Improving Clozapine Prescribing at a London District General Hospital: A Quality Improvement Project

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Aims. The liaison psychiatry team at North Middlesex Hospital (NMH) noticed that many patients on clozapine were missing doses in hospital, risking the need for re-titration and deterioration in mental state. Although clozapine is a widely used medication in psychiatry, non-psychiatric clinicians may not be aware of the importance of compliance. In addition, clozapine is often not widely available in acute medical hospitals and ascertaining the correct dosage can be difficult as it is not prescribed by the GP. Furthermore, clozapine can cause a variety of side effects that our medical colleagues may not be familiar with.

The aim of this project was to improve clozapine prescribing at NMH and improve communication with the liaison psychiatry team.

Methods. We reviewed the notes of 97 admissions in which patients were dispensed clozapine from the hospital pharmacy during the period April 2020 to December 2023 to determine what proportion had missed a dose of clozapine, and the clinical implications of this. We also reviewed the reasons for the missed doses to gather information on what could be done to improve patient safety.

From July 2022 we began implementing changes. This included the creation of a hospital guideline, putting in place an automatic email that would be sent to the liaison team when clozapine was prescribed, placing an alert on the online prescribing system to emphasise the importance of not omitting doses, and providing teaching to clinicians.

Results. We compared omissions of clozapine doses and referrals to the liaison team before and after changes were implemented. The percentage of patients inappropriately missing at least one dose fell from 67.4% to 31.1%. The proportion of patients who were referred to the liaison team rose from 40.8% to 89.2%.

We identified several recurring causes of missed doses. These included doctors not being aware of clozapine prescriptions or dosages, poor awareness that clozapine is a critical medicine and long stays in accident and emergency. There were also incidents where clozapine was stopped by the medical team without obtaining advice from psychiatric colleagues.

Conclusion. We were able to reduce the proportion of patients missing doses by improving awareness of clozapine compliance within the hospital. We were also able to improve communication between medical and psychiatric teams.

The clozapine guideline and prescribing alerts will continue to be utilised within the hospital. We plan to continue to provide regular teaching to rotational junior doctors and to pursue a similar project for lithium prescribing.

Implementing a Primary Care Referral Pathway for Further Investigations and Management of Fatty Liver Disease (FLD) in the Absence of Fibrosis Identified in Patients Who Have Undergone a Fibroscan Within the Belfast Addictions Service

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Aims. Alcohol misuse presents a major health concern in Northern Ireland with a 50% rise in alcohol-specific deaths in the past 10 years[1]. Excessive alcohol use may lead to fat deposition within the liver and risks progressive liver disease secondary to fibrosis and/or inflammation. The aim is to extend upon an existent Hepatology referral pathway for patients with alcohol misuse and liver fibrosis on Fibroscan; to include onward referral to primary care for investigations of patients shown to have FLD in absence of fibrosis and facilitate early identification and intervention of associated metabolic syndromes. There was previously no referral mechanism for screening for metabolic syndromes such as diabetes, hypertension and hypercholesterolemia for these patients.

Methods. Case records were reviewed for all patients offered a Fibroscan through the Belfast Addictions service. Patients identified with evidence of steatosis on Fibroscan without fibrosis/cirrhosis i.e. liver stiffness score < 8Kpa and controlled attenuation score (CAP) > 248, would trigger an onward referral to primary care for further investigation and management. A letter was sent notifying the patients' registered GP of the Fibroscan result and NICE recommendations for follow up liver function testing, HbA1c, lipid profile and Q-risk scoring for consideration of lipid lowering medication. A review of patients' electronic care record (ECR) 2 months following the dispatch of letters was conducted to identify those patients who received further investigations.

Results. 286 Fibroscans were conducted in the Belfast Addictions Service in 2023. Alcohol misuse was the indication for 92% of these scans with 32% identified as having evidence of fatty liver disease without fibrosis. This prompted onward referral for primary care follow up and letters were sent out to GPs from November 2023. Review of ECR 2 months post-intervention revealed of the 7 letters sent out in November, 57% (4) had follow up bloods and 75% (3) of those were shown to be deranged. Data collection is ongoing and will be complete by date of congress.

Conclusion. 32% of the patients who had a Fibroscan in the Belfast Addictions service in 2023 had evidence of fatty liver disease without cirrhosis. Initial data shows a positive change in clinical practice and patient care, and builds upon the existing hepatology referral pathway.

Developing a Pathway for Referrals of Patients With Dementia Within a Mental Health Liaison Team

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