

**Assessment of the quality of psychiatric care**  
**Rasulov A. (Republic of Azerbaijan)**  
**Оценка качества психиатрической помощи**  
**Расулов А. Р. (Азербайджанская Республика)**

*Расулов Агасан Расуд оглы / Rasulov Aqasan - кандидат медицинских наук, главный врач,  
Республиканская психиатрическая больница №1 Министерства здравоохранения Азербайджанской Республики,  
г. Баку, Азербайджанская Республика*

**Abstract:** *the study deals with the evaluation of services mental health in a psychiatric hospital. A new monitoring tool was developed to collect reliable information about the quality of care for patients.*

**Аннотация:** *настоящее исследование направлено на оценку услуг, оказываемых в психиатрическом стационаре. Были разработаны соответствующие инструменты, позволяющие собрать объективную информацию о качестве помощи стационарным больным.*

**Keywords:** *mental health Services, monitoring, quality management.*

**Ключевые слова:** *услуги психического здоровья, мониторинг, управление качеством.*

To date, assessment of the quality of psychiatric care is based on individual consideration of the existing structure, process and outcomes of services in the mental health system. An important component for monitoring and evaluating the quality of services in the field of mental health is the availability of standards of care, which should reflect scientific evidence, examples of good practices and the protection of human rights [1]. To each standard should be developed indicators that allow quantitative differentiation between good and bad quality of services.

**The purpose of the study** - piloting the developed tool for assessing the quality of services in a psychiatric hospital in real practice.

**Material and methods.** Piloting of the tool was conducted in the country's largest hospital – Psychiatric Hospital No. 1 MZ AR, designed for the simultaneous treatment of patients 1885. The hospital was opened in the mid 30-ies of the last century and to the present time is composed of 30 offices. To pilot the tool has been used by design cross-sectional observational study. Of the 30 hospitals using the method of random sampling (randomization) were recruited from 8 offices (6 male and 2 female). The monitoring was carried out by direct observation of the work of the branch, study of documentation and interviews with patients, staff, physicians, and heads of offices. The monitoring was made by independent specialists (psychiatrists and clinical psychologists) are not working in this hospital.

Developed the monitoring tool consists of 7 sections:

1. Overview of the hospital – number of beds, number of incoming and disposed cases during the studied period, the average duration of persisting.
2. Information related to the sanitary conditions in the hospital, utilities and food .
3. Staffing – the number of psychiatrists, clinical psychologists, nurses and other medical staff, level of training, completing advanced trainings.
4. Observance of patients ' rights in hospital – the number of involuntary hospitalization, informed consent for treatment, and restrictive use of means of insulators, the treatment of patients, the possibility of complaints.
5. Diagnosis and treatment – adequacy of diagnostics, including laboratory and instrumental investigations, compliance with the effective medical treatment of clinical protocols, rational use of drugs, measures to eliminate the adverse effects of drugs, access to psychotherapy.
6. The rehabilitation activities – physical activity, employment of patients in various rehabilitation programs, work with families, organization of leisure.
7. Documentation.

**Results.** During the monitoring in 8 departments of the hospital it was found that the conditions of stay of patients in General correspond to sanitary-hygienic standards, however, the number of patients in the two women's offices exceeded the number of beds for which these offices were calculated.

The average duration of treatment in hospital is  $34 \pm 10.4$  days. Analysis of staffing of the Department revealed that 5 of the 8 offices staffing physicians were staffed at 75%, and full-time equivalent nursing staff and clinical psychologists – 50%. Social workers were only available in two parts. While 70% of physicians and 100% of the average of the personnel have undergone specialized trainings over the last year.

Interviewing of patients has not revealed evidence of ill-treatment of patients by staff. All offices had protocols on the use of restrictive funds, however cases of use of these funds is not mentioned. At the same time, up to 15% of patients in each Department received for medical treatment in the order of not voluntary hospitalization (in accordance with article 11 of the Law on Psychiatric Care AR). The other patients on admission he signed a consent form, but did so without detailed examination of their rights, which were not

explained to them in the process of persisting. In all offices there were special boxes for complaints of patients, who were regularly examined at medical Council with participation of representatives of public organizations of patients and their relatives.

In the monitoring process of diagnosis it was found that all diseases are installed in accordance with the country's International classification of Mental and Behavioural Disorders 10 revision (ICD-10). However, in 18% of cases patients did not respond to diagnosis that demanded its revision

Speaking about medical interventions, it should be noted that 50% of patients were prescribed modern drugs, however, only four of the eight departments of drug therapy in most cases consistent with the approved Ministry of Health clinical protocols for the treatment of mental disorders. In many cases, had the place wrong dosing regimen of drugs, lack of regular laboratory tests, lack of control of side effects. Despite the presence of seven of the eight departments of clinical psychologist, trained in conducting psychological interventions, number of patients involved in psychotherapeutic sessions in any office does not exceed 50%. The same can be said about the participation of patients in psychosocial rehabilitation programs.

It is important to note that the introduction of the hospital administration, and physicians with results of monitoring can provide new strategies for improving services. Moreover, as the experience of other countries active participation of doctors and staff in the discussion and evaluation of service quality is a powerful factor of motivation to improve their activities and quality management [1].

According to the experts of WHO the quality management process should include three important components [4]:

- The political will to recognize the problem and improve the situation, which should be available to decision-makers, but also users and the whole society.
- A culture of quality assessment that involves not only accountability for those providing care, but also a certain structure of organization and management in institutions.
- Availability of technical tools for quality measurement that meets the criteria of reliability, validity, feasibility and scientific.

The latter condition implies the system of indicators which can be presented in quantitative terms [3].

Insufficient development of services in the field of mental health determines difficulties in the implementation of these recommendations in developing countries. Therefore, adaptation criteria of quality assessment, the creation and implementation of monitoring tools allows you to obtain reliable information about the needs in the field of mental health care in the Republic of Azerbaijan.

Developed monitoring tool will allow to get a holistic picture of the quality of care in each of the selected departments and to identify problems.

**Conclusion.** This tool can be recommended for use in other psychiatric institutions.

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