



Canadian
Consortium for
**Early Intervention
in Psychosis**

**Integrating Standards of
Care into Clinical Practice
for Early Psychosis**

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- Lecturer, Department of Psychiatry, University of Toronto
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- Vice President (Clinical), CCEIP

Disclosures: Dr Tom Hastings

In the past 2 years Dr Hastings has received honoraria for services provided through creating (C), presenting (P) educational programs, participation on advisory boards (A), or work/conference related travel (T) from:

- Janssen (C, P, A, T)
- Mylan (P)
- Otsuka-Lundbeck (P, A)
- Canadian Consortium for Early Intervention in Psychosis (C, P)
- Canadian Psychiatric Association (C, P)
- Schizophrenia Society of British Columbia, Victoria Branch (C, P)
- New Brunswick Psychiatric Association (C, P)
- Various Teaching and Non-Teaching Hospitals (*nationally*) (C, P)



Learning Objectives

After attending this workshop, participants will be able to:

- Consider how utilizing clinical order sets in early psychosis can assist with quality improvement
- Consider the impact of clinical order sets in early intervention

The Canadian Consortium for Early Intervention in Psychosis (CCEIP)

National, not-for-profit organization of clinicians and researchers dedicated to improving the quality of care for individuals in early phase psychosis.

Accomplished through:

1. Collaborative Partnerships (e.g. SSC, SSCF, CPA, EPION, between EIS sites)
2. National Research Projects
3. Clinical Tool Design
4. Advocacy

Practice Variation: acceptable & unacceptable

How can we to minimize the inappropriate practice variation in EPI care in Canada?

Is there a role for national EPI order sets?



Advantages and Disadvantages of Order Sets

Order sets are **grouped medical orders** relating to a particular condition.

PROS

Order sets may improve:

- Adherence to best practice
- Treatment outcomes
- Quality of care through data tracking and feedback
- Consistency of care (i.e. reduce practice variation)
- Efficiency of care
- Order sets may also:
- Reduce cost of care
- Reduce medical errors

CONS

Order sets could:

- Interfere with physician autonomy/ creativity in patient care

Order sets can be integrated into EMR



CCEIP Order Sets

The CCEIP partnered with Think Research to develop two order sets, intended for adult patients (in/out patients) with early phase psychotic disorders:

- ***Initiation of Treatment for Early Phase Psychotic Disorders***
- ***Optimization of Treatment for Early Phase Psychotic Disorders***
- ***Initiation of Clozapine in the Early Phase of Psychosis (IN DEVELOPMENT)***

Content considered:

- Clinical Practice Guidelines
 - Canadian Psychiatric Association (CPA) Schizophrenia Clinical Practice Guidelines 2017
 - American Psychiatric Association (APA) Practice Guidelines 2016
 - National Institute for Health and Care Excellence (NICE) 2014
- Provincial Standards
 - Health Quality Ontario (HQQ) quality statements



Clinical Considerations

- **Assessments and history:**

- Working diagnosis
- Risk assessment
- Substance use screening
- Physical health assessments (e.g. vitals, labs, diagnostics)
- Medication review
- Psychiatric symptoms assessment tools (e.g. CGI-S, **CGI-I**, BPRS)
- Antipsychotic treatment capacity assessment

- **Non-pharmacological interventions**

- CBT
- Psychoeducation
- Health lifestyle information

- **Family education, support and intervention**

Management of psychosis and adjunctive therapy

- Atypical antipsychotics
- LAI medication
- Other antipsychotics
- **Clozapine**
- Adjunctive therapy (anticholinergics, etc.)

Discharge/transition planning

- Referrals
- Community support

Initiation of Treatment for Early Phase Psychotic Disorders Order Set

PatientOrderSets Canadian Consortium for Early Intervention in Psychosis PATIENT INFORMATION

Document allergies on approved form and ensure medication reconciliation has been reviewed as per organizational process

Initiation of Treatment for Early Phase Psychotic Disorders Order Set ACTION

Administration
Document Purpose
This order set may be used for adult patients in both inpatient and outpatient care settings.
This order set is intended for patients who have had 0-1 adequate trials of antipsychotic medication.
An 'adequate trial of antipsychotic medication' for the purpose of this document considers adequacy in terms of dose,¹ duration¹ and adherence.²
• Duration: oral antipsychotic medication trial for at least 6 weeks, or long acting injectable (LAI) antipsychotic for at least 4 injection cycles
• Estimated adherence: at least 75% of the time

Working Diagnosis
Diagnosis based on criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)
Select one:
☐ Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
☐ Schizophrenia
☐ Schizoaffective Disorder
☐ Schizophreniform Disorder
☐ Brief Psychotic Disorder
☐ Delusional Disorder
☐ Other (specify): _____
Comorbid Diagnoses (Medical and Psychiatric)
☐ _____

Substance Use Screening
☒ Screen for substance use:
☐ Clinical interview
☐ Validated screening tool:
☐ Alcohol Use Disorders Identification Test (AUDIT): ☐ Self-report ☐ Clinician guided
☐ Drug Abuse Screening Test, DAST-10: ☐ Self-report ☐ Clinician guided
☐ Other (specify): _____
Prescriber to initiate referral for Concurrent Disorders Treatment in the Referrals section, as appropriate

Additional Information
☐ Obtain collateral information from: _____

Submitted by: ID: _____ PRINTED NAME: _____ YYYY-MM-DD HH:MM

Practitioner: ID: _____ PRINTED NAME: _____ YYYY-MM-DD HH:MM SIGNATURE: _____

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Initiation of Treatment for Early Phase Psychotic Disorders Order Set ACTION

Psychiatric Symptoms Assessment Tools
☒ Clinical Global Impression-Severity (CGI-S) Scale¹
Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?
Select one:
☐ 1 = Normal
☐ 2 = Borderline mentally ill
☐ 3 = Mildly ill
☐ 4 = Moderately ill
☐ 5 = Markedly ill
☐ 6 = Severely ill
☐ 7 = Among the most extremely ill patients
☐ Brief Psychiatric Rating Scale (BPRS) 4-Item Positive Symptom Rating Scale available at: <http://www.sccp.sc.edu/sites/default/files/45107%20psrforproofing.pdf>
☐ Other (specify): _____

Physical Assessment
Movement Disorder Assessment Tools
☐ Tools for Monitoring Antipsychotic Side Effects (TMAS) available at: <http://episcanada.org/project/tool-for-monitoring-antipsychotic-side-effects/>
☐ Abnormal Involuntary Movement Scale (AIMS) available at: <http://www.psychiatrytimes.com/clinical-scales/movement-disorders/clinical-scales-movement-disorders/aims-abnormal-involuntary-movement-scale>
☐ Extrapyramidal Symptom Rating Scale (ESRS)

Vitals/Monitoring
☐ Weight patient, measure height: Weight: _____ kg, Height: _____ m ☐ BMI: _____ kg/m²
☐ Waist circumference: _____ cm
☐ T₄, HR¹, RR¹, BP¹ as per policy/procedure
☐

Lab Investigations (if not previously obtained)
Hematology
☐ CBC³
Chemistry
☐ Electrolytes (Na⁺, K⁺, Cl⁻, HCO₃⁻)⁴ ☐ Creatinine⁴ ☐ ALT⁴ ☐ Prolactin²
☐ Urine β HCG ☐ Urine drug screen⁴

Additional Lab Investigations
☐ Fasting glucose⁵ ☐ A1C⁵ ☐ HDL, LDL, Total Cholesterol, Triglycerides⁵
☐ Prolactin

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Initiation of Treatment for Early Phase Psychotic Disorders Order Set ACTION

Physical Assessment Continued...
Diagnostics
Routine neuroimaging is not recommended in first episode psychosis in the absence of neurologic signs and symptoms^{1,2}
☐ CT Reason: _____
☐ MRI Reason: _____
☐ ECG³ Reason: _____
☐ _____ Reason: _____

Allergies and Medication Review
Allergies (list allergen and reaction): _____

Medication Review
☐ Complete an assessment of current and past medication trials
☐ Document known current/prior antipsychotic trials and details:
☐ Medication (name, dose, duration): _____
☐ Adherence: _____ ☐ Side Effects: _____
☐ Rationale for discontinuation: _____
☐ Medication (name, dose, duration): _____
☐ Adherence: _____ ☐ Side Effects: _____
☐ Rationale for discontinuation: _____
☐ Other: _____

Antipsychotic Treatment Capacity Assessment
☐ Capable
☐ Incapable, as per local capacity definition/requirements
☐ Further treatment capacity assessment required

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Initiation of Treatment for Early Phase Psychotic Disorders Order Set

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Initiation of Treatment for Early Phase Psychotic Disorders Order Set ACTION

Management of Psychosis

It is recommended that preference be given to atypical antipsychotics in the treatment of early psychosis patients
It is recommended that LAI (Long-Acting Injectable) antipsychotic therapy is offered during all phases of psychotic disorders, including the early phase
To address high rates of partial/non-adherence in early psychosis patients, preference is given to medications available in a long acting formulation

Refer to Antipsychotic Treatment Selection Tool available at: <https://livemap.ca/lit/survey/StandardAntipsychosis.php>

Atypical Antipsychotics

Oral Medication with LAI Formulations

☐ aripiprazole _____ mg PO (frequency) _____ [caution-geriatric]
☐ paliperidone _____ mg PO (frequency) _____ [caution-geriatric,renal]
☐ risperidone _____ mg PO (frequency) _____ [caution-geriatric,hepatic,renal]

LAI Antipsychotic Medication

Tolerability with equivalent oral antipsychotic should be established prior to initiating treatment with LAI formulation

☐ aripiprazole monohydrate _____ mg IM (frequency) _____ (start date) [caution-geriatric]
☐ paliperidone palmitate _____ mg IM (frequency) _____ (start date) [caution-geriatric,renal]
☐ risperidone microspheres _____ mg IM (frequency) _____ (start date) [caution-geriatric,hepatic,renal]
☐ _____

OR

Alternate Antipsychotics

☐ Alternate antipsychotic: _____
☒ Rationale for using alternate antipsychotic therapy:
☐ Patient/substitute decision-maker choice
☐ Side effect concerns with above medications (specify): _____
☐ Continuation of current medication
☐ _____

Adjunctive Management

Anticholinergic Agents

☐ _____

Benzodiazepines

☐ _____
☐ Rationale for using benzodiazepine(s):
☐ Akathisia ☐ Anxiety ☐ Insomnia ☐ Agitation ☐ Substance withdrawal
☐ _____

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Initiation of Treatment for Early Phase Psychotic Disorders Order Set ACTION

Adjunctive Management Continued...

Other

☐ Anticonvulsants: _____
☐ Antidepressants: _____
☐ Other: _____

Cognitive Behavioural Therapy

☐ Is patient appropriate for cognitive behavioural therapy (CBT) for psychosis?
☐ Yes ☐ No ☐ Further assessment required
☐ If patient appropriate for CBT and CBT not offered, please provide explanation (e.g. patient refusal): _____

Prescriber to initiate referral for CBT in the Referrals section, as appropriate

Smoking Cessation

Pharmacological treatment combined with counselling is more effective than pharmacological treatment alone
☐ Is patient a smoker? ☐ Yes ☐ No
☐ If patient is a smoker and not offered smoking cessation education/interventions, please provide explanation (e.g. patient refusal): _____

Prescriber to initiate referral to Smoking Cessation Counsellor in the Referrals section, as appropriate

Pharmacological Management

☐ nicotine patch _____ mg Topically daily for _____ weeks, then notify MD/NP to reassess (14 – 21 mg)
☐ _____

Psychoeducation and Health Lifestyle Information

☐ Provide education to patient on the following topics verbally, in writing, and electronically, as applicable:
• Diagnosis and course of illness/prognosis/recovery
• Treatment options, including their potential efficacy and side effects
• Alternate treatment options, including clozapine
• Risk of relapse and recognition of warning signs and relapse prevention strategies
• Risk of suicide and monitoring for warning signs
• Impact of substance use (particularly cannabis), including interactions with treatment options as well as illness
• Importance of adherence with treatment and follow-up as well as adherence enhancement strategies

Prescriber to consider use of the iHope tool, available at: <http://opiscanada.org/news/iHope-tool/>

☐ Offer family intervention to provide family-focused psychoeducation and support^{2,9}
☐ Provide education on healthy eating, physical activity²
☐ Provide patient and family with contact information for local crisis supports² (specify) _____

Prescriber to initiate relevant referral(s) in the Referrals section, as appropriate

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Initiation of Treatment for Early Phase Psychotic Disorders Order Set ACTION

Referrals

☐ Cognitive Behavioural Therapy (CBT): ☐ Individual ☐ Group
☐ Concurrent Disorders Treatment - Reason: _____ ☐ Smoking Cessation Counsellor
☐ Family Intervention² _____ ☐ SW - Reason: _____
☐ OT - Reason: _____ ☐ _____ - Reason: _____
☐ _____ for education on exercise and nutrition ☐ _____ - Reason: _____

Additional Orders

Submitted by: ID _____ PRINTED NAME _____ YYYY-MM-DD HH:MM || Read Back
Practitioner: ID _____ PRINTED NAME _____ YYYY-MM-DD HH:MM SIGNATURE _____

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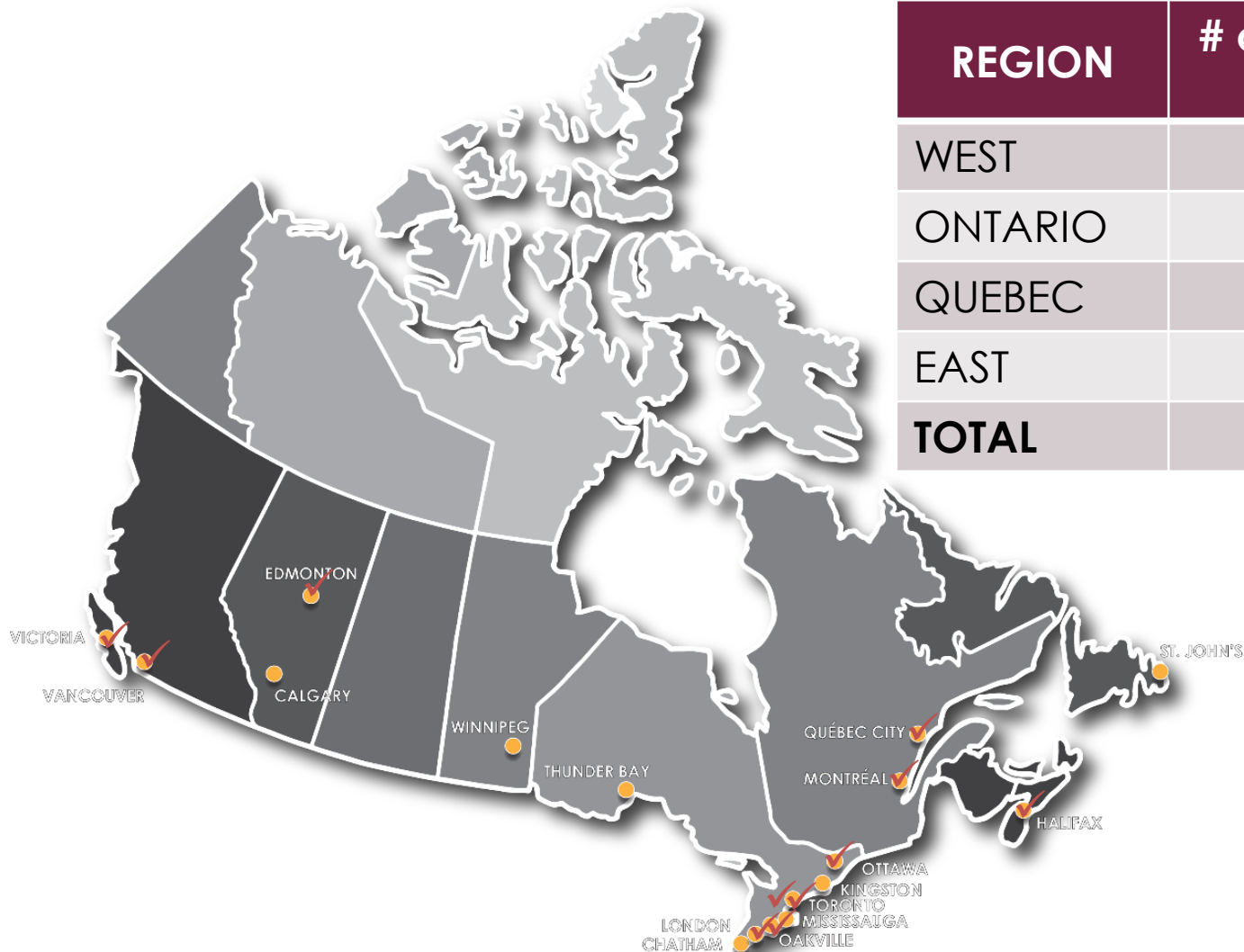
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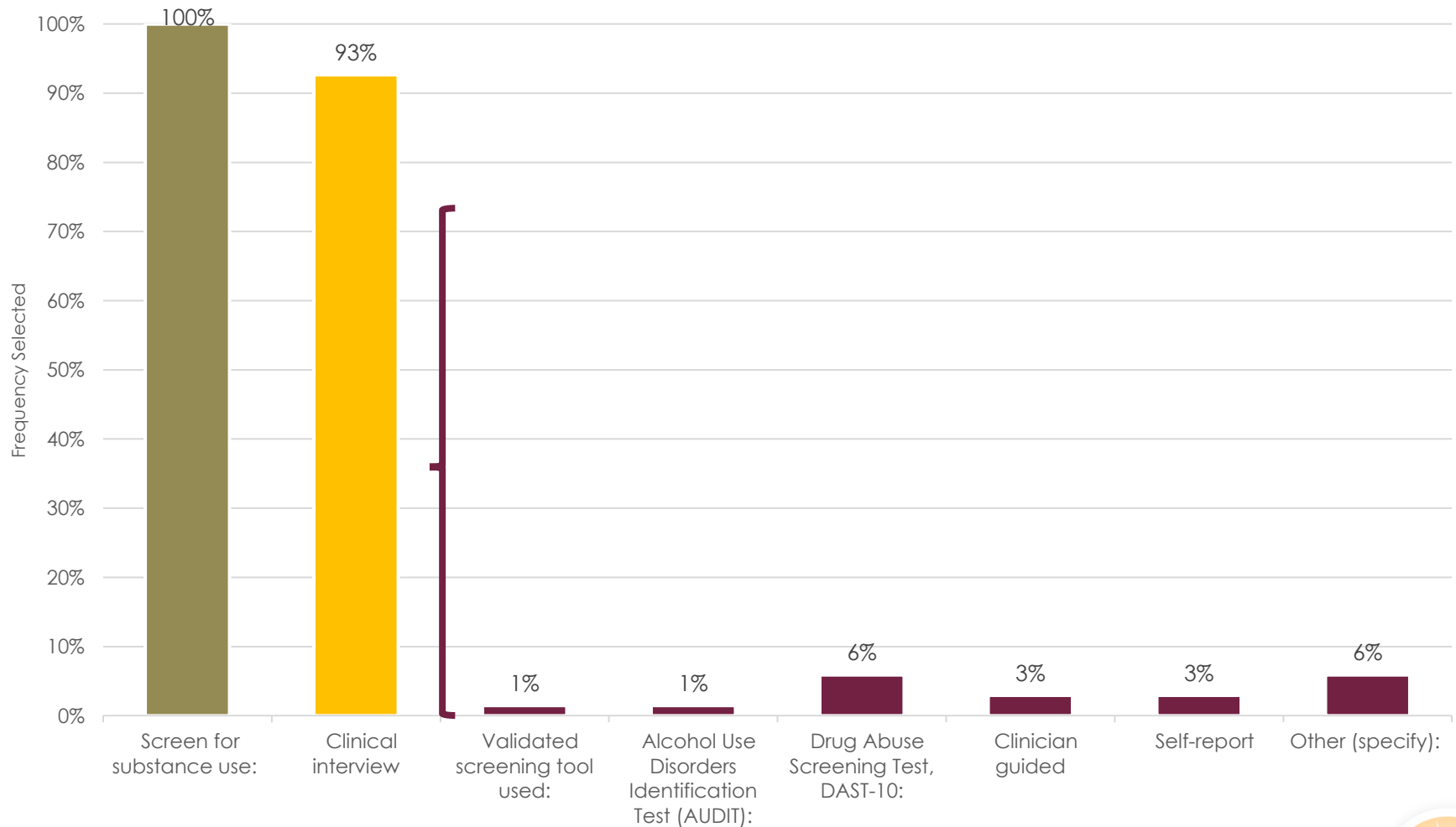
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Results of the Pilot:
Initiation of Treatment Clinical
Order Set

Demographics of Order Set Submissions



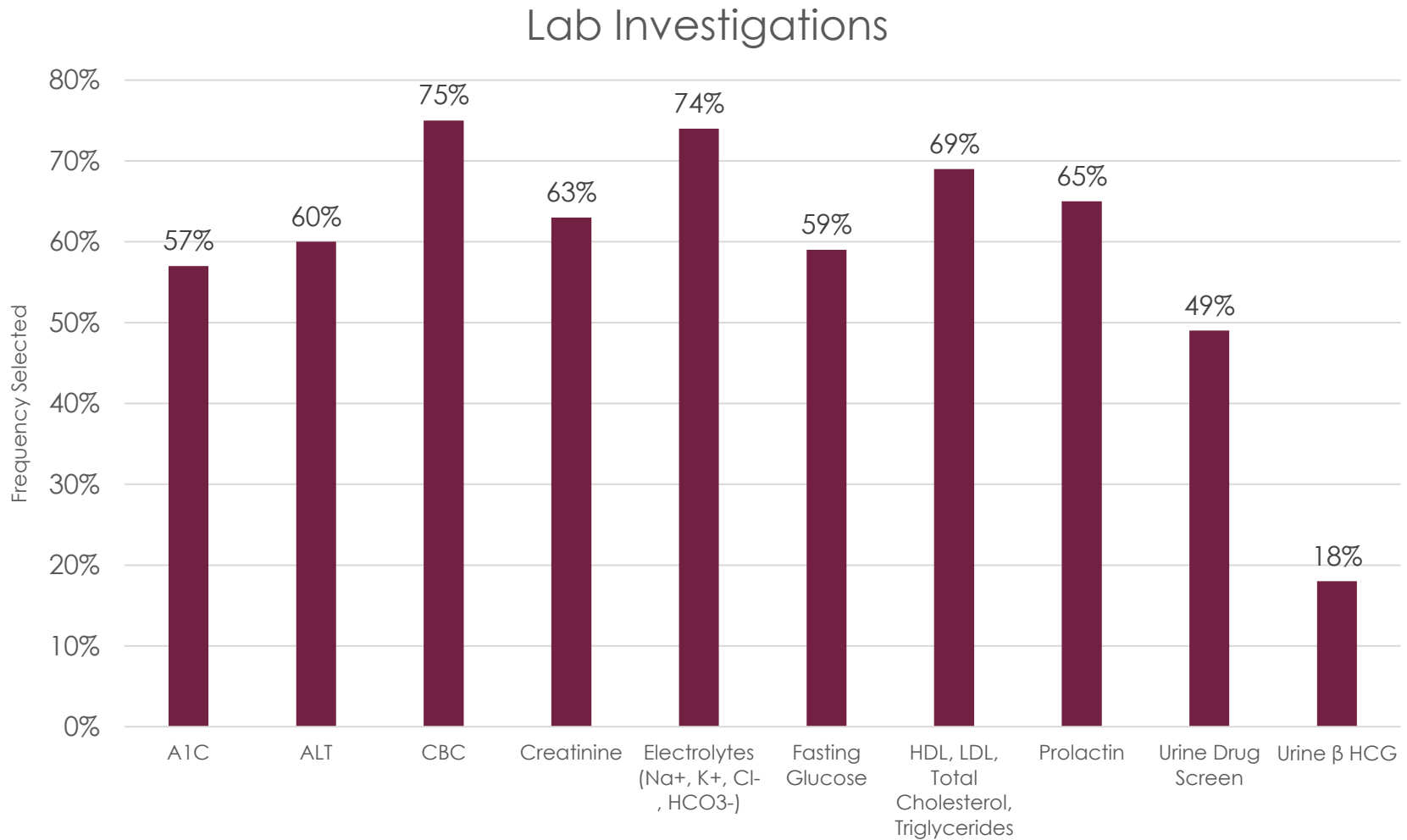
Substance Use Screening (n=68)



The number of order set submissions, N, may not equal the sum of individual selections as some users have selected more than one option for each section



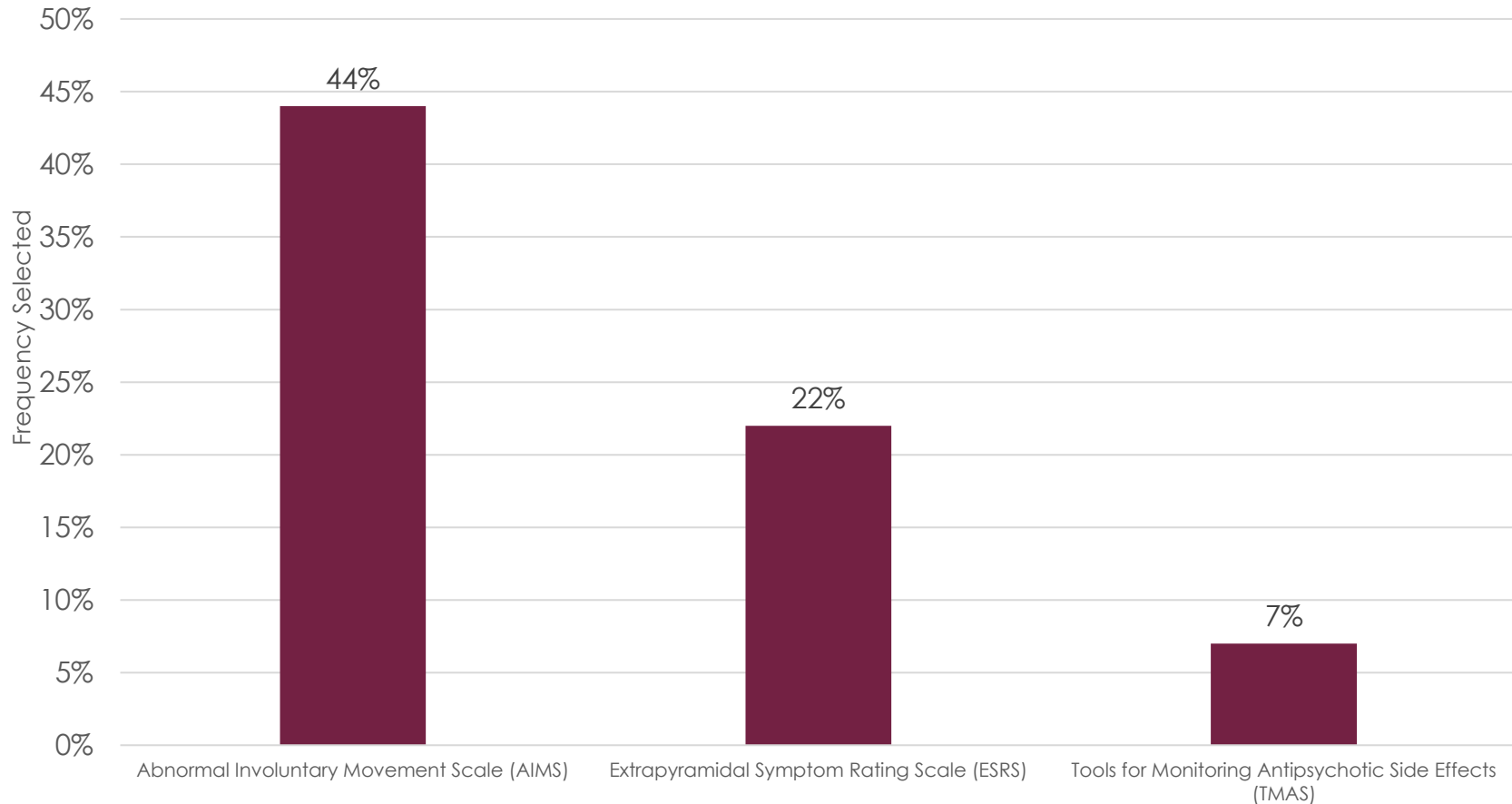
Physical Assessment (n=68)



The number of order set submissions, N, may not equal the sum of individual selections as some users have selected more than one option for each section

Physical Assessment *continued* (n=68)

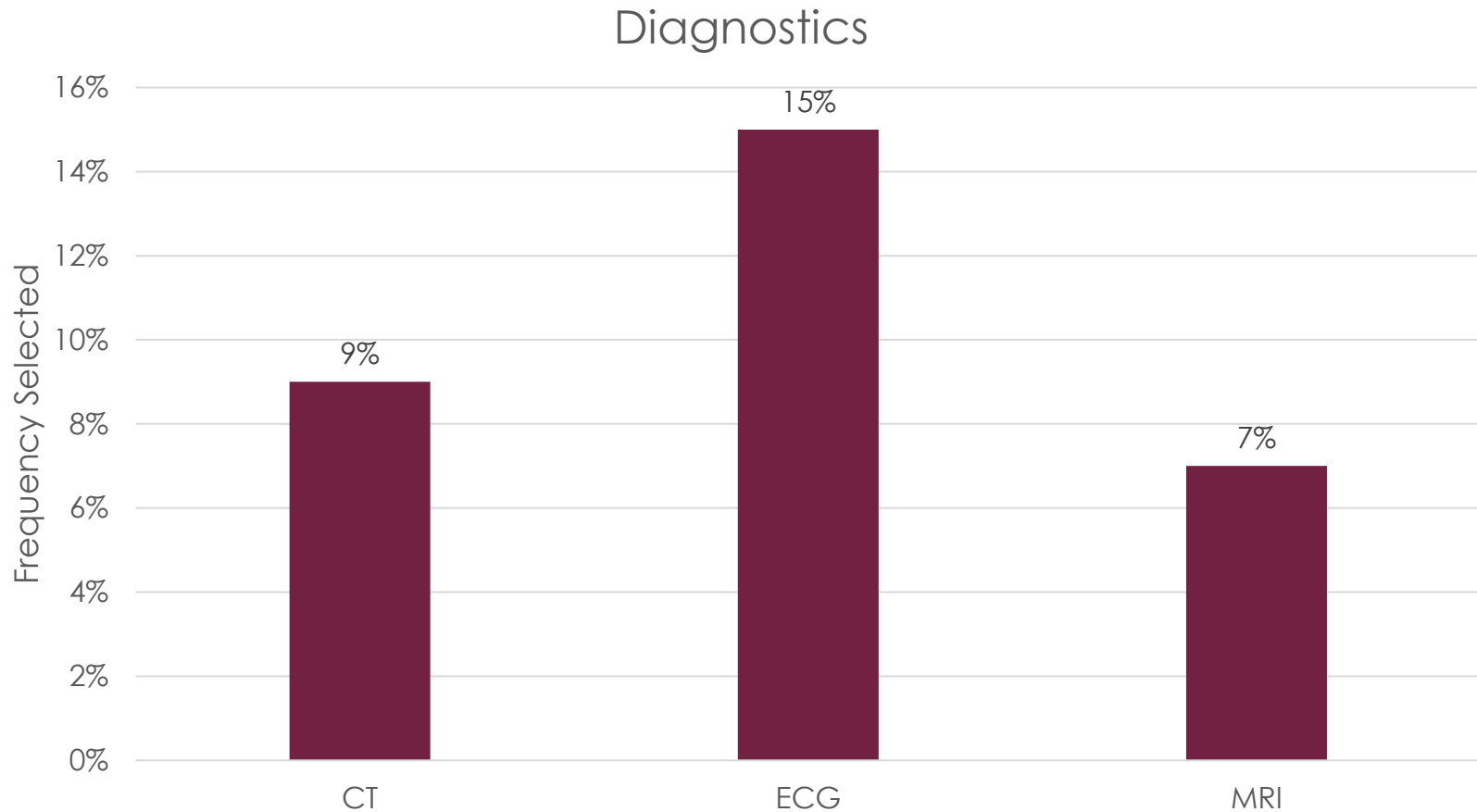
Movement Disorder Assessment Tools



The number of order set submissions, N, may not equal the sum of individual selections as some users have selected more than one option for each section



Physical Assessment *continued* (n=68)

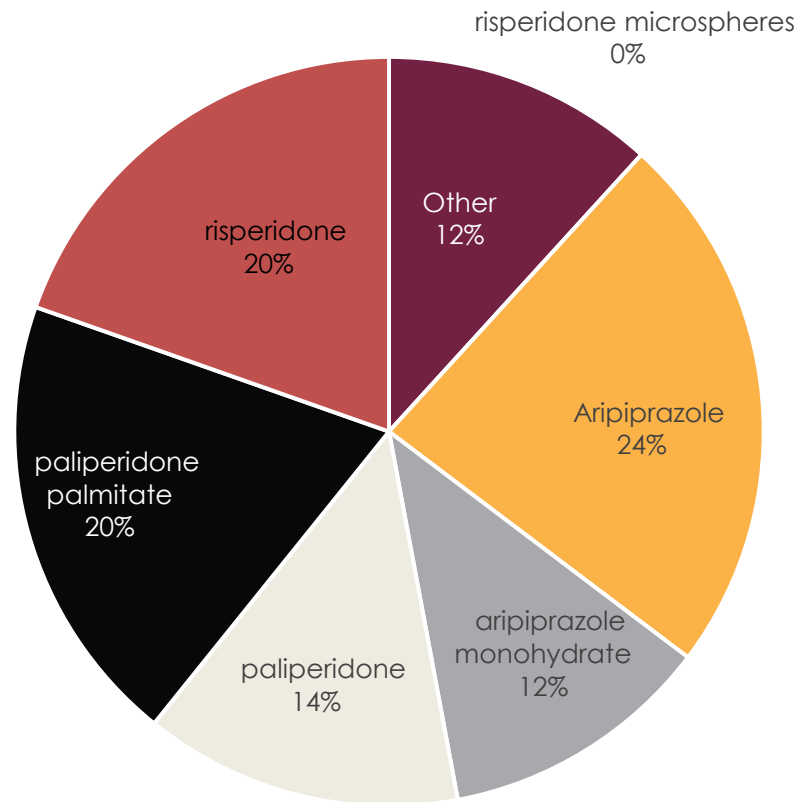


The number of order set submissions, *N*, may not equal the sum of individual selections as some users have selected more than one option for each section



Management of Psychosis (n=68)

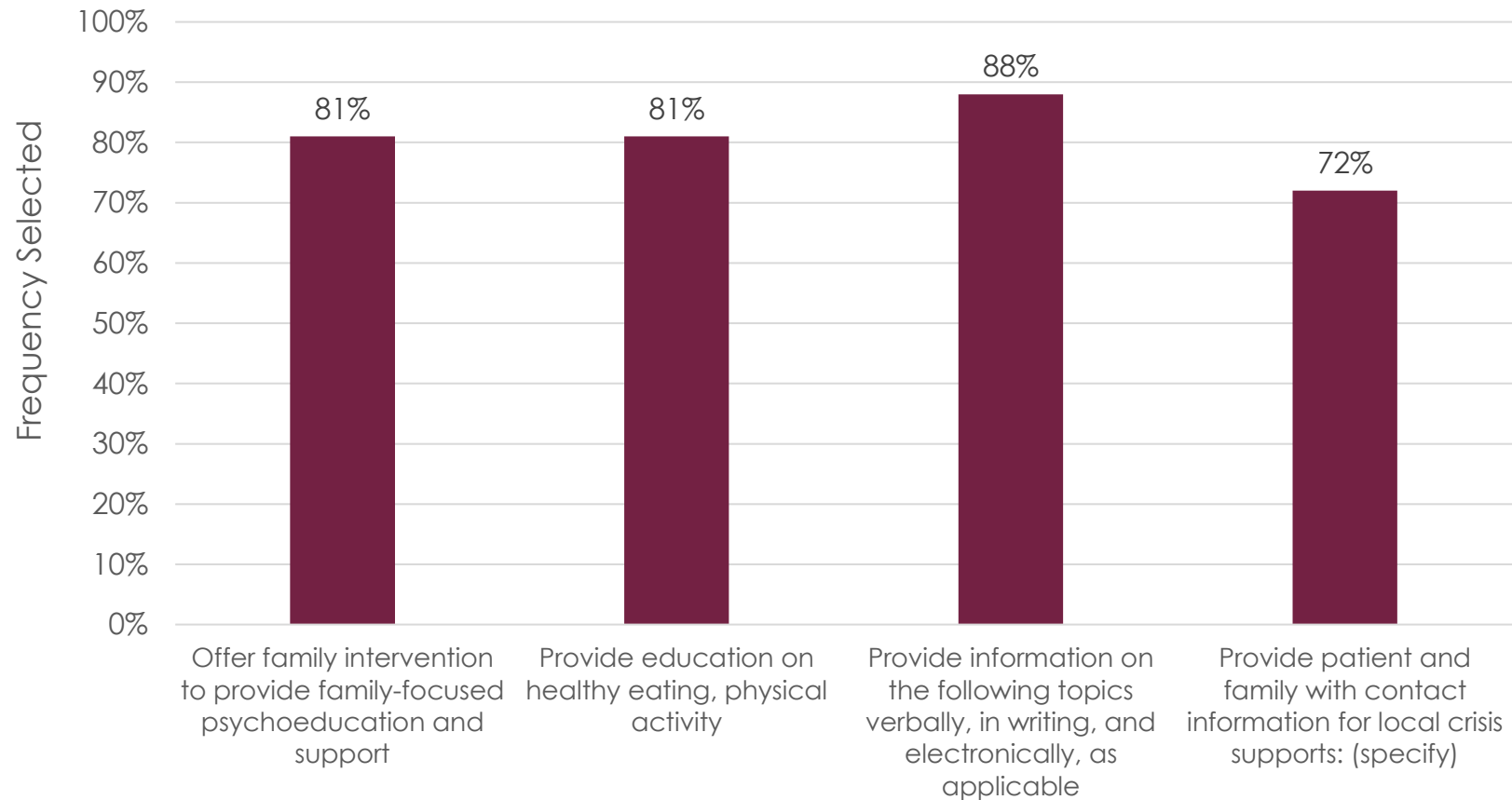
Antipsychotic Prescription



The number of order set submissions, N, may not equal the sum of individual selections as some users have selected more than one option for each section



Psychoeducation and Health Lifestyle Management (n=68)



The number of order set submissions, N, may not equal the sum of individual selections as some users have selected more than one option for each section





The CHECK Program is an accredited performance assessment activity (section 3) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada and approved by the Canadian Psychiatric Association (CPA).





Program Faculty

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Associate Clinical Professor, Department of Psychiatry, McMaster University, Hamilton, Ontario

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Andrea Bardell, MSc, MD, FRCPC

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Howard C. Margoless, MD, CM, MSc, FRCPC

Member, Canadian Consortium for Early Intervention in Psychosis

Medical Director, Early Psychosis and Schizophrenia Spectrum Program, McGill University Health Centre

Director, PEPP-MUHC (First Episode Psychosis Program)

Program Director, Clinical Pharmacology and Toxicology

Residency Program, McGill University

Associate Professor, Department of Psychiatry
McGill University, Montréal, Québec

Phil Tibbo, MD, FRCPC

President, Canadian Consortium for Early Intervention in Psychosis

Dr Paul Janssen Chair in Psychotic Disorders

Director, Nova Scotia Early Psychosis Program

Professor, Department of Psychiatry

Dalhousie University, Halifax, Nova Scotia



Practice Evaluation

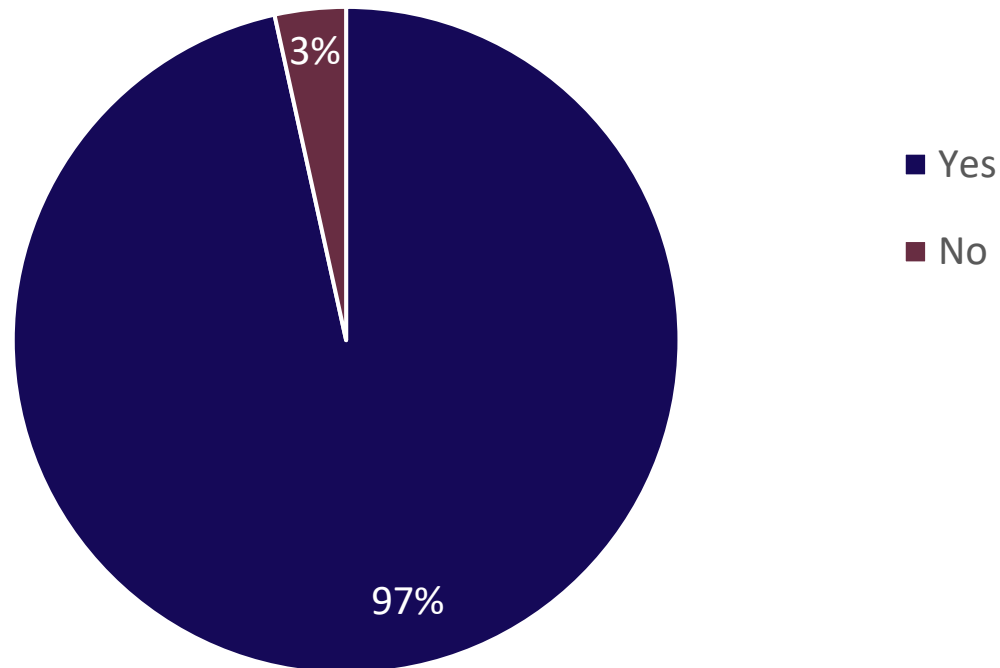




FOLLOW-UP ASSESSMENT

Overall, 97% of participants agree this program has made them more aware of clinical guidelines and best practices.

Has this program made you more aware of clinical guidelines/best practices?

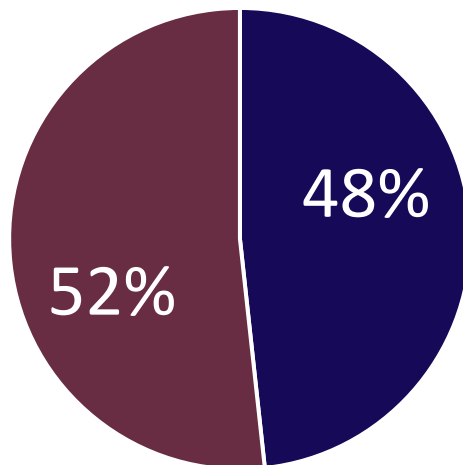




Using clinical order sets within the clinic

79% of participants reported using clinical order sets within their clinic after the program, compared to 48% before the program.

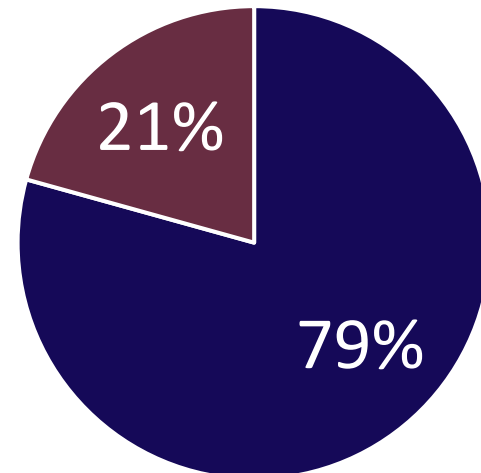
PRE



■ Yes ■ No

N = 29

POST



■ Yes ■ No

N = 29



Factors assessed

- Risk Assessment (Suicide, Violence)
- Substance Use
- Physical Health
- Medication Review
- Psychiatric Symptoms
- Antipsychotic Medication Side Effects
- Antipsychotic Treatment Capacity



Assessment Frequency

PRE and POST change

	Upon acceptance	At every appointment	With any medication change	Every 6 months	As needed	Not at all
Risk Assessment (Suicide, violence)		↑				
Substance Use		↓			↑	
Physical health		↓		↑		
Psychiatric Symptoms		↑				



Assessment Frequency

PRE and POST change

	Upon acceptance	At every appointment	With any medication change	Every 6 months	As needed	Not at all
Medication Review		↑				
Antipsychotic Medication Side Effects		↑			↓	
Antipsychotic Treatment Capacity		↓			↑	



Offering of Non-Pharmacological Interventions

- Cognitive Behavioural Therapy
- Cognitive Remediation Therapy
- Family Education/Support
- Health Lifestyle Intervention
- Patient Education/Self Management
- Peer Support
- Psychoeducation
- Social Skills Training
- Supportive Employment Programs



Offering of Non-Pharm Interventions

PRE and POST Change

	Upon acceptance	At every appointment	With any medication change	Every 6 months	As needed	Not at all
CBT		↑			↑	↓
CRT		↑			↑	↓
Family Education		↑			↑	
Health Lifestyle Interventions		↑			↓	
Patient Education		↑			↓	
Peer Support	↑				↑	↓



Offering of Non-Pharm Interventions

PRE and POST Change

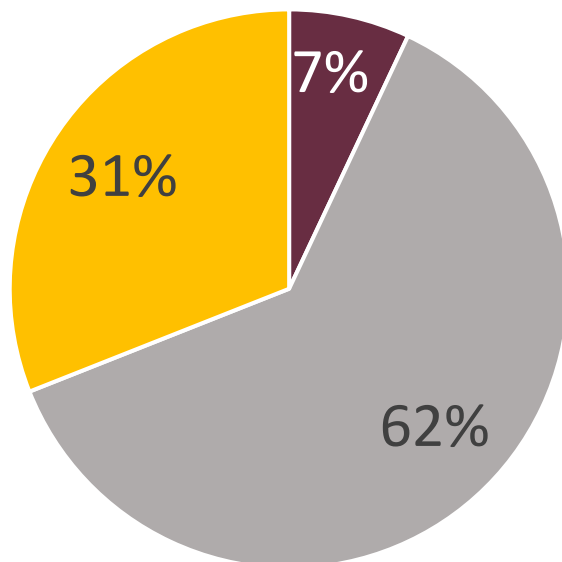
	Upon acceptance	At every appointment	With any medication change	Every 6 months	As needed	Not at all
Psychoeducation		↑			↑	
Social Skills Training		↑			↑	↓
Supportive Employment Program					↑	↓



How successful are you in engaging patients in their treatment plan?

After the program, the percentage of participants who felt successful or very successful engaging their patients in their treatment plan increased.

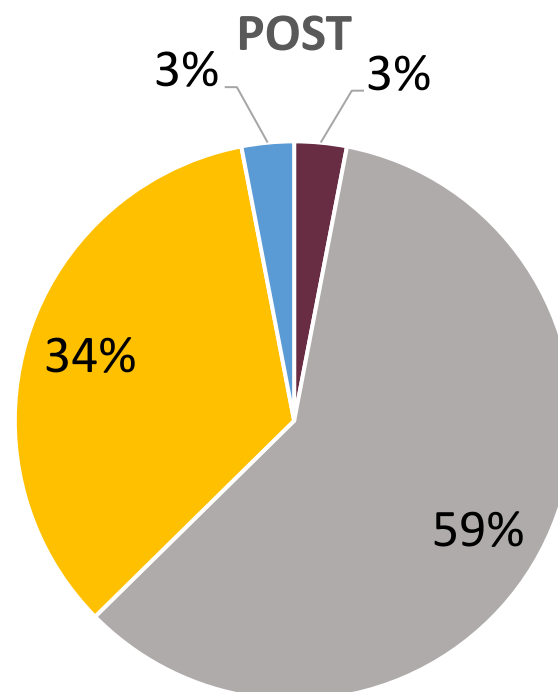
PRE



■ Unsuccessful
■ Moderately successful
■ A little successful
■ Successful
■ Very successful

N = 29

POST



■ Unsuccessful
■ Moderately successful
■ A little successful
■ Successful
■ Very successful

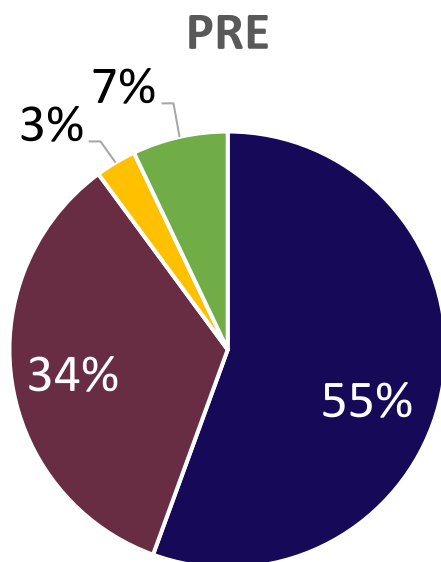
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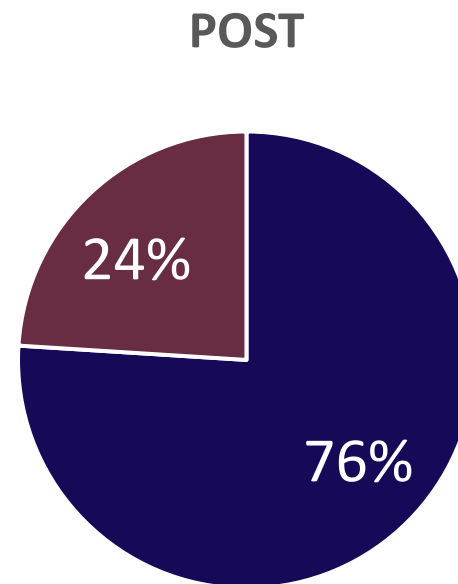
When is an appropriate time to assess antipsychotic treatment response?

The percentage of participants who assess antipsychotic treatment response 2 weeks following initiation rose from 55% to 76%.



- 2 weeks following initiation
- 8 weeks
- 6 months
- Other
- 4-6 weeks
- 3 months
- As needed

N = 29



- 2 weeks following initiation
- 8 weeks
- 6 months
- Other
- 4-6 weeks
- 3 months
- As needed

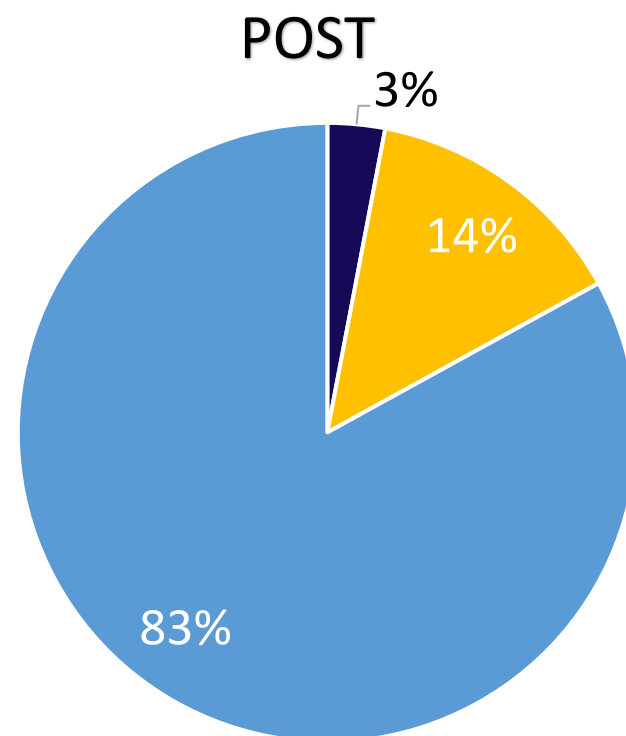
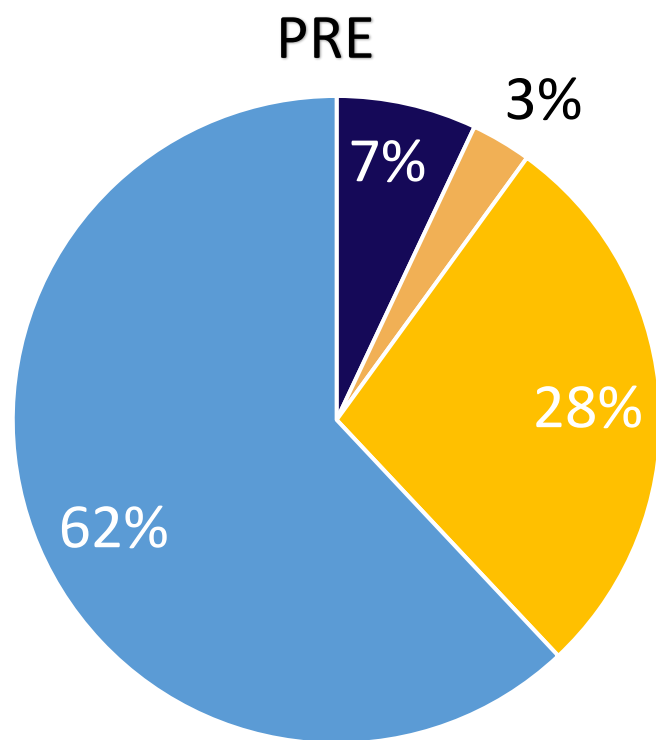
N = 29





Please indicate your level of agreement with the following statements on a scale of 1 (strongly disagree) to 5 (strongly agree):

It is recommended that preference be given to atypical antipsychotics in the treatment of early psychosis patients



Strongly Disagree Disagree Neutral
Agree Strongly Agree

Strongly Disagree Disagree Neutral
Agree Strongly Agree

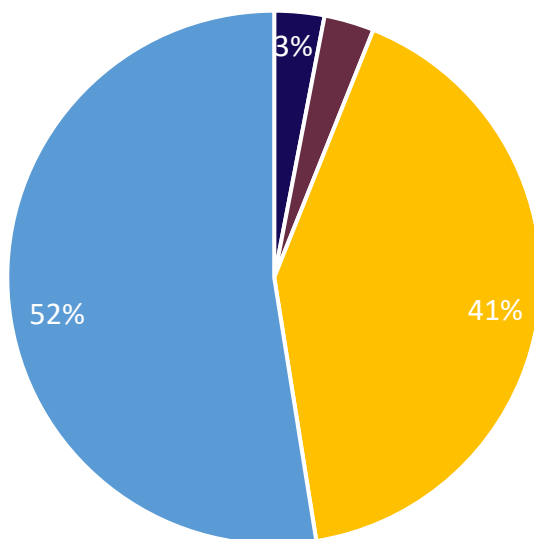




Please indicate your level of agreement with the following statements on a scale of 1 (strongly disagree) to 5 (strongly agree):

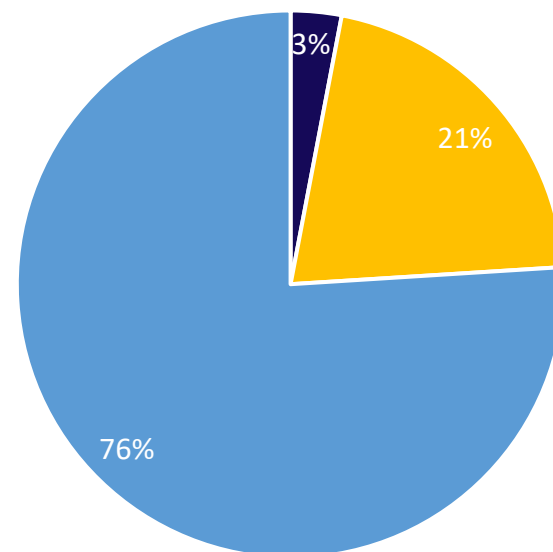
It is recommended that LAI (Long-Acting Injectable) antipsychotic therapy is offered during all phases of psychotic disorders, including the early phase

PRE



Strongly Disagree Disagree Neutral Agree Strongly Agree

POST



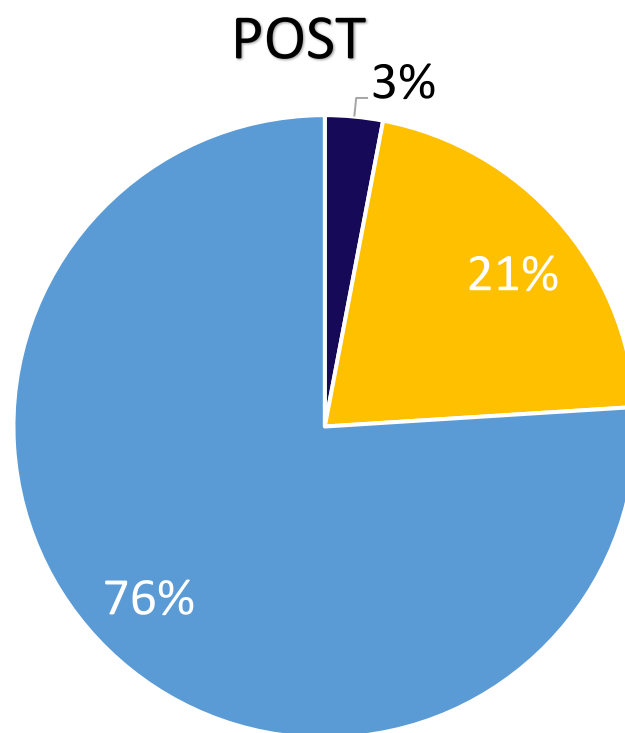
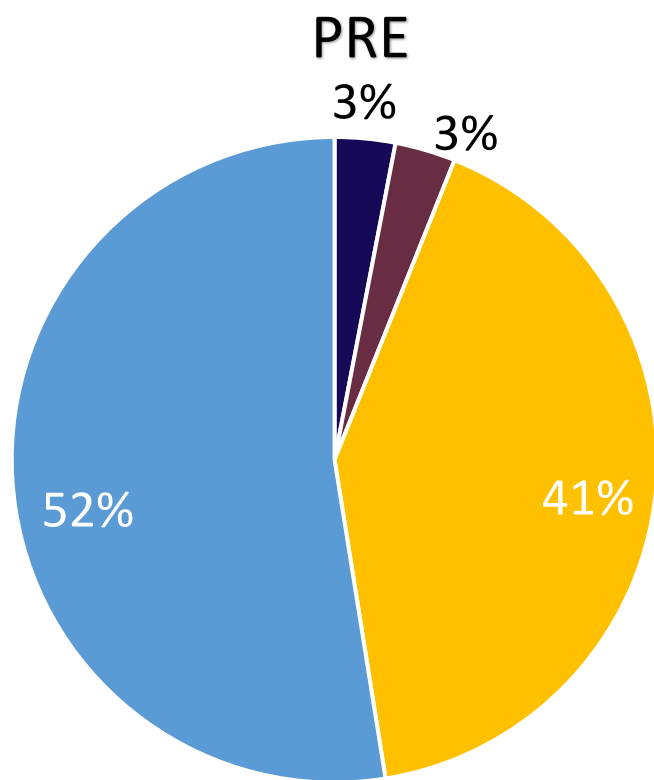
Strongly Disagree Disagree Neutral Agree Strongly Agree





Please indicate your level of agreement with the following statements on a scale of 1 (strongly disagree) to 5 (strongly agree):

To address high rates of partial / non-adherence in early psychosis patients, preference is given to medications available in a long acting formulation



Strongly Disagree Disagree Neutral Agree Strongly Agree

Strongly Disagree Disagree Neutral Agree Strongly Agree





Interested in Check?

If you are interested in holding a Check program at your site, or joining an upcoming virtual session, please visit the CCEIP table in Exhibit Hall tonight or tomorrow for registration details.

