact Assessment tool to maximize positive impacts and reduce negative impacts that could potentially widen health disparities between population groups.	All	Leads: Health care organizations Health care professionals Support: LHINs	Immediate

Integrating the Quality Standard into Practice – Access to Care (continued)

Gap: Primary care and community mental health organizations have limited access to health care professionals with expertise in assessment and psychological interventions.

Recommendations	Quality Statements	Action Needed By	Time Frame
Assess the current capacity of health care professionals with expertise in mental health assessment and psychological interventions.	All	<p>Lead: LHINs</p> <p>Support: Health care organizations Health care professionals</p>	Immediate
Promote and monitor the use of services such as tele-psychiatry and eConsult by enhancing awareness of these services among health care professionals.	All	<p>Lead: Ontario Telemedicine Network</p> <p>Support: Health care organizations</p>	Immediate

Integrating the Quality Standard into Practice – Access to Care (continued)

Gap: Long waiting lists prevent timely access to assertive community treatment (ACT), intensive case management (ICM), and early psychosis intervention (EPI) programs. Also, people with schizophrenia who no longer require high-intensity services are not adequately transitioned to lower-intensity services.

Recommendations	Quality Statements	Action Needed By	Time Frame
Assess the current capacity of existing ACT, ICM, and EPI programs, and as part of this assessment, consider the capacity of lower-intensity services to support people with schizophrenia who no longer require high-intensity services.	5: Access to Community-Based Intensive Treatment Services	Lead: LHINs Support: Health care organizations	Medium term

Integrating the Quality Standard into Practice – Access to Care (continued)

Gap: People with schizophrenia may not be prescribed the most effective medications because of health care professionals' lack of capacity to monitor and manage risks associated with taking antipsychotic medications.

In northern and rural communities, in particular, health care professionals face challenges prescribing clozapine and conducting follow-up care. In these communities, there aren't enough psychiatrists who can prescribe clozapine and other prescribing health care professionals can only prescribe clozapine if they are on staff in a hospital. In addition, psychiatrists in these communities often work in a consultative model and are not in a position to provide follow-up care to people who take clozapine; nor are health care professionals who work in a hospital setting.

Recommendations	Quality Statements	Action Needed By	Time Frame
<p>Strengthen collaboration between designated psychiatric facilities, hospitals, and primary care providers to ensure ongoing support is available to health care professionals who prescribe clozapine. These supports may include rapid access to nurses and psychiatrists who are experienced in providing follow-up care to people taking clozapine.</p>	<p>7: Antipsychotic Monotherapy 9: Treatment With Clozapine 10: Continuation of Antipsychotic Medication</p>	<p>Lead: Psychiatric facilities and hospitals</p> <p>Support: Health care organizations LHINS</p>	<p>Medium term</p>
<p>Adoption Considerations:</p> <ul style="list-style-type: none"> The Mental Health and Addictions Leadership Advisory Council developed an approved list of core services which can be used to improve access to key psychological interventions. ConnexOntario provides free, confidential health services information to health care professionals and people experiencing a mental health crisis. The information provided by ConnexOntario includes where mental health services are located in the community, how to access the services, and the wait times for access. Tools such as the Service Prioritization Decision Assistance Tool, the Level of Care of Utilization System, and the Ontario Common Assessment of Need can be used to identify and prioritize the needs of people with schizophrenia. Community treatment orders can be issued for people who have had repeated psychiatric admissions and meet the appropriate eligibility criteria. The Early Psychosis Intervention Ontario Network can be leveraged to develop and implement effective treatment and support for people in the early stages of psychosis. A list of consumer/survivor initiatives and peer-support organizations can be found on the website of the Ontario Peer Development Initiative. 			

Integrating the Quality Standard into Practice – *Quality Improvement*

Gap: Practical tools are needed to help health care professionals and organizations integrate the quality standard into daily practice. Use of common tools would help mitigate duplication of information.

Recommendations	Quality Statements	Action Needed By	Time Frame
<p>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 for quality improvement.</p>	<p>All</p>	<p>Leads: Health care organizations Health care professionals</p> <p>Support: LHINs</p>	<p>Immediate</p>
<p>Identify how clinical pathways can help support the adoption of the standard, and adapt or adopt existing materials, particularly those related to medication management.</p>	<p>All</p>	<p>Lead: Health Quality Ontario</p> <p>Support: Health care organizations</p>	<p>Immediate</p>

Integrating the Quality Standard into Practice – Quality Improvement (continued)

Gap: Variation in data collection, infrastructure, and reporting standards exists across community mental health organizations, resulting in gaps in data availability, quality, and usability. There is an urgent need to collect standardized data to monitor performance and guide quality improvement initiatives in the mental health and addictions sector.

Recommendations	Quality Statements	Action Needed By	Time Frame
<p>Assess the appropriateness of existing clinical and decision-making tools to support the collection of standardized mental health and addictions data, as recommended by the Mental Health and Addictions Leadership Council.</p> <p>Embed appropriate standardized, validated tools into electronic medical records (EMR)-based solutions and community mental health organizations' data collection systems.</p>	All	<p>Lead: LHINs</p> <p>Support: Health care organizations</p>	Immediate
<p>Adoption Considerations:</p> <ul style="list-style-type: none"> Existing Health Quality Ontario programs and resources can be leveraged to further disseminate and support uptake of the quality standard, including Quorum and Regional Clinical Quality Tables. Health Quality Ontario can work with existing partners such as the Schizophrenia Society of Ontario and the Provincial System Support Program (Centre for Addiction and Mental Health) to support the dissemination and implementation of the quality standard through webinars, forums, conferences, and e-newsletters. The Excellence Through Quality Improvement Project, a joint initiative of Addictions and Mental Health Ontario, the Canadian Mental Health Association Ontario, and Health Quality Ontario, can use the quality standard to support community mental health organizations with quality improvement coaching, training, and support. Existing program and service standards related to mental health can be used to support alignment with and adoption of the quality standard. Examples include Accreditation Canada's standard Community Based Mental Health Services and Supports, Ontario Assertive Community Treatment standard, and the Early Psychosis Intervention standard. Community mental health organizations can use the Ontario Common Assessment of Need tool to collect data in a standardized way across the province. The Data and Performance Measurement Task Group of the Mental Health and Addictions Leadership Advisory Council has developed a series of recommendations to enable the collection of standardized data for the mental health and addictions sector. 			

Education and Training

Gap: Health care professionals require enhanced knowledge and awareness of:

- Existing community mental health resources and support
- Antipsychotic medications currently covered by publicly funded drug programs
- Metabolic monitoring of antipsychotic medications

Recommendations	Quality Statements	Action Needed By	Time Frame
<p>Incorporate information on Ontario’s publicly funded medications; services provided by community mental health organizations; and monitoring risks associated with antipsychotic medications, as outlined in the <i>Schizophrenia Care in the Community</i> quality standard, into existing mental health training and continuing education programs for health care professionals.</p> <p><i>Adoption Considerations:</i></p> <ul style="list-style-type: none"> • Project ECHO's hub-and-spoke model builds capacity in mental health assessment and treatment for primary care providers. • Community mental health organizations such as the Schizophrenia Society of Ontario and the Canadian Mental Health Association provide workshops and online educational resources about mental health for health care professionals, people with a mental health condition, and caregivers. 	<p>All</p>	<p>Leads:</p> <p>Clinical and continuing education programs Health regulatory colleges</p> <p>Support:</p> <p>Health care professionals</p>	<p>Medium term</p>

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 to the Minister of Health and Long-Term Care about the *Schizophrenia Care in the Community for Adults* quality standard.

Gaps	Recommendations	Time Frame
There is a strong need to improve appropriate access to evidence-based psychological interventions in the community.	Use the recommendations in the forthcoming Health Quality Ontario health technology assessment for cognitive behavioural therapy for psychosis to inform the implementation of expanded access to structured psychotherapy.	Immediate
Cost-related barriers may prevent people with schizophrenia from starting and/or continuing antipsychotic medications.	Assess the need to expand the Ontario Drug Benefit (ODB) program to cover variety of options for antipsychotic medications.	Medium term
When people younger than age 65 receive coverage from the ODB program, they are required to be eligible for the Ontario Disability Support Program (ODSP) as well. Although people with schizophrenia may be interested in returning to work, fear of losing their ODSP coverage, and in turn, coverage for their antipsychotic medications provided by the ODB program, acts as a disincentive for those seeking employment.	Consider revisions to the eligibility criteria for the ODB program to ensure that people who no longer have ODSP coverage due to their employment status are still able to access medications in the ODB formulary.	Long term
Many people with schizophrenia are homeless and/or inadequately housed, lacking the proper supports for recovery. Ensuring access to supportive housing is an important priority for recovery, and is particularly challenging in northern and rural communities. People with schizophrenia have difficulty retaining their housing if they experience a mental health crisis that leads to hospitalization or incarceration. Absence from their home for a prolonged period and/or inability to pay rent may result in loss of housing.	Collaborate with other provincial ministries, as well as federal and municipal governments, to address supportive housing options for people with mental health conditions.	Immediate

Policy and System Planning (continued)

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 to the Minister of Health and Long-Term Care about the *Schizophrenia Care in the Community for Adults* quality standard.

Gaps	Recommendations	Time Frame
<p>People with schizophrenia have limited opportunities to gain and retain meaningful employment with supports in place to accommodate people with schizophrenia, particularly in northern and rural communities. They are over-represented in precarious work, which is characterized by low wages, limited job security, and lack of health benefits and medication coverage.</p>	<p>Collaborate with the Ministry of Training, Colleges and Universities, Ministry of Labour, and other provincial ministries and municipal governments as required to expand access to supported employment, prevocational training, supported education, and volunteering.</p>	<p>Long term</p>
<p>There is an urgent need to enhance the collection and monitoring of mental health and addictions data.</p>	<p>Implement the recommendations provided by the Mental Health and Addictions Leadership Advisory Council to enhance data collection and performance measurement for Ontario’s mental health and addiction system. These include implementing a common provincial performance measurement scorecard for services across the lifespan, using a unique client identifier, expanding the collection of sociodemographic information, and including metrics related to this standard.</p>	<p>Medium term</p>

Measurement and Reporting

Health Quality Ontario will develop a monitoring, evaluation, and reporting 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.

Part of this evaluation includes using existing databases, available through information briefs, Quality Improvement Plans, and public reporting, to monitor key indicators, noting gaps and areas for improvement. For this quality standard, the outcome indicators below are currently measurable have been prioritized:

- Percentage of adults hospitalized for schizophrenia who have had an unplanned hospital readmission for a mental health or addictions condition within 30 days of discharge
- Percentage of adults hospitalized for schizophrenia who had contact with a trained mental health physician:
 - Within 7 days of hospital discharge
 - Within 28 days of hospital discharge

A plan to measure the impact of specific recommendations related to clinical care and improvement will be defined. The Ontario Quality Standards Committee will receive annual updates on the progress of the recommendations and review any additional measurement that may be needed to assess impact.

Appendix A: Process and Methods for Developing the Recommendations for Adoption

The development of the recommendations for adoption involved extensive consultation with stakeholders across the province from a variety of professional roles and perspectives. The following organizations and groups were also consulted:

- Addictions and Mental Health Ontario
- Association of General Hospital Psychiatric Services
- Schizophrenia Society of Ontario
- Canadian Mental Health Association local branches
- The Royal Mental Health Care and Research

As well as engaging with the organizations mentioned above, the Quality Standard Advisory Committee also provided feedback on the adoption of this quality standard.

Note: Between June and November 2017, Health Quality Ontario, in partnership with the Provincial System Support Program (Centre for Addiction and Mental Health), connected with more than 125 people and organizations from across the province through two webinars, structured meetings, public consultation, and focus groups. The information gathered from this engagement was used to further inform our understanding of the gaps in knowledge, behaviours, and attitudes related to this standard. Thirty-four service providers and system planners participated in one of three 90-minute online focus-group sessions. Forty-nine providers from 13 LHINs who work in community care, hospitals, and professional associations participated in webinars, providing feedback on the barriers and enablers to implementation and adoption of the quality standard. Forty-two health care professionals from institutions, organizations, and committees in Ontario and outside the province answered questions through public consultation about the barriers and enablers to implementation and adoption of the quality standard.

Appendix B: Summary Recommendations for Health Sector Organizations and Other Entities

To demonstrate how the recommendations in this quality standard align with those in the *Schizophrenia Care for Adults in Hospitals* quality standard, we have used asterisks (*) to indicate recommendations that are similar between the two.

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Time Frame[†]

*Identify how clinical pathways can help support the adoption of the standard, and adapt or adopt existing applicable materials, particularly those related to medication management.

Immediate

Local Health Integration Networks

Time Frame[†]

Assess the appropriateness of existing clinical and decision tools to support collecting standardized mental health and addictions data, as recommended by the Mental Health and Addictions Leadership Council.

Immediate

Embed appropriate standardized, validated tools into electronic medical records (EMR)-based solutions and community mental health organizations' data collection systems.

Immediate

Assess the current capacity of health care professionals with expertise in mental health assessment and psychological interventions.

Immediate

Assess the current capacity of existing ACT, ICM, and EPI programs, and connect people with schizophrenia who no longer require high-intensity services to lower-intensity services.

Medium term

Clinical and Continuing Education Programs, Health Regulatory Colleges	Time Frame [†]
<p>Incorporate information on Ontario’s publicly funded medications; services provided by community mental health organizations; and monitoring risks associated with antipsychotic medications, as outlined in the <i>Schizophrenia Care in the Community</i> quality standard, into existing mental health training and continuing education programs for health care professionals.</p>	Medium term
Health Care Organizations and Health Care Professionals	Time Frame [†]
<p>*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 for quality improvement.</p>	Immediate
<p>Use the Health Equity Impact Assessment tool to maximize positive impacts and reduce negative impacts that could potentially widen health disparities between population groups. Specific adoption strategies should contribute to improvements or highlight opportunities to enhance equity.</p>	Immediate
Psychiatric Facilities and Hospitals	Time Frame [†]
<p>Strengthen collaboration between designated psychiatric facilities, hospitals, and primary care providers to ensure ongoing support is available to health care professionals who prescribe clozapine. These supports may include rapid access to nurses and psychiatrists who are experienced in providing follow-up care to people taking clozapine.</p>	Medium term
Ontario Telemedicine Network	Time Frame [†]
<p>Promote and monitor the use of services such as, telepsychiatry, and eConsult by enhancing awareness of these services among health care professionals.</p>	Immediate

[†]Three time frames for adoption are referenced: immediate (less than 1 year); medium term (1–3 years); and long term (more than 3 years).

For more information:

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