

PSI 42: Monitoring Side effects of Anti-psychotic treatment	
Review of a PSI from the Danish National Indicator Project (NIP) (56-58)	
Dimension	Description
Description of Specific Aspects of Patient Safety	Antipsychotic treatment often has side effects with a substantial qualitative and quantitative harmful impact. Thus assessment of weight gaining, sexuality, sedation and neurological symptoms must be assessed in order to give adequate treatment and obtain compliance. Thus is an adequate measure of patient safety.
Aim of the PSI	This PSI is intended to survey the practice screening for side effects in schizophrenic patients receiving anti-psychotic treatment.
Level of Determination of Patient Safety	Safety is assessed at the aggregated patient level.
Source(s)	Originally a PSI of NIP in Denmark. This PSI is part of an indicator set of nine indicators for surveillance of the quality of care provide for all Danish inpatients with schizophrenia (58).
Extent of Clinically Testing	<p>The Danish National Indicator Project aims at documenting and improving the quality of care, the project was established in 2000 as a nationwide mandatory multidisciplinary quality improvement project. From 2000 to 2002, disease-specific clinical indicators and standards were developed for six diseases: stroke, hip fracture, schizophrenia, acute gastrointestinal surgery, heart failure, and lung cancer). Indicators and standards have been implemented in all clinical units and departments in Denmark treating patients with the six diseases. Results feedback is monthly, and yearly regional and national audit processes are organised to explain the results and to prepare implementation of improvements. All results are published in order to inform the public, and to give patients and relatives the opportunity to make informed choices (57).</p> <p>This process PSI of NIP is bases on extensive literature studies and described in detail (61) in agreement with the National Danish Guidelines for Schizophrenia (62).</p> <p>The NIP expert panel concluded that this PSI generally performs well.</p>
Evidence of Clinically use of Standards	Side effects are monitored for 100% of all patients receiving antipsychotic treatment.
PSI category	Diagnose Specific as well as other Specific PSIs.
Data definitions	All patients with a primary or secondary diagnosis of schizophrenia; any ICD-10 F.20 diagnosis receiving antipsychotic treatment.
Numerator Description	Assessed side effects of antipsychotic treatment.

Denominator Description	Patients discharges from hospital with an ICD-10 diagnosis of any F20 – diagnose (F20.0-F20.99)
Data Source	Patient records.
Identifying the institutional context	The consequences of side effects of antipsychotic treatment in schizophrenic patients make this PSI important in quality improvement policies.
Care Setting	The PSI applies for quality health care.
Professionals Responsible for Health Care	Authorised health care workers.
Lowest Level of Health Care Delivery Addressed	Individual clinical department.
Allowance for Patient Factors	No risk adjustment described.
Stratification by Vulnerable Populations	<p>Stratification according to :</p> <ul style="list-style-type: none"> – Age: 1) Patients \geq 18 years and 2) patients $<$ 18 years – Psychopathological status: 1) the patient has been diagnosed within the last 12 month (incident) or 2) the patient was diagnosed more than 12 month ago (prevalent) – Treatment status: 1) the patient has been in treatment (ambulatory care or inpatient) for the previous year or 2) the patient is discharged from in-patient/out-patient treatment – Type of side effects: <ul style="list-style-type: none"> • Neurological side effects • Sedation • Gaining weight • Sexual side effects • Fasting blood sugar
Standard of Comparison	No specific time standards given, but yearly comparison has shown to be good.
Scoring	<p>NIP has software for scoring the PSI. Cumulated scores are subjected to auditing.</p> <p>On the basis of the first experience with NIP, a number of requirements has been specified for a forthcoming second generation of clinical database system has been described. The requirements regard: coordination, rational management and experience-based development of IT systems for the clinical databases and integration with present and forthcoming systems including electronic patient record systems (63).</p>