

### Background

- ~220000 people are being treated for schizophrenia in the UK.
- NICE (CG178, 2014) have provided standards for the management of Schizophrenia.
- The Covid-19 pandemic has caused uncertainty in adherence to standards of management.
- Some staff were redeployed, leading to uncertainty in job roles of high turning over staff.
- There was little information on infection control.

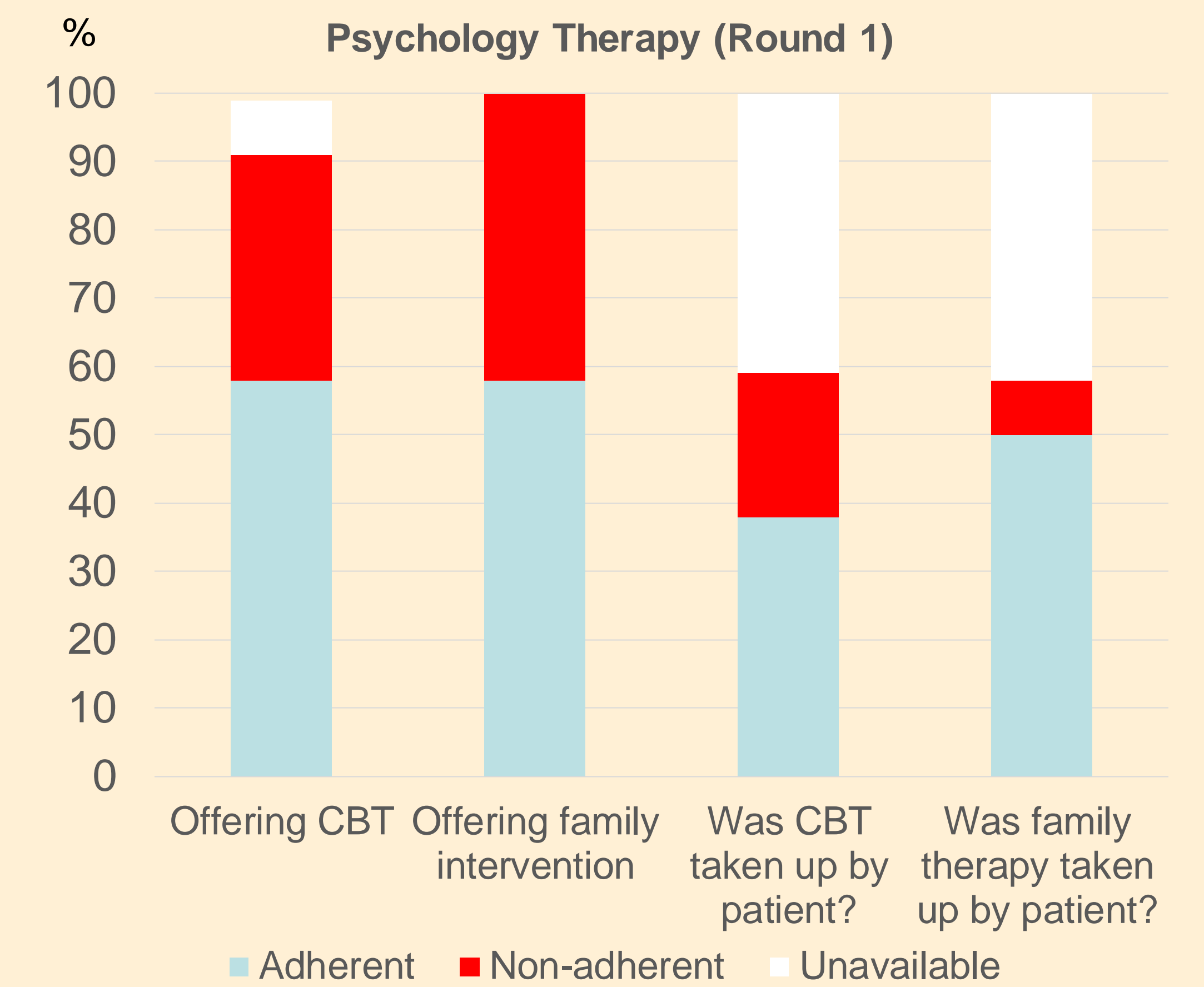
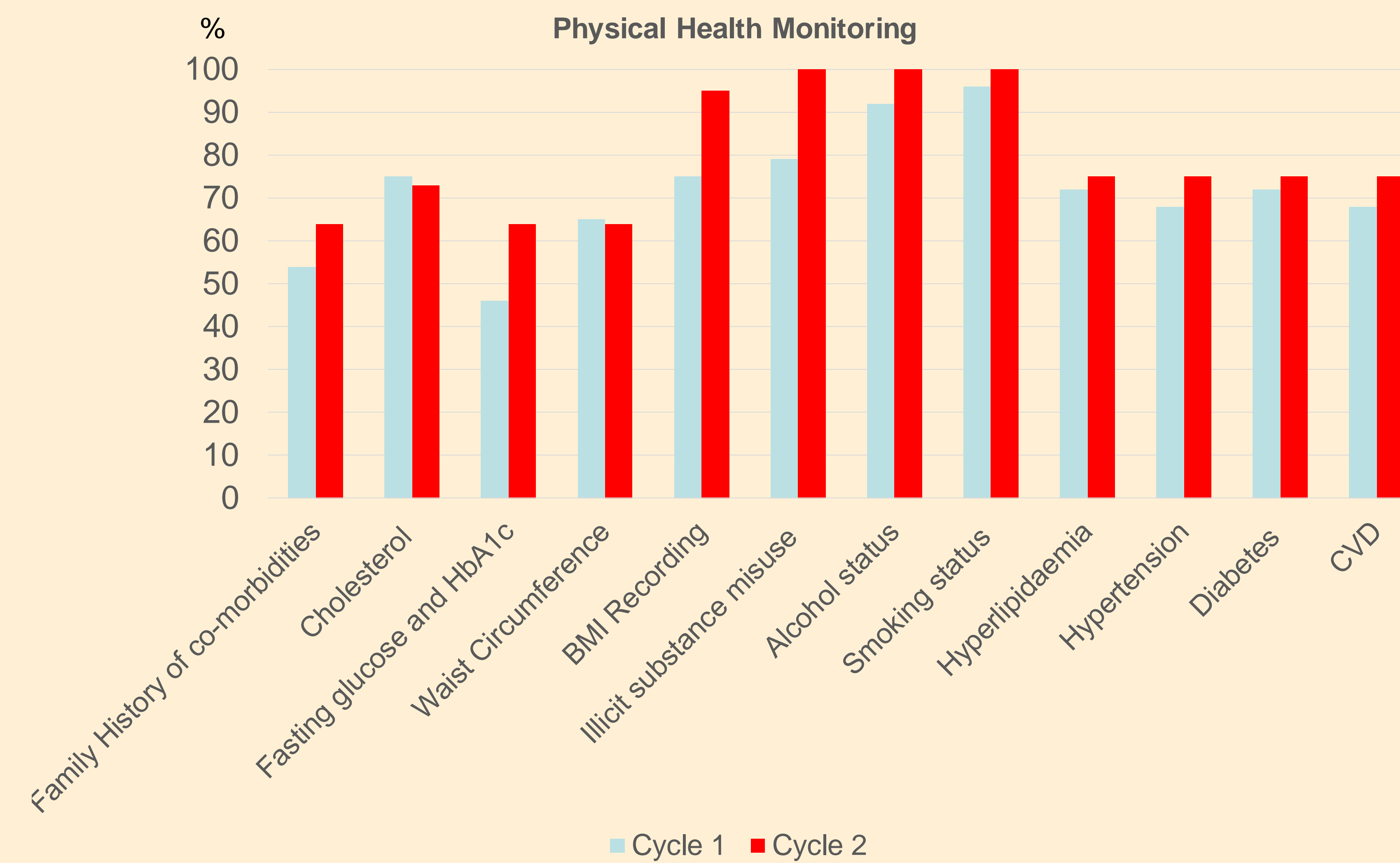
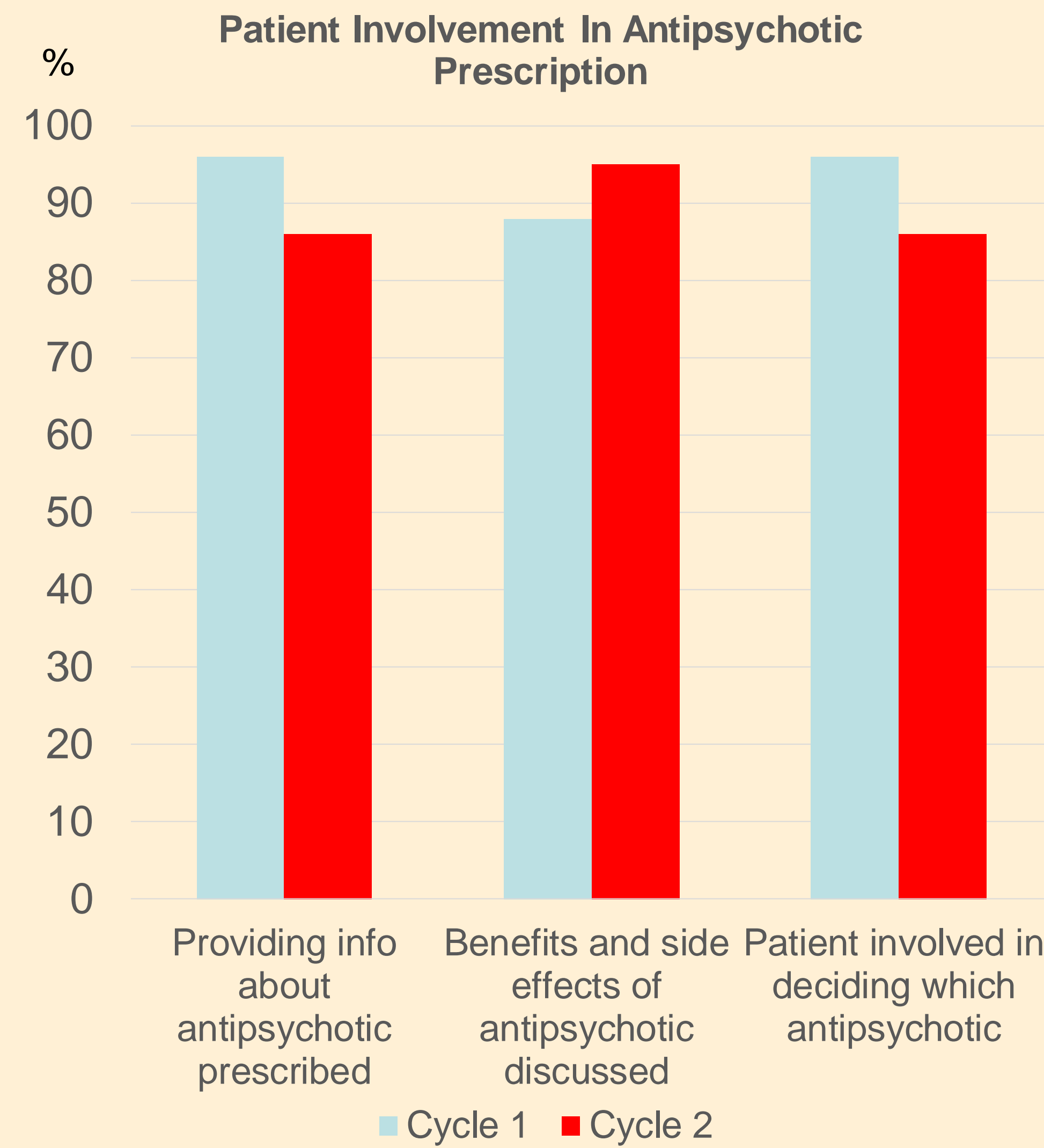
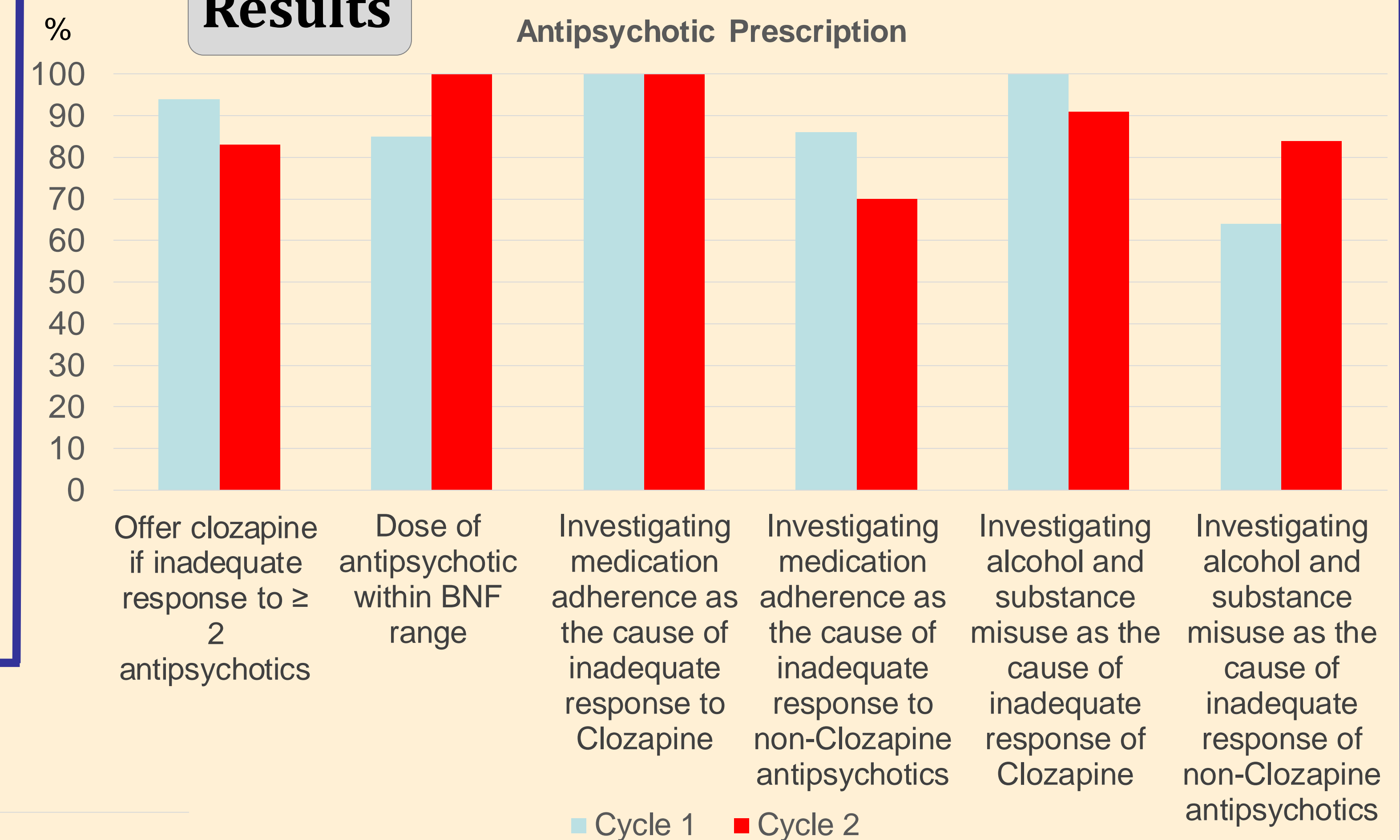
### Aim & Standards

- Cycle 1:** To investigate the adherence in
  - Antipsychotic prescription
  - Physical health monitoring
  - Patient involvement in care
  - Psychology therapy
- Cycle 2:** To investigate efficacy of interventions implemented after the first audit cycle.

### Methods

- Retrospective data of 25 patients were collected from case records in Whiteleaf Centre.
- Inclusion criteria: i) admitted after pandemic, March 2020 ii) Schizophrenia diagnosis.
- This was repeated in the second cycle of audit with 28 patients in November 2020.

### Results



- General high adherence in prescribing standards remain unchanged from cycle 1-2.
  - There is improvement in investigating alcohol and substance misuse as cause of inadequate response to non-clozapine antipsychotic (64-84%)
  - Still room for improvement in the investigation of non-adherence as cause of inadequate response of non-clozapine antipsychotic (86-70%)
- Excellent patient involvement in decision of antipsychotic type remains unchanged in cycle 1 to 2.
- General improvement across all physical health monitoring
  - Areas requiring improvement include family history of health conditions, diabetes markers and waist circumference measurements

### Recommendation & Conclusion

- Recommendation after audit cycle 1**
  - Meeting and email to remind staff of the rationale in investigating alcohol and substance misuse when deciding to switch patients to a different antipsychotic (avoid bias in rushing to clozapine due to better known efficacy).
  - To centralise health risk factors in single e-document, so that data are more accessible and standardised, simplifying and reducing uncertainty in job roles of high turning over staff.
  - To provide alternatives to in-person psychology services such as video call sessions, and to resume offering patients psychology therapy once restrictions ease. Staff were regularly updated about latest infection control guidelines.
- Recommendation after audit cycle 2**
  - To provide staff with structured ward round proforma which includes thorough investigation of poor response to non-clozapine antipsychotics.
  - Continuous use of centralised proforma in physical health monitoring and to include relevant negative information which is often omitted