A multidisciplinary team was formed. We identified the processes of the care provided and we identified its possible pitfalls. Then we re-designed the care according to a clinical pathway including the best evidences. To evaluate the impact of the pathway we used process indicators (variation rates in drugs patterns, rate of compliance to the personal management plan, quality of the clinical records), outcome indicators (mental tests and rate of job reinsert, rate of revolving doors, hospital admission) and sentinel events (rate of adverse drug reactions). We performed a concurrent controlled trial to compare the results obtained treating the patients according to the clinical pathway and treating the patients according to the current practice. We used t-test for continuous variables and X2 test for qualitative variables.

RESULTS: The pathway has been in use for 3 months (expected 12) and 36 patients were treated (19 cases and 17 controls). The implementation of the pathway helped to re-organize 10 clinical and organizational procedures in the care of schizophrenia, including labs and drugs prescription. We observed an improvement in the filling up of the personal management plan (38.46% vs. 0% controls; p = 0.005), in the use of mental tests (35.56% vs. 0%; p = 0.006) and a reduction in patients’ physical contention (16.67% vs. 69.23%; p = 0.04). Moreover we observed a significant reduction in the use of anti psychotic drugs (16.67% vs. 69.23%; p = 0.04) and of depot therapy (16.67% vs. 60%; p = 0.01), with a prescription pattern more consistent to the evidences. CONCLUSIONS: Even though our results are still preliminary we think that the implementation of the clinical pathway improved the quality of the process of care.

\[\text{CONCLUSIONS: Resource use in this large, retrospective sample of SIONS: number of medications taken (mean, 0.9 vs 0.9). ment visits (mean, 0.5 vs 0.7; P < 0.01), and no difference in number of medications taken (mean, 0.9 vs 0.9).}\]

\[\text{CONCLUSIONS: Even though our results are still preliminary we think that the implementation of the clinical pathway improved the quality of the process of care.}\]