

Data supplement

Table DS1 Change interventions used during the study

Intervention	Rationale	Number of services requesting intervention (n=32)
Benchmarked audit report. Each service received an individualised baseline audit report that benchmarked prescribing practice on each of their participating wards against the service as a whole, other participating services and the total national sample. As well as their prescribing practice, services could compare how their patients compared with the national data with respect to demographic and clinical factors previously found to be associated with high dose; age, gender, Mental Health Act status and ward type ¹	To encourage clinicians to reflect on: (1) prescribing practice against the standards; (2) the differences in prescribing practice between wards and trusts; (3) their own practice in the context of this variation; and (4) how they might change their practice. Personalised feedback of audit data in this way is known to be a catalyst for change ^{2,3}	All participating services received a copy of this report
An electronic slide presentation with speakers' notes, to assist local presentation of the evidence base, guideline recommendations and feedback of benchmarked audit data	Educational meetings that contain an interactive component are known to change practice. ⁴ If data are presented by local opinion leaders, this may have an additional positive effect on practice ⁵	21
Educational workbook based on cognitive-behavioural therapy principles. This workbook was designed to encourage reflective practice around the use of high-dose and combination antipsychotics, particularly the use of p.r.n. (as required) medication, which was the major cause of combined antipsychotics and high dose in the baseline audit	Nurses' requests for more medication to be prescribed have been shown to be a major influence on high-dose prescribing. ⁶ Identifying and targeting individual barriers to change may positively influence practice ⁷	27
Ready reckoner. This chart facilitated calculation of the cumulative dose of combined antipsychotics, increasing clinicians' awareness of how combining antipsychotics can lead to high doses	Dissemination of educational material may raise awareness of an issue and have a small impact on practice ⁸	28
Time-series chart. This enabled clinical staff to chart their use of combined antipsychotics and high dose over time so that trends could be identified	Measuring practice regularly and frequently may help maintain clinicians' engagement in quality improvement	28
Reminder stickers for prescription charts. These facilitated easy identification of individual prescriptions for combined and/or high-dose antipsychotics	Patient-specific reminders of the content of clinical guidelines may influence practice ²	32
Educational poster. This poster summarised the recommendations in clinical guidelines that it should be routine clinical practice to use a single antipsychotic in a standard dose. The risks associated with prescribing outside consensus guidelines were also summarised	Dissemination of educational material may raise awareness of an issue and have a small impact on practice ⁸	20
Academic detailing workshop. This intervention was aimed at hospital pharmacists and covered the skills required to communicate an evidence-based message	Academic detailing is widely used by the pharmaceutical industry and is known to influence practice ⁹	Delegates from 27 services attended this workshop
'Bringing about change' workshop. This intervention was aimed at clinical team leaders and covered the skills required to successfully bring about change		Delegates from 10 services attended this workshop
Copies of the workbook, ready-reckoner, time-series chart, reminder stickers and poster can be obtained from pomh-uk@cru.rcpsych.ac.uk. The benchmarked audit-report and slide set are confidential to the participating trusts.		

References

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