Monitoring Protocol for Clozapine-induced Myocarditis

camh

Agenda

Local Problem

Design and Implementation

How Health IT was Used

Value Derived

Problem Identification / Importance

Baseline Workflow

Baseline Data

Objectives

Solution Selection

Interventions

End-User Involvement

Revised Workflow

Solution Details

Effect of Interventions on Data

Post-Implementation Adherence Data

Post-Implementation Outcome Data

Return on Investment

Overview of Clozapine



- 25-30% of all individuals with schizophrenia meet criteria for treatment resistance (Remington 2010)
- Clozapine is the only antipsychotic with proven efficacy (Remington, Addington et al. 2017)
- Substantial side-effects

Side Effect	Prevalence	
Agranulocytosis	Rare (<1%)	
Constipation	60%	
Myocarditis	<5%	

- CAMH houses the largest clozapine clinic in North America (~750 patients)
- Goal to double volume over a 5-year period

Problem Identification

Problem Identification

- Clinical symptoms of myocarditis noted in patients treated with clozapine
- An expert was consulted who determined that the cause was myocarditis
- Agranulocytosis is the only standard monitoring for clozapine treatment

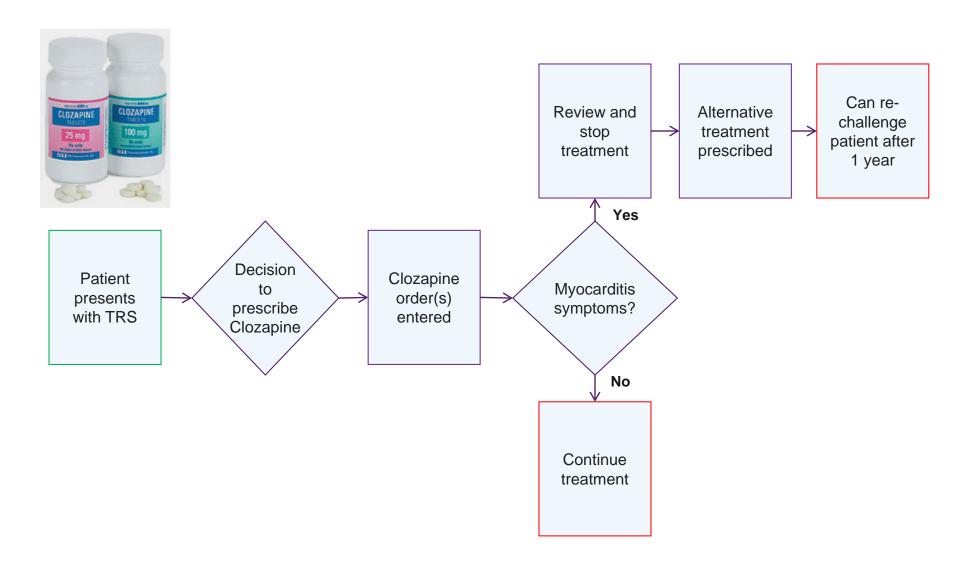
Why is this Important?

- Clozapine-induced Myocarditis is a potentially fatal yet likely under diagnosed complication of Clozapine therapy
 - ➤ Incidence estimated ~ 3%
 - Develops within the first 4 weeks of Clozapine initiation and titration
 - Hypersensitivity reaction with a fatality rate of 10%

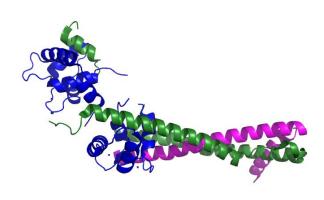


Local Problem

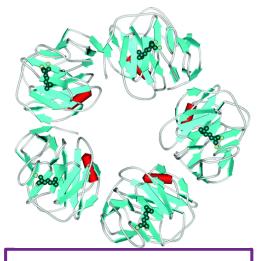
Baseline Workflow



Myocarditis Monitoring



Cardiac Troponin Positive

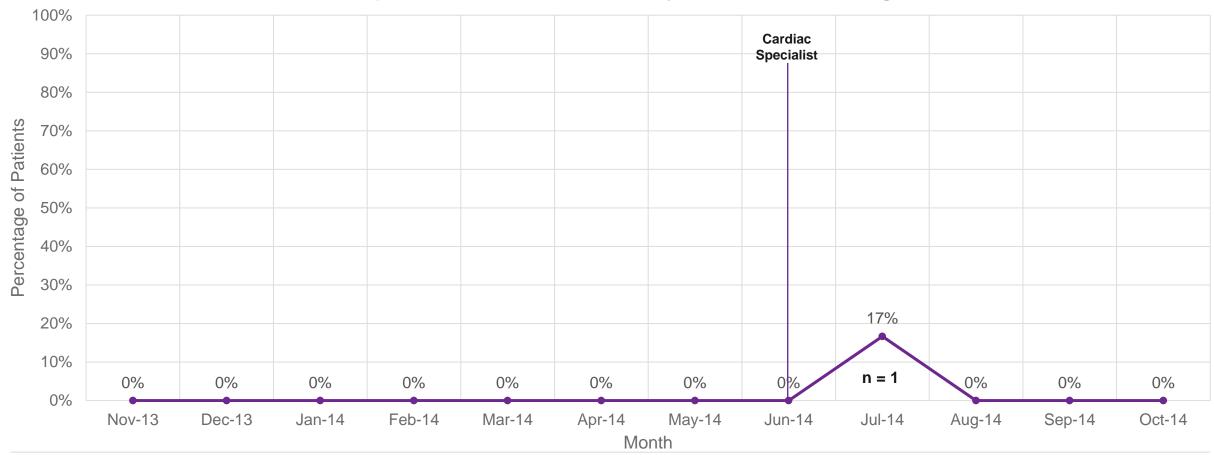


C-Reactive Protein > 50

Suspected myocarditis

	Nov 2013 – Oct 2014
Myocarditis Monitoring Protocol	4.2%

Clozapine-naïve Patients with Myocarditis Monitoring Protocol



Objectives



Standardize myocarditis monitoring protocol for Clozapine-naïve patients



Increase compliance to myocarditis monitoring protocol



Discontinue Clozapine for patients showing warning signs of myocarditis



Streamline ordering process to save clinician time and prevent errors

Solution Selection

CAMH identified a method to increase myocarditis monitoring for Clozapine patients.

The implementation of I-CARE provided an opportunity to standardize care through order sets.

-Decision to standardize practice through order sets was made through the Hospitalist User
Group and the Pharmacy and Therapeutics Committee

Clinician familiarity

Dynamic reporting

Communication tools

Existing change management

Tracking and feedback

Standardized practice

Existing governance

Standardized documentation



Interventions

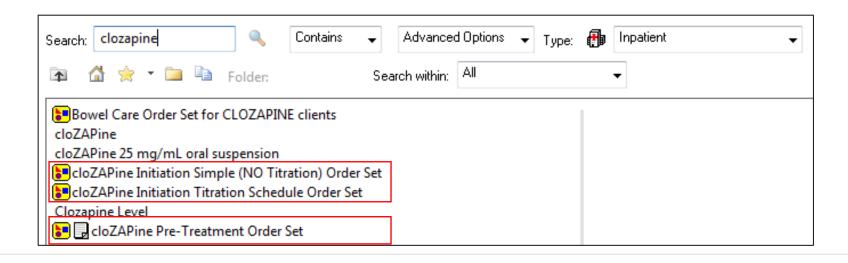


Order Sets

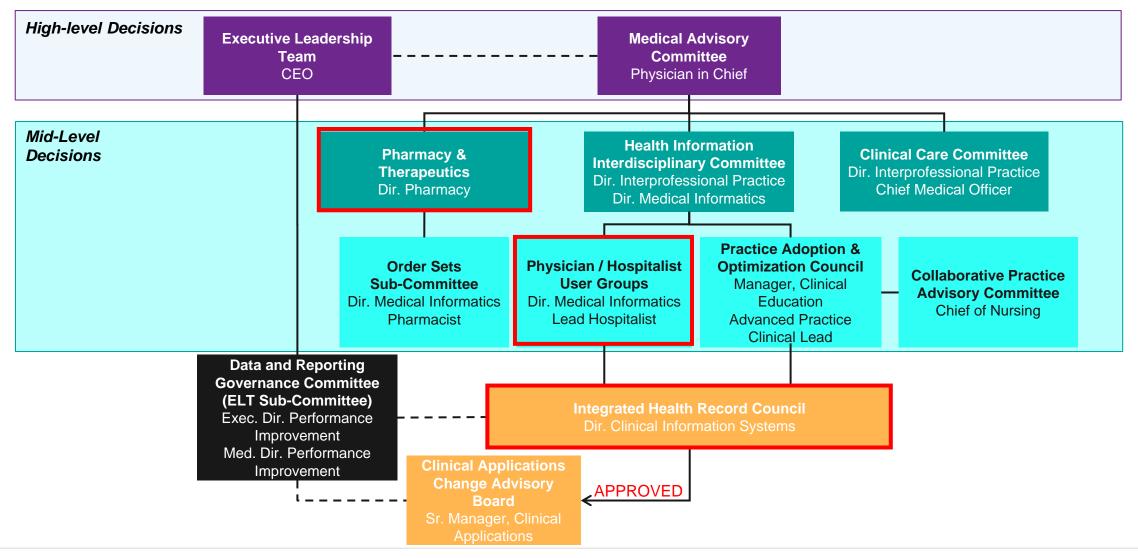


Mandatory Fields (Locking)

 Included Myocarditis monitoring protocol into Clozapine policy (Oct. 2014) Integrated Myocarditis monitoring protocol into I-CARE order sets (Nov. 2014) Reinforced education with cardiology expert (Apr. 2015); monitoring protocol elements made mandatory within I-CARE order sets (Jun. 2015)



Strategic Governance



End-User Involvement

Integrated Health Record Committee

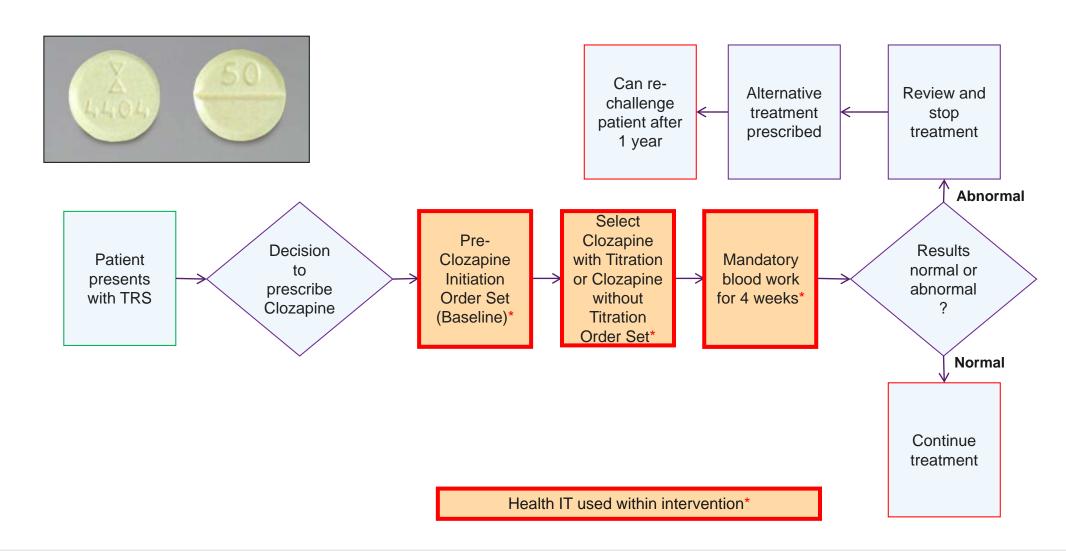
Hospitalist User Group

Physician User Group

Pharmacy & Therapeutics

- Chairs: Dir. Interprofessional Practice, Dir. Medical Informatics
- Includes clinicians and other stakeholders.
- Initial approval of need
- Chair: Medical Head, Hospitalist Services
- Developers and subject matter experts for Clozapine
 Order Sets
- Representation from physicians, nurses, Pharmacy, Professional practice, and Health Records
- Chair: Chief Medical Information Officer
- Representation of front-line physicians
- Contains 15 physicians from throughout CAMH
- Co-chairs: Appointed Physician and Dir. Pharmacy
- Owners and approvers of Order Set
- Includes a minimum of 6 physicians, 4 pharmacists

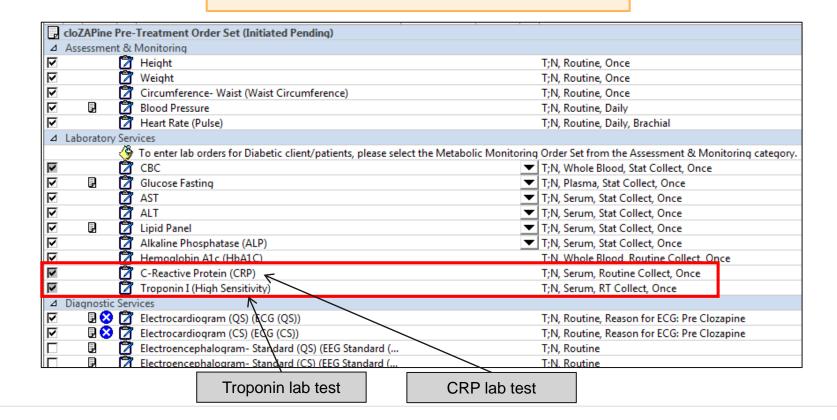
Revised Workflow



Mandatory Monitoring Protocol

Pre-initiation

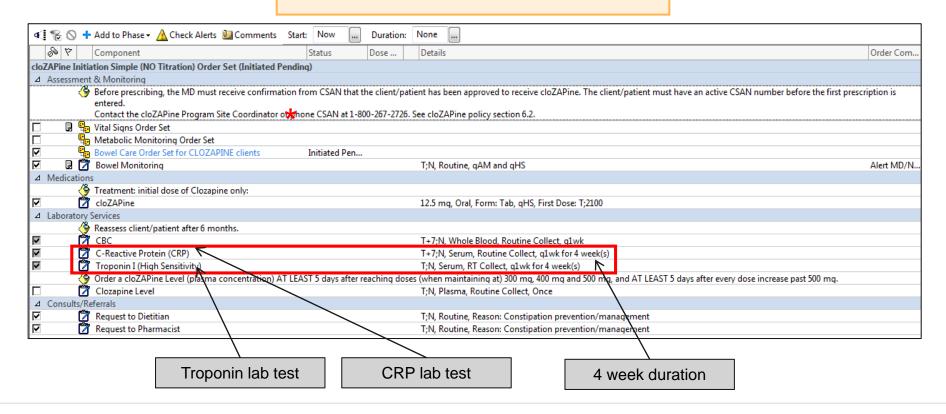
- Baseline ECG, CRP, and Troponin
- Identification of pre-existing cardiac disease



Mandatory Monitoring Protocol

Post-initiation

- Weekly clinical assessments
- CRP and Troponin monitoring x 4 weeks
- Regular Agranulocytosis monitoring



Effect of Interventions on Data



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Order Sets



Mandatory Fields (Locking)

 Included Myocarditis monitoring protocol into Clozapine policy (Oct. 2014)

 Integrated Myocarditis monitoring protocol into I-CARE order sets (Nov. 2014) Reinforced education with cardiology expert (Apr. 2015); monitoring protocol elements made mandatory within I-CARE order sets (Jun. 2015)

 Increased clinical awareness and regulations to educate staff about clozapine-induced myocarditis and the effective monitoring protocol Integration of monitoring protocol increased speed of ordering and provided a visual reminder about the monitoring protocol for clinicians Increased clinical awareness and enforced regulations to standardize practice for Clozapine-naïve patients

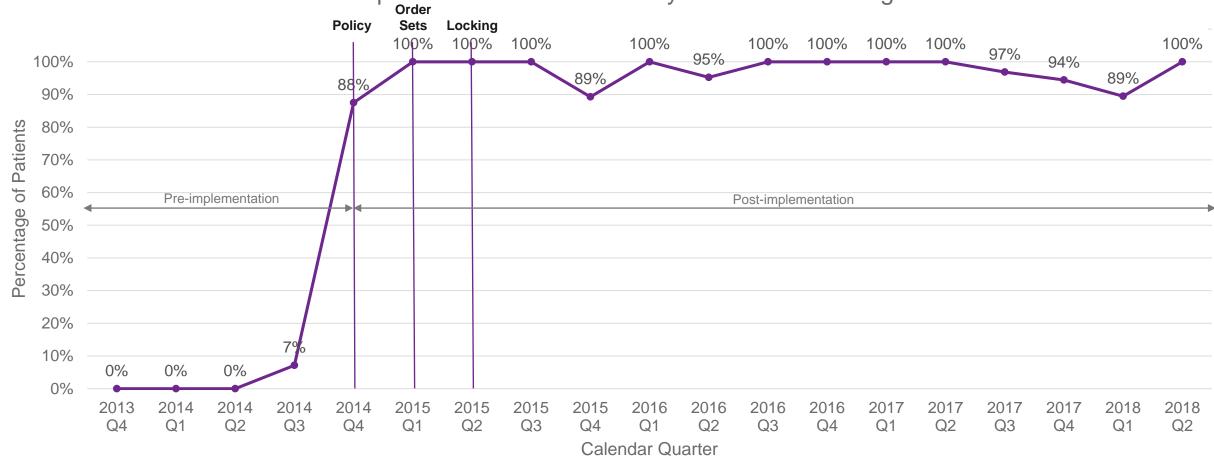
Effect

Intervention

Post-Implementation Adherence Data

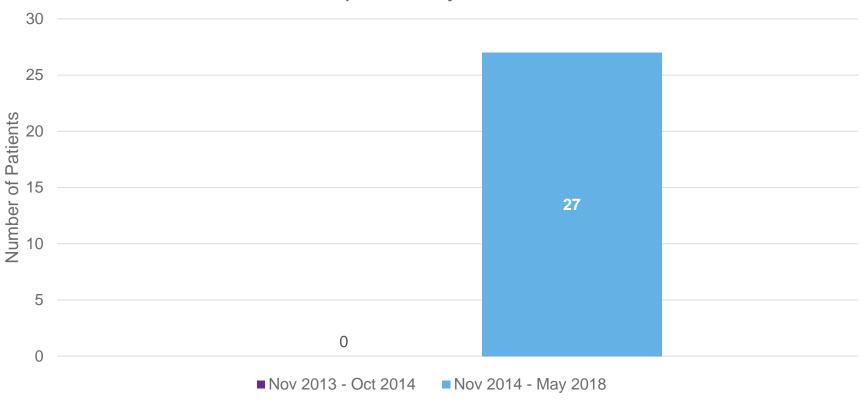
	Nov 2013 – Oct 2014	Nov 2014 – May 2018
Myocarditis Monitoring Protocol	4.2%	97.0%

Clozapine-naive Patients with Myocarditis Monitoring Protocol



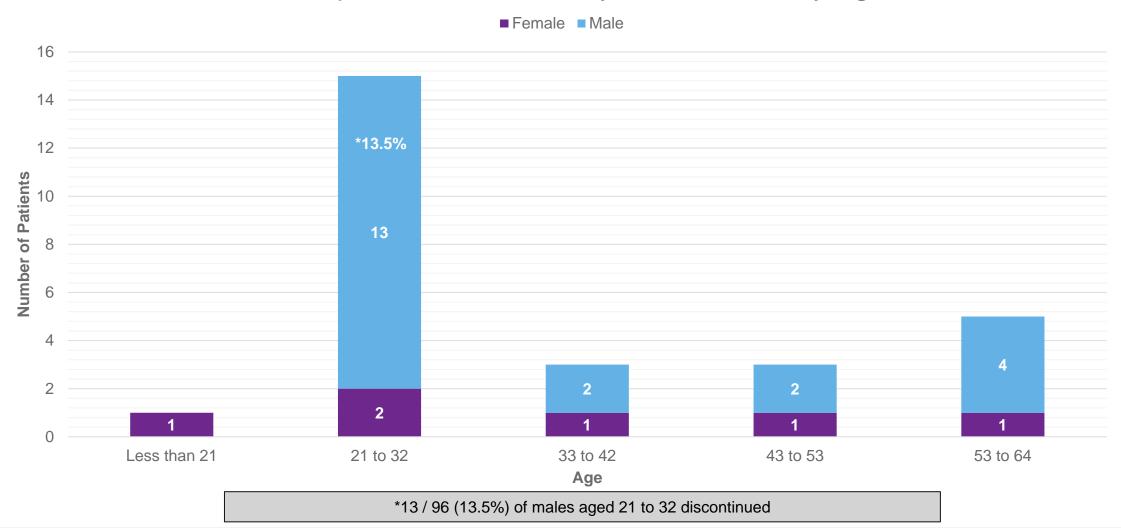
Post-Implementation Outcome Data

Number of patients discontinued from Clozapine due to suspected Myocarditis



Discontinued Patient Demographics

Number of Clozapine Patients with Myocarditis Risk by Age and Sex



Return on Investment

Patients on Clozapine with Myocarditis Monitoring



Twenty-seven Clozapine-naïve patients had suspected myocarditis detected in early stages.

Savings = (Cost of adverse event * # of patients detected)

Return on Investment

27 patients removed from Clozapine due to myocarditis warning signs (3 lives saved)



Able to measure the true incidence (8.6%) of Clozapine-induced myocarditis; 27 patients removed from Clozapine due to warning signs



Clinicians are able to more easily screen for Clozapine associated Myocarditis

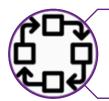


Developed guidelines for Clozapine cessation and reintroduction



CAMH is locally leading the way for Clozapine-induced myocarditis monitoring and we expect uptake on a regional and national level after publishing

Lessons Learned



Policy change can be supported by health IT to support adoption and enforcement



Order sets are effective at driving adoption of mandatory protocols



Data sharing with clinicians is an effective method for practice awareness

Thank You

camh