



Gold standard clinics for the gold standard antipsychotic

Consistent Clozapine Care

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Health
South Western Sydney
Local Health District

Case for change

Clozapine is the *most effective pharmacological treatment for schizophrenia*, substantially improving quality of life. It requires ongoing, intensive clinical monitoring in specialised outpatient clinics due to the potential for serious side effects.

The number of consumers registered with the SWSLHD clozapine clinics has **increased by 20%** in recent years. **One fifth of all SWSLHD community MH consumers** take clozapine. **Nil additional resources** have accompanied this growth and what is in place is **insufficient**, which is **unsustainable**.

The **lack of standardized** service delivery and governance has led to **poor compliance** with guidelines, **increasing risk** for safety issues.

Consumers complain of **long wait times and inflexibility** of Clozapine Clinic hours. They feel they **do not receive comprehensive** mental health care during **short appointment times**.

Staff have raised concerns about **high clinical responsibility, large workloads** and **inadequate resources and support**, which has led to **poor staff experience**.

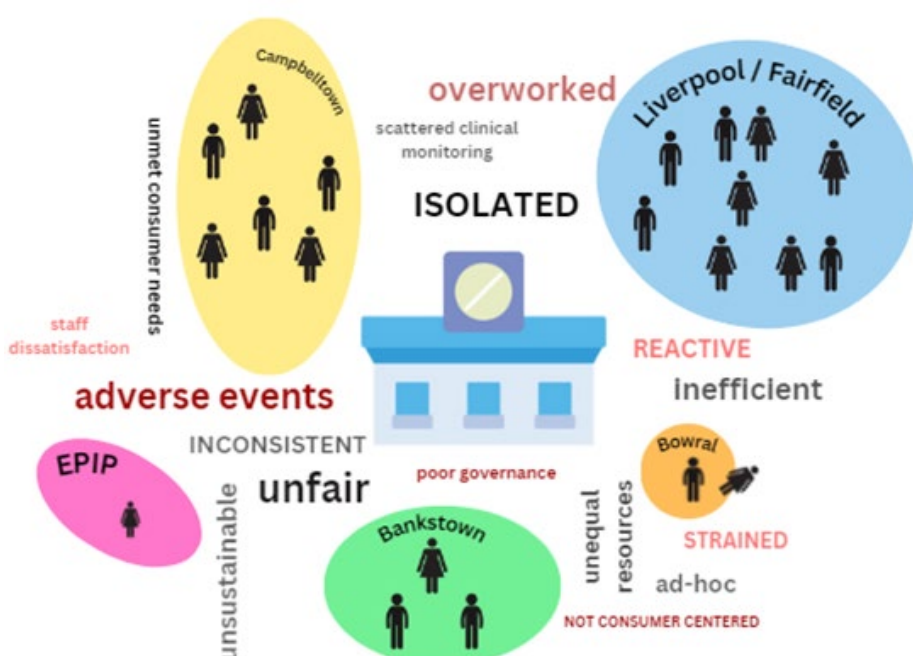
Goal

By December 2025, all SWSLHD Clozapine clinics will consistently adhere to the SWSLHD clozapine clinical guidelines and provide efficient, safe and equitable care; thus enhancing the experience of consumers and staff, and improving clinical outcomes.

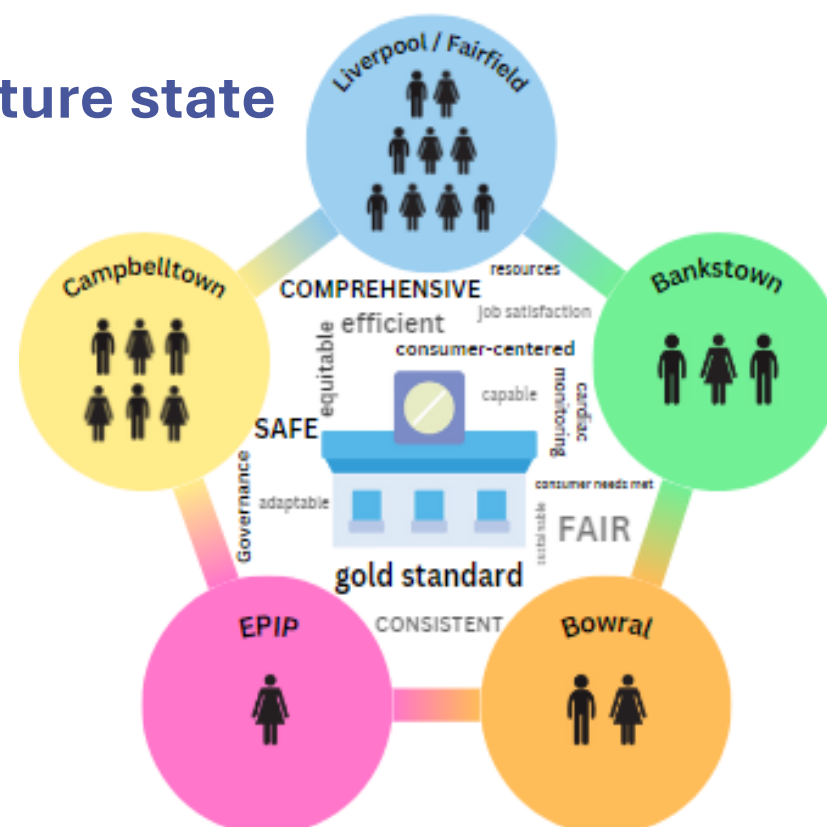
Objectives

1. Improve **compliance** in all SWSLHD clozapine clinics with the SWSLHD clozapine **clinical guideline monitoring requirements** from **36% to 75%** by December 2025.
2. Improve the **experience** and **overall job satisfaction of staff** working in, and associated with, the clozapine clinics from a rating of **3.5/5 to 4.5/5** by December 2025.
3. Improve the **percentage of consumers** who rate their **overall experience** of SWSLHD clozapine clinics as **excellent or very good** from **38% to 80%** by December 2025.

Current state



Future state



Stakeholders

Clozapine clinic staff, clozapine clinic consumers, carers, community mental health service managers, consumer and carer participation manager, medical staff, peer workers, administrative staff, pharmacists, allied health staff.

Diagnostic and solution design activities

Documentation Compliance Audit (eMR files = 50)
Staff Experience Survey (n = 33)
Consumer and Carer Experience Surveys (n = 45)
Consumer journey mapping
Consumer journey (n = 3) & carer story (n = 1)

Activity mapping (n = 6)
Process mapping exercise (n = 27)
Diagnostic Focus groups (n = 27)
Root Cause Analysis activity
Solution codesign workshop (n = 26)

Brainstorming workshops (n = 26)
Literature review
Benchmarking activity
Prioritisation activity (n = 20)

Key issues identified

Clozapine clinic care (review, monitoring and management) is inconsistent across and within clinics

Compliance across all clinics to the current clozapine clinical guidelines was **36%**

Clinical and other risks are not escalated consistently or appropriately

There was no clear process within each clozapine clinic to escalate risks such as abnormal clozapine pathology, abnormal cardiac investigations or mental state deterioration.

Variation in clinical and operational processes

8 high risk clinical processes (including cardiac monitoring, metabolic monitoring and completion of vital observations) varied across clinic sites

3.2/5 was reported by clozapine clinic staff (lowest score for staff experience) to provide effective care

Clozapine clinic consumers are not having all their needs met by clozapine clinics

38% of clozapine clinic consumers rated their experience of service as “very good” or “excellent” compared to **89%** in SWSLHD community mental health services

Solutions

Model of Care (MoC)

What: Development of a district-wide MoC for clozapine management. This will outline a shared vision and be utilized in conjunction with the current clozapine clinical guidelines.
Why: To provide a robust governance framework and clearly define operational and clinical protocols.
Measures: Consumer experience, staff experience, logging of activity-based funding.

Consistent Clozapine Documentation (CCD)

What: Package of customized electronic medical record (eMR) templates to be used by clozapine clinic staff.
Why: To support clinical guideline compliance and improve clozapine management and consumer safety.
Measures: Compliance to documentation, compliance to clinical guidelines, staff feedback & experience.

YES Survey

What: Establishment of regular collection, reporting and analysis of the NSW Health “Your Experience of Service” survey for Mental Health Services.
Why: Track consumer feedback in relation to clozapine clinic changes
Measures: Number of surveys returned in defined reporting periods; changes in YES scores; tracking of action items against feedback received.

Sustaining change

A working party was established in early 2025 to enable the development and implementation of the MoC and CCD solutions. Ownership and responsibility of solutions has been transferred to existing governance structures.

Conclusion and lessons learnt

1. Reinforcing and authorising sponsors are crucial in supporting project teams and stakeholders
2. Organisational culture and history can impact significantly upon project progress and success at all stages
3. Defining scope and managing stakeholder expectations effectively is vital, along with an appropriate communication strategy
4. Organisational climate and timing of change will impact the ability to achieve project goals