THE ROLE OF THE RELATIVES IN QUALITY ASSESMENT OF MENTAL HEALTHCARE

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Quality in Mental Healthcare

In MHC, **quality** is a measure of whether services increase the likelihood of desired mental health outcomes and are consistent with current evidence-based practice.

- For people with mental disorders and for their families it means that services should produce positive outcomes.

- For practitioners, service planners and policy makers, it emphasizes the best use of current knowledge and technology

Quality in MHC

Why is quality important for MHC systems? - Different meaning from different perspectives:

- From the perspective of a person with mental disorder, quality ensures that he/she receives the required care and his/her symptoms and quality of life improve.

- From the perspective of a family member, quality provides support and helps preserve family integrity.

- From the perspective of a service provider or programme manager, quality ensures effectiveness and efficiency.

- From the perspective of policy-makers it is the key to improving the mental health of population and ensuring accountability and value for money

Quality Assurance in MHC

For Quality Assurance in Mental Health Services - A "Family-Friendly" Mental Healthcare System must:

1. Assure support for families
2. Promote family involvement in the service user's care
3. Provide relevant information related to family needs
4. Offer crisis support for the family
5. Support both the service user and the family as part of the discharge process in order to reduce institutionalization.
6. Permit family involvement in the care planning process
7. Provide family awareness training for mental health professionals

Support for families

- Naming family liaison person

- Scheduled cyclic contact with families

- Information about self-help, support groups and organizations

- Advocacy

- Family education and psycho-educational interventions

- Counselling and family therapy.

The promotion of family involvement in the service user's care

- Proactive dialogue with the service user (by the professional) regarding the role of the family and a named liaison person within the family is identified and agreed.

- A family liaison person is nominated within the mental health team

- It is identified what information should and may be shared, and it is agreed with the service user

- Establish a periodic trialogue between service user, family and health professional.

The provision of relevant information reflective of the family's needs

- General information about mental illness.

- Information about local mental health services.

- Information about support agencies and support available within the local community.

- Information about family education courses, counselling, support groups and self-help initiatives.

The provision of crisis support for the family

- Available information regarding assisted admission, including names and contact details.

- Nominate a family liaison person within the mental health team and establish clear lines of contact and communication between the health services and the family

- Nominate a contact person within the family.

- Establish procedures to listen to the family

- Proactively share of relevant information shared with family

- Asses the family needs and the wellbeing of the whole family

- Available access to a family advocate.

Support for both the service user and the family as part of the discharge process

- Identify a named family liaison within the community mental health team.
- Asses discharge and after care needs and develop proactive dialogue with the service user regarding the supports available to him/her in the community
- Undertake assessment of the need and capacity of the family.
- Agreement with the family regarding the extent of the support they can give
- Agree about discharge and aftercare arrangements with the family member/named liaison where the service user is being discharged into the family home.

Support for both the service user and the family as part of the discharge process

- Make available and share sufficient information to allow effective support to be given.
- Establish a working relationship between the mental health team, service user and family
- Availability of the access to information regarding family support.
- Availability of the access to a family advocate where appropriate.
- Provide additional support where appropriate.

Involvement of the family in the care planning process

- Identify family as part of the planning process.

- Identify the supporting role of the family and acceptance of this role both for the service user and the family.

- Negotiate and agree upon the future role of the family with both the service users and the family.

- Agree and establish procedures for liaising with families

- With the agreement of the service user, hold meetings (service user, family and health professional) where appropriate, for example, case conferences and care planning meetings.

Family awareness training for mental health professionals

- The impact of mental illness on the family.
- The role of the family and supporter as partners in care.
- The importance of listening and developing empathy with family members.
- The impact of stress on the family.
- Assessing the needs of the family.
- Recovery and the family.
- The needs of family and supporters.
- Recognizing the support needs of the service user in the context of the family.
- Recognizing and agreeing the family's role in supporting the service user.

Family role

- Actively involved in adapting to the mental disorder of one of the family members.

- The family of a person with mental disorder can learn a lot from other families, and families can provide mutual support (information exchange, emotional comfort, and help in everyday life)

- A member with equal rights of the partnership: care user - family - professional in mental health services.

- Participate in trio meetings to exchange information (about their experiences, awareness and anxiety) aiming to identify solutions for everyday situations

Family role

- Organize help groups to provide counseling services to other beneficiaries or other family members

- Participate in conferences, workshops or seminars

- Directly involved in the development/negotiation of mental health policies at local, regional, international level and in service planning

- **Engagement in monitoring the quality of services (data collection, analysis, dissemination of results)**

- Informative role - quality information, appropriate and timely accessible from service providers

Quality Concept

DONABEDIAN –
Quality of care includes the system's structure, the influence of the structure on the clinical care processes provided by the health units, and, in the end, the outcomes of the care process.
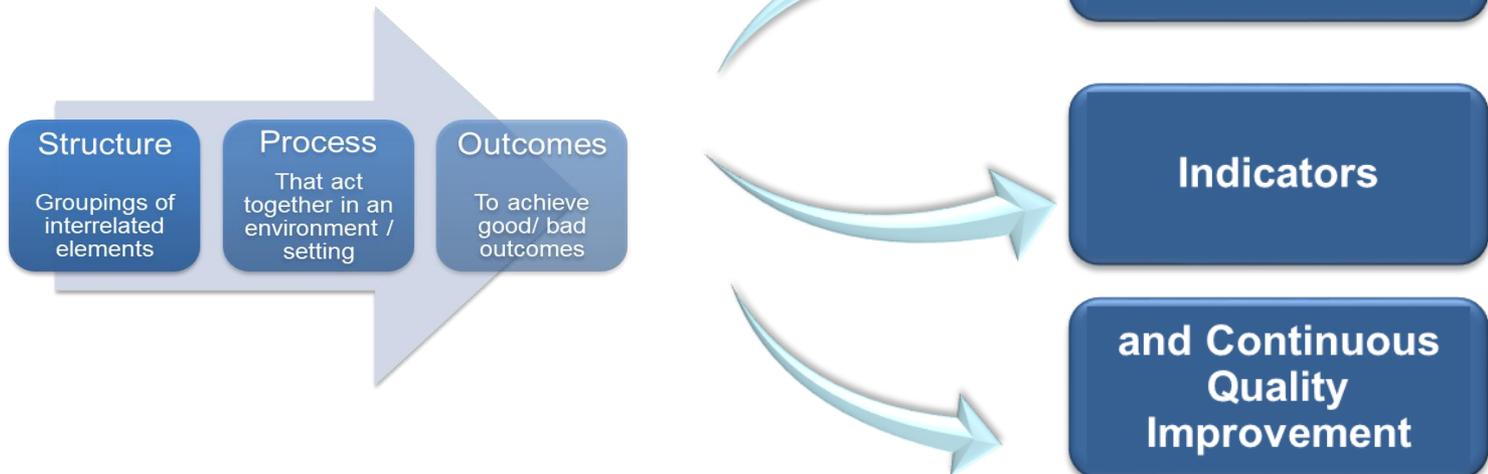
Measuring quality in MHS – structure, process, outcome

Structure - Are adequate personnel, training, facilities, quality improvement infrastructure, information technologies, and policies available for providing care?

Process – Are evidence-based processes of care delivered?

Outcome – Does care improve clinical outcomes?

Measuring quality in MHS – structure, process, outcome

Better outcome?

- Functionality (WHO-DAS scale)
- Employment rate (% patients reintegrated into the workforce)
- Symptomatology evaluation (depression rating scale)
- Rehabilitation or Clinical Recovery – sustained remission and restoration of functionality
- Quality of life
- Patient Empowerment – increase the individual potential: development of confidence in their own potential, involvement in the decisions that concern the beneficiaries (medical, family, professional, social)

Measuring quality in MHS – structure, process, outcome
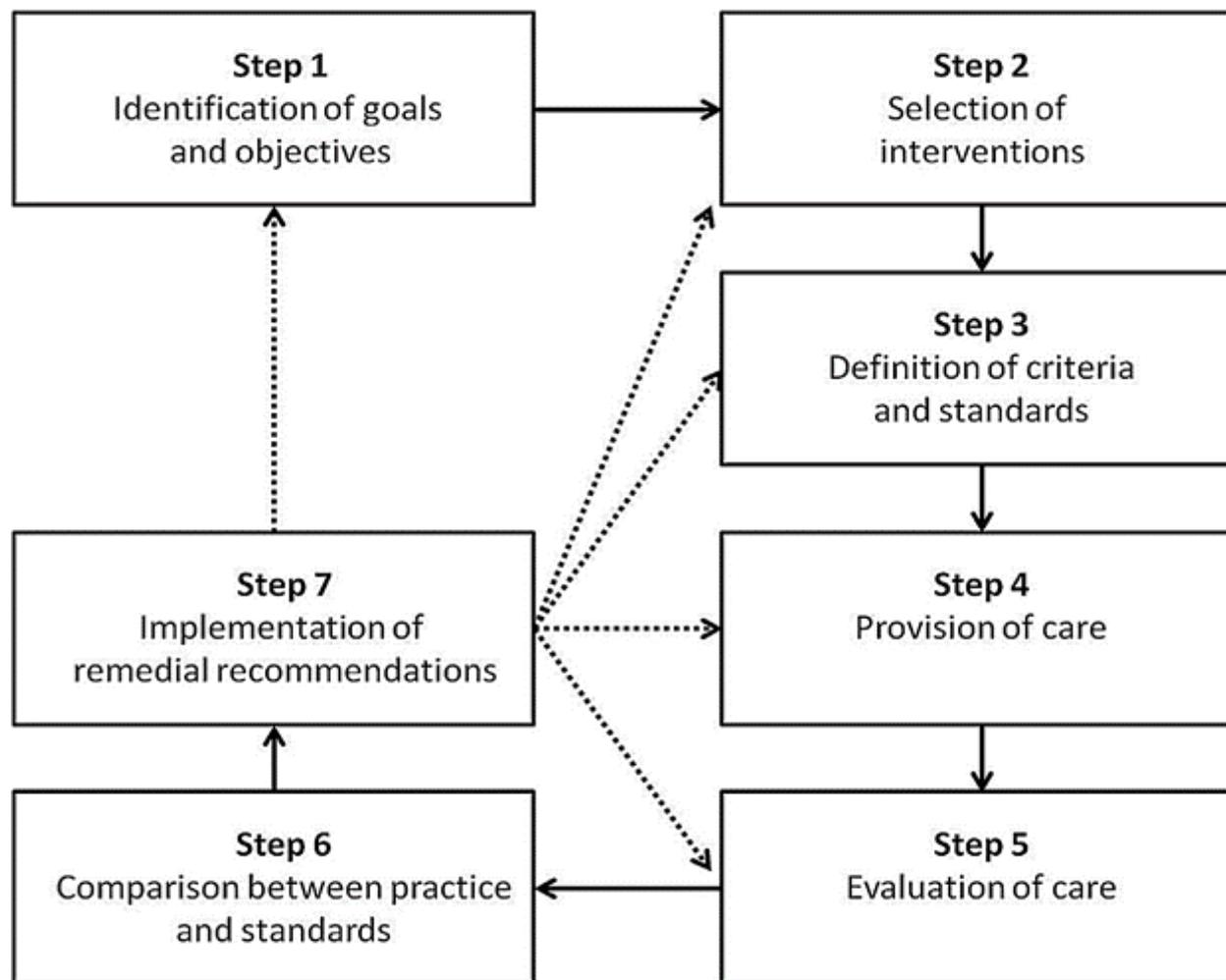
Develop and implement standards of care

↓

Monitoring the quality of healthcare

↓

Integrate continuous quality improvement into ongoing management and delivery of care for the patient with mental health problems

Quality assurance in Mental Healthcare

World Health Organization (WHO). Quality Assurance in Mental Health Care – Checklists and Glossaries. Division of Mental Health and Prevention of Substance Abuse, 1 and 2. 1997.

Quality assurance in MH

Quality assurance - multi-step process involving three levels of assessments.

- Level I (macro-level) - the level of national or regional mental health policy and its organization, including topics like equity and continuity

- The second level (meso-level) - the specific setting where mental healthcare is delivered, such as primary care facilities, and outpatient and inpatient psychiatric facilities

- The third level (micro-level) is the individual direct care for people with mental disorders, including specific interventions such as psycho-pharmacotherapy and psychotherapy.

Distinctive characteristics of mental health care

- **Greater degree of separation, both structurally and functionally, from other components of the health care system**, resulting in parallel systems of care delivery managed by separate administrations or specialized units inside the managerial instances.
- **Diagnostic methods** - relies more on results of interview tools and the patient history and involves more professional interpretation, with resulting greater variations in diagnosis.
- **Treatments**
  - Drugs and psychotherapy, including behavioral and psychosocial therapy.
  - Safety concerns regarding unsafe care and widespread treatments for which there's evidence of being harmful, medication errors, both in out- and inpatient settings, derived from long term combinations of psychotropic drugs and the use of seclusion and restraint.

Distinctive characteristics of mental health care

➢ **Patient role in the treatment**

- Residual stigma persists, making resistance to actively/explicitly seek care for mental symptoms a more frequent issue.

- Decision making ability often is not anticipated or supported and often is challenged.

- Coercion is common.

- Peer support/ mutual support groups play a strong role as providers of treatment.

➢ **Mode of clinician practice**

- Patient is generally expected to receive care from a specialist rather than from a primary care provider, in consequence, primary care provider is often not well supported.

Distinctive characteristics of mental health care

➢ **Quality measurement**

- Clinical assessment and treatment practices (especially psychosocial interventions) have not been standardized and classified for inclusion in the administrative datasets widely used to analyze variations in health care and other quality-related issues in general health care.

- Less consensus exists on core measures across the public and private sectors.

- Fewer established clinical databases exist.

- Quality measurement and improvement mechanisms are less well developed.

- Leadership tends to derive predominantly from the public sector since the private one tends to be much more fragmented in small units/practice.

Distinctive characteristics of mental health care

- **Information sharing and technology**
  - The rules of privacy and confidentiality applying for general health care are hardened by the addition of laws and regulations restricting the share of information regarding mental conditions.
  - IT is generally less well developed and less commonly used for clinical care support.

- **Workforce** - diverse workforce is licensed to diagnose and treat, including psychologist, psychiatrists, other physicians, social workers, psychiatric nurses, marriage and family therapists, addiction therapists, occupational therapist and a variety of counsellors with different education and certification requirements inside and across countries.
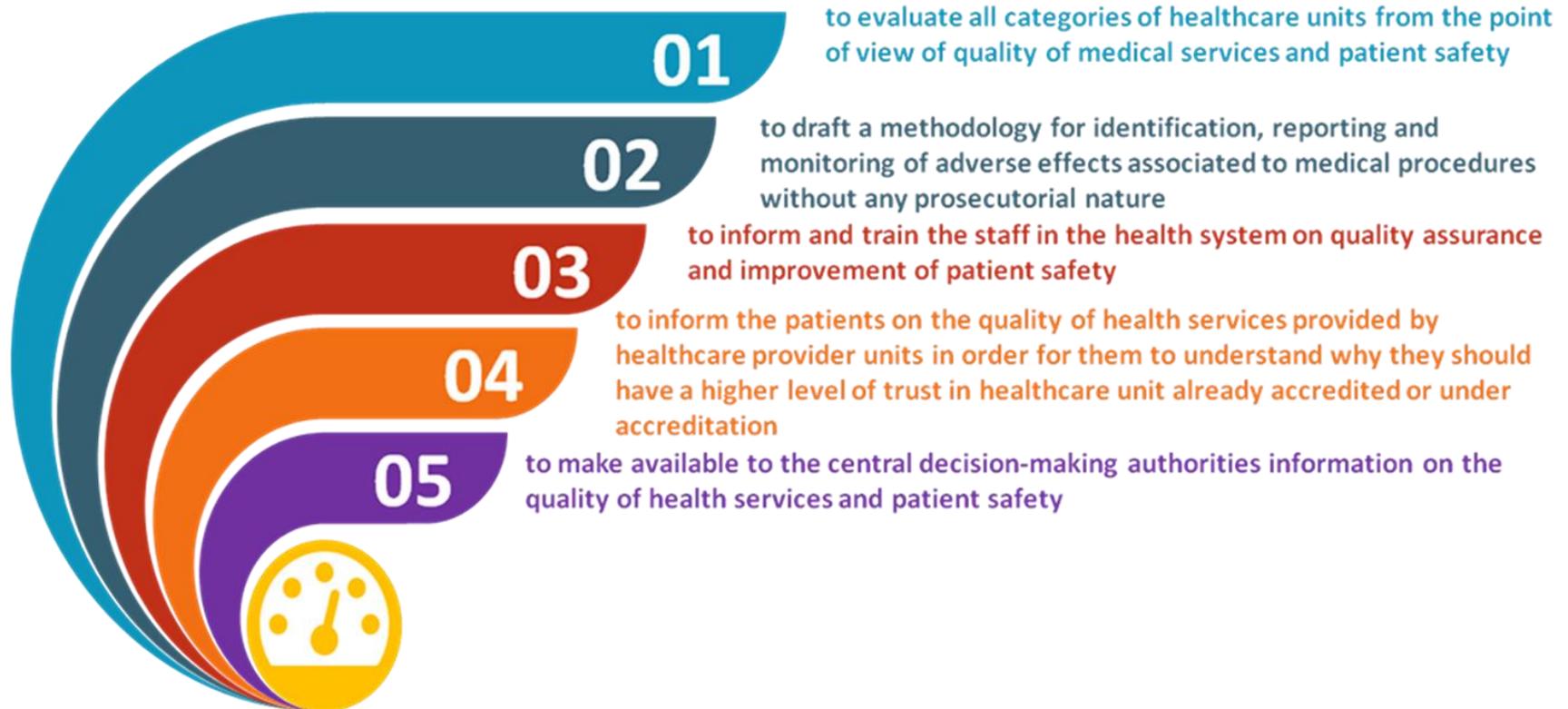
➢ A public institution with legal personality, a specialized body of the central public administration in the field of health quality management, which functions under the subordination of the Government and the coordination of the prime minister.

➢ The goal of ANMCS is to ensure and continuously improve the quality of health services and patient safety by standardizing and evaluating health services and accrediting sanitary units.

➢ ANMCS is financed from its own revenues and subsidies from the state budget through the budget of the General Secretariat of the Government.

ANMCS – Standards for hospital

- ➢ ANMCS Standards for Hospital - assessed by ISQua within the International Standards Accreditation Program (IAP) and have received ISQua Certificate of Accreditation - March 27th, 2018.

- ➢ International Society for Quality in Health Care (ISQua) - global quality health organization, in partnership with the WHO, the ISQua network being expanded worldwide with members and contacts in more than 100 countries across 5 continents.

- ➢ ISQua International Accreditation Program (IAP) has three components
  - ➢ International Accreditation of Standards
  - ➢ International Accreditation of Organization
  - ➢ International Accreditation of Surveyor Training Programme

The goals of ANMCS

01 — to evaluate all categories of healthcare units from the point of view of quality of medical services and patient safety

02 — to draft a methodology for identification, reporting and monitoring of adverse effects associated to medical procedures without any prosecutorial nature

03 — to inform and train the staff in the health system on quality assurance and improvement of patient safety

04 — to inform the patients on the quality of health services provided by healthcare provider units in order for them to understand why they should have a higher level of trust in healthcare unit already accredited or under accreditation

05 — to make available to the central decision-making authorities information on the quality of health services and patient safety

Source – User Guidelines for Self Assessment Purposes, ANMCS, 2017

Accreditation process

➢ **Accreditation** - the method which demonstrates that a healthcare unit makes efforts to provide medical care that should satisfy the patients' expectations, from the point of view of results, as well as from the point of view of conditions and processes through which accreditation is being awarded.

➢ This activity is delivered by the ANMCS, which verifies the manner in which medical services are provided and evaluates the degree to which such services comply with the accreditation standards

➢ It is a mandatory process for both public and private heath care units with beds, that want to contract services from National Health Insurance House

Accreditation - Terms

➢ **Reference – Ref** – the field of application – the groups of standards, the criteria and requirements, all of them having common significance and purpose;

➢ **Standard – S** – represents the level of performance achievable and measurable, agreed upon by professionals, which can be consulted by the population to whom it is addressed. It consists of a set of criteria and requirements which define the expectations related to the performance, structure and the processes in a hospital.

➢ **Criterion – Cr** – the specific objective to be achieved, and which, added to other objectives, results in standard achievement.

➢ **Requirement – R** – action that must be undertaken for the specific objective to be achieved.

ANMCS - standards, criteria and requirements

The standards are grouped into 3 important chapters called references. This edition of the hospital accreditation standards contains 3 references, as follows:

I. Strategic and Organizational Management
II. Clinical Management
III. Medical Ethics and Patient's Rights

These three are, as mentioned before, the three major concerns defining the quality of health-care services, namely:

➢ organization and structure,
➢ provision of healthcare services and
➢ patient's satisfaction in relation to the received services and their provider.

ANMCS -Strategic and Organizational Management

I.   Strategic and Organizational Management

– Strategy and strategic management of the organization
– The organizational structure and management
– The human resource management
– The financial and administrative management
– The IT system
– The communication system
– The service quality management system
– The non-clinical risk management
– The care environment

II. **Clinical Management**

- The provision of healthcare to patients
- The initial evaluation - aims at identifying the patients' needs in the context of knowing the exposure to risk factors (environmental, social, economic, behavioral and biological)
- The medical practice – with assurance of the continuity of care
- The hospital promotes the concept of "child's friend".
- The paraclinical services
- Assurance the continuity of healthcare for patients with chronic kidney disease
- Special treatment needs for Radiotherapy and/or nuclear medicine

II. Clinical management

– Good transfusion and haemo-vigilance practices
– Palliative and terminal healthcare
– The pharmaceutical and medication management
– Good antibiotic therapy practices
– Good practices for the management of healthcare associated infections
– Policy to ensure and improve the patient's safety
– The clinical audit
– The patient's discharge and transfer

III. Medical Ethics and Patient's Rights

– The hospital promotes the respect for the patient's autonomy
– The hospital respects the principle of equity and social justice and the patients' rights.
– The hospital promotes the principles of benediction and non-harm

Categories of indicators

A. "Critical" indicators:

➢ Preventing contamination of patients and medical personal

- The patient's transfer between the salon and the operator block complies with the conditions for contamination prevention;

- Access to the operator block is controlled;

➢ Safety of blood and blood products - There is necessary equipment and evidence of traceability of blood and blood products;

Categories of indicators

A. "Critical" indicators:

➤ Functionality and hygiene of all rooms

- – The sanitary groups used are complete, functional and clean;
- – Sanitation tests fall within the specified limits

➤ Security and security of risk areas

- – Access to the electrical panels is controlled;
- – Access to oxygen sources is controlled;
- – Access to the waste disposal area is controlled

Categories of indicators

B. Indicators to assess the level of implementation of accreditation standards (others than the critics ones)

- Indicators that help assess the level of compliance with the requirements and criteria of accreditation standards.

- These indicators have different values, depending on certain criteria, as follows:

B1. Indicators that represent legal requirements/obligations - Their fulfillment is mandatory by law and therefore does not reflect a particular concern of the institution for quality and safety

- Their achievement is quantified by "0 pts" and the non-fulfillment by "-10 pts" for each indicator

Categories of indicators

B2 . Indicators related to periodic determinations / reporting required to maintain authorizations

- periodical determinations / reports performed at the required deadlines and with results within the admissible limits: 0 points

- periodic determinations / reports performed at the required deadlines and with results that do not fall within the admissible limits for which corrective measures have been taken: (-) 5 points

- Failure to carry out periodic determinations / reports necessary to maintain authorizations within the following deadlines: (-) 10 points

C. **Quality assessment indicators** that, according to the ISQua principles, reflect the concern of the health care unit for the safety and security of patients, employees and data, scheduling / planning activities, protecting the environment.

Within them two subcategories of indicators are identified:

- **Risk indicators** - indicators whose failure reflects deficiencies that may endanger the safety of patients, staff, data and the environment (other than those critical) - fulfillment is scored by 0 points, failure by (-10) points

- **"Quality" indicators themselves** - The performance of these indicators is scored on a scale of 0 to 10 points, depending on their relevance and the complexity of the resources usable in their realization, as follows:

Categories of indicators

Indicators whose performance is "10 points":

- IAAM (associate infections to medical assistance) indicators
- Indicators for drug administration
- Indicators for the safety of surgical interventions
- Indicators for the safety of blood and blood products administration
- Indicators on healthcare in intensive theraphy unit
- Indicators for duplicate identification
- Indicators relating to diagnostic technology risk
- Indicators related to the therapeutic technological risk
- Physical safety of the patient – falls (from the bed, from the trolley / trolley, sliding on the pavement), lifts
- Food security

Categories of indicators

Indicators whose performance is "10 points":

- indicators related to patient protection in case of internal events (fire, collapse, internal flood, gas leakage, oxygen / water / water supply / ambient temperature stop, ambient temperature

- Indicators regarding the hospital's reactive capacity in critical external situations of the hospital (other than natural ones (collective accidents, epidemics, war, etc.)

- Indicators related to natural hazards (earthquake, flood, etc.)

- Indicators relating to the use of employee protection equipment, employees' in-service triage, regular employee health assessments, employee injury prevention (immunizations)

- Indicators relating to data security and security

Categories of indicators

Indicators whose performance is "10 points":

- Programming / planning of activities
- Indicators for the evaluation of procedures / protocols
- Indicators related to patient route planning
- Indicators regarding compliance with management / scheduling
- Protecting the environment
- Indicators on waste management
- Indicators on waste water safety

$$\textbf{\textit{Compliance with the standard}} =$$

$$\frac{SUM\ (points\ from\ indicators)}{Maximum\ possible\ value\ for\ the\ standard}*100$$

Patient filtering in ER (Order of the Minister of Health no.488, april 2016)

➢ **Filtering algorithm** - with five levels is a tool with which the medical assistant performs a rapid, clinically relevant classification of patients presenting in the emergency room in five groups, from - worst - level 1 to level 5 - the least serious.

➢ **Filtering level**: Includes all patients with the same degree of priority depending on the severity and / or acute nature of their pathology and the resources required.

– **Level I - RES (red code):** - the ambulance service is called by 112, where the hospital exceeds hospital competence, first aid is given and resuscitation maneuvers are initiated.

– **Level II Critical (yellow code)** – **mental health patients**. Maximum intake time of patient in the treatment area: 10 minutes

Area of quality (EPA)

- ✓ respect for human rights and
- ✓ patient autonomy,
- ✓ friendliness of staff members,
- ✓ clean facilities
- ✓ effective treatment.
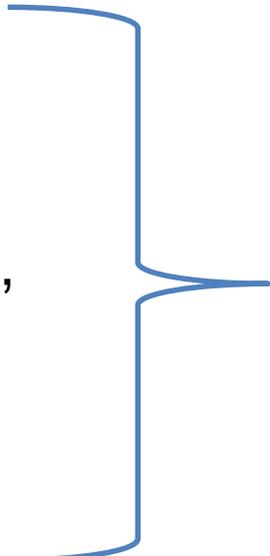
assessed in several mental healthcare settings, at different levels and different groups (patient, relatives and professionals)

! The group of relatives / patients with mental disorders – Both have the same quality expectations, mainly related to the qualifications of mental health personnel, the quality of the therapeutic interventions, importance of high quality treatment, thorough information about procedures, assurance of the provision of psychotherapy, and measures of empowerment of patients

Area of quality (EPA)

➤ assess whether psychologists and psychiatrists of a mental healthcare inpatient service allocate time to collaboration with relatives of inpatients with mental disorders

➤ for quality assurance in this area of mental healthcare, it would be necessary to not only assess patient satisfaction, but to also give patients an easy and effective way to **communicate dissatisfaction**. – number of complains

! patient complaint systems may lead to consequences.

➤ Asses trust by patients and the public in mental healthcare services

Structure recommendation (EPA)

➤ nationally established accreditation standards should be followed in mental healthcare services to assure a sufficient structural quality is provided

➤ benchmarking between mental healthcare services of structures, processes and outcomes's indicators is useful to foster quality assurance

➤ critical incident reporting systems allowing reporting of critical incidents by anonymous carers are useful to assure the quality of mental healthcare services especially regarding medication errors in psychiatry.

➤ structures of multidisciplinary assessments of physical conditions of patients with severe mental illnesses are useful to detect somatic disorders and assure the quality of general healthcare in psychiatric settings

Structure recommendation (EPA)

➢ national healthcare budgets should have a parity of funds for mental and physical healthcare

➢ structures need to be established in psychiatric wards, aimed to reduce the use of coercive measures. Also, European harmonized definitions and assessment methods for coercive measures need to be developed

➢ quality assurance in mental healthcare needs to include boards to assess the degree of professional qualification and assure continuing education for all those working in mental healthcare using national standards (specialty training programs and continuing medical education)

Process recommendation (EPA)

➢ quality assurance needs to include assessments of the contents of mental healthcare at the points of care using standardized patient-, family- or clinician-rated assessment instruments. These provide the necessary data to assure that the contents of the care provided in individual health services match those outlined in national guidelines

➢ sustainable networks of collaboration need to be established between general healthcare and mental healthcare, that interdisciplinary collaboration needs to be part of professional training curricula, and that quality assurance of the referral process between referrers (usually general practitioners) and psychiatrists is warranted and needs to include assessments of the quality of referrers' information for psychiatrists in referrals, the feedback by psychiatrists to referrers and the follow-up of psychiatrists' recommendations by referrers

Process recommendation (EPA)

- ➤ quality assurance can be fostered by using established national guidelines and quality indicators for the diagnosis and treatment of specific mental disorders

- ➤ therapeutic drug monitoring following established guidelines is warranted as a means to assure the quality of pharmacotherapy in mental healthcare

- ➤ quality assurance of psycho-pharmacotherapy should include an assessment of the option to reduce polypharmacy by carefully switching to monotherapy

- ➤ the use of the Guidance on Suicide Treatment and Prevention is warranted to assure the quality of the monitoring of suicidal ideation and behavior in mental healthcare

Process recommendation (EPA)

➢ quality assurance of mental health care for immigrants and refugees should include equal access to services, culturally sensitive care in mainstream services, provision of interpreting (when needed) and building professional collaborative relations with immigrant communities

➢ to use routine data for quality assurance if these are available whenever possible, as they represent actual service use data and show patient care pathways in the mental healthcare system

Outcome recommendation (EPA)

➤ quality assurance should include outcome assessments, which may include – but may not be limited to – the domains of mortality rates, healthcare services utilization rates, symptom severity, social functioning, and patient or caregiver satisfaction, using scales and questionnaires validated in each country

➤ quality assurance should include needs assessments, which may apply patient-, family/caregiver- or clinician-rated versions of standardized scales and questionnaires validated in each country

BIBLIOGRAPHY

1. The mental health context. Geneva, World Health Organization, 2003 (Mental Health Policy and Service Guidance Package)
2. Guidelines For Realising A Family Friendly Mental Health Service, Shine, 2014
3. Linii directoare pentru îmbunătățirea îngrijirilor de sănătate mintală în românia – Manual 1 Set de intrumente pentru serviiciile de sănătate mintală, Heinz Katschning et all – București, Noiembrie 2009
4. Kilbourne AM, Beck K, Spaeth-Rublee B et al, *Measuring and improving the quality of mental health care: a global perspective*, *World Psychiatry* 2018;17:30-8.
5. European Psychiatric Association (EPA) guidance on quality assurance in mental healthcare, Gaebel, W. et al., European Psychiatry , Volume 30 , Issue 3 , 360 – 387
6. ORDIN MS Nr. 1410/2016 din 12 decembrie 2016 privind aprobarea Normelor de aplicare a Legii drepturilor pacientului nr. 46/2003 , MO nr. 1009 din 15 decembrie 2016
7. ORDIN MS nr. 488 din 15 aprilie 2016 (*actualizat*) pentru aprobarea Normelor de aplicare a Legii sănătăţii mintale şi a protecţiei persoanelor cu tulburări psihice nr. 487/2002, MO nr. 340 din 4 mai 2016
8. User Guidelines for Self Assessment Purposes, ANMCS, 2017

Thank you!