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Improving quality of psychiatric care in Latvia by measuring patient experiences[☆]

Maris Taube^{a,b,*}, Natalija Berzina-Novikova^a

^a Riga Stradins University, Department of Psychiatry and Narcology, Tvaika Street 2, Riga LV 1005, Latvia

^b Riga Centre of Psychiatry and Narcology, Outpatient Clinic with a Stationary "Veldre", Veldres Street 1a, Riga LV 1064, Latvia

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ABSTRACT

In Latvia, as in many former Soviet Union countries, there used to be little priority given to systematic assessments of the quality of psychiatric care. Furthermore, using the experiences of patients as a measure of quality was unthinkable because psychiatric patients were seen as incapable of assessing quality of psychiatric services. Over the past few years, and facilitated by Latvia's progress along the route of Western democracy and participation in international organizations (EU, OECD), as well as funding support from the EU, several policy documents have been developed with the aim of improving health-care quality. Simultaneously, several small-scale initiatives have emerged aiming at the promotion of quality of care, such as the quality award, and the quality comparison of psychiatric hospitals. Furthermore, the Psychiatric Inpatient Patient Experience Questionnaire for on-site measurement (PIPEQ-OS) has recently been adapted for use in Latvia. The first application of PIPEQ-OS in a psychiatric hospital in Riga reveals high patient responsiveness, interest and surprise about being asked to participate in the decision-making process regarding treatment and pharmaceutical choices. More widespread use of the PIPEQ-OS has considerable potential for (1) improving information about treatment shortcomings from the patients' perspective and (2) improving the treatment process by opening doors of cooperation with patients and changing deep-rooted paradigms.

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1. Introduction

When Latvia was part of the Soviet Union, the treatment of mental diseases focused on precise diagnosis and reduction of clinical symptoms. The doctor's opinion and authority prevailed over the patient's opinion, and the patient took a very passive role in the treatment process. In addition, psychiatry was used to carry out political repressions [1]. Modern Western democracy, active participation as an independent democratic country in the European Union, joining the Organization for Economic Co-operation and Development (OECD), attraction of the EU funding and accountability for the results achieved has stimulated the development of quality systems in healthcare, including psychiatry. In this article, we would like to analyse the drafted policy documents and practical steps in the assessment of quality in psychiatric care in Latvia and evaluate development incentives and the causes for the rela-

tively slow progress. The practical steps taken in the assessment of patients' satisfaction using the PIPEQ-OS questionnaire is just one of the small steps towards the complicated assessment of the quality of psychiatric care taking into account the lack of insight of patients into their individual diseases.

2. Policy in the field of quality of psychiatric care in Latvia

The National Development Plan of Latvia for 2014–2020 is currently the most important policy-planning document in Latvia. It is the backbone of Latvia's economic policy and the umbrella document for policy implementation documents in each sector [2]. The plan contains a priority 'Human Security', which has a strategic objective 'Healthy and Fit for Work'. The first goal of the plan is to achieve the above-mentioned strategic objective as related to the field of mental health as it involves the promotion of a healthy lifestyle and the prevention of risk factors for chronic diseases and external causes of death in the population.

The National Development Plan of Latvia for 2014–2020 draws attention to the fact that due to external causes of death, including suicide, a large proportion of population dies in Latvia while still at working age. This document calls for the improvement of the quality and accessibility of healthcare services. What is understood by the quality of services within the meaning of this document?

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* Corresponding author at: Riga Stradins University, Department of Psychiatry and Narcology, Tvaika Street 2, Riga LV 1005, Latvia.

E-mail addresses: taube@latnet.lv, maris.taube@rsu.lv (M. Taube), 000835@rsu.edu.lv (N. Berzina-Novikova).

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The strategic objective for the improvement of healthcare quality includes 'the implementation of further education programmes for healthcare professionals and support staff', and the 'development of a care network for cardiovascular, oncological, mental illness and perinatal care (including the development of patient flow guidelines), improvement of the payment system for services, assessment and improvement of the operations of healthcare institutions'.

The 'Policy on the improvement of mental health of the population in 2009–2014' [3] sets a more specific goal to ensure that citizens are provided with good quality mental healthcare that meets their needs.

The Cabinet of Ministers Regulations Regarding Mandatory Requirements for Medical Treatment Institutions and Their Structural Units establishes the conditions and procedures for treatment in Latvia [4]. These regulations also state that to ensure quality management of the medical services provided, a quality management system should be developed and introduced into a medical treatment institution. This quality management system includes regular quality control of the medical services provided, consideration of patients' claims and recommendations, analysis of treatment results and improvement of the quality of medical services.

On the basis of the above-mentioned regulations, regular and active assessment of medical treatment institutions was carried out until Latvia faced a major financial and economic crisis in 2008. However, since the crisis started, this assessment was cancelled in the name of the austerity of financial resources, causing, to a certain extent, the necessity to rebuild the system again today [5].

3. External (international) stimulating factors for the quality improvement incentives in the healthcare sector (including psychiatry)

The Council of the European Union in its Recommendation on the National Reform Programme 2014 of Latvia recommended that Latvia improve the cost-effectiveness, quality and accessibility of its healthcare system [6].

Joining the OECD was one of Latvia's strategic goals following the accession to the EU and NATO. To join this 'club of developed countries' a series of preparations had to be made. OECD concentrates on healthcare, including quality issues. It has put forward such quality criteria as doctors spending enough time with the patient in consultation, providing easy-to-understand explanations, giving patients the opportunity to ask questions or raise concerns and involving patients in making decisions about care and treatment [7]. Unfortunately, data on Latvia's achievements in the above-mentioned quality criteria are not available or published in OECD reports. In its report *Health at a Glance 2017*, OECD has published a separate chapter on 'Care for people with mental health disorders', in which the work quality of psychiatric service is assessed against such criteria as inpatient suicide amongst patients with psychiatric disorders, suicide following hospitalization for a psychiatric disorder, within 30 days and one year of discharge, and excess mortality from schizophrenia and bipolar disorders [8]. With the help of these indicators, the authors of the report emphasized the importance of high quality care for mental disorders in inpatient settings. Indicators on suicide following hospitalization characterize community care quality and cooperation between inpatient and outpatient care providers. Latvia has been able to estimate and present several of these indicators.

Financial resources are important for the establishment of quality systems. In the situation of limited funds, hospitals find it difficult to take part of their resources away from treatment to invest them in quality systems to achieve better results in the future. Quite often, citizens perceive it as a wasteful spending

of resources in a situation where there is a lack of funding for medicines and waiting lists for examinations or doctor appointments. EU funding can be a good solution as these resources are envisaged for the implementation of systemic changes in some areas of the economy and for the strengthening of capacity and not for the payment of everyday healthcare services. EU funding during the investment period 2014–2020 are envisaged also for the support of priority areas (including mental health) as identified by the Ministry of Health, establishing guidelines for network development that would define optimal organization of medical treatment institutions across various levels of care (primary, secondary, tertiary care) and development and implementation of quality assurance systems. The EU has made 4,609,777 euros available for the Ministry of Health for the implementation of the above-mentioned measures for the period 2014–2020 [9].

4. Practical progress towards the improvement of quality in psychiatry

Overall, in the area of healthcare, including the quality of psychiatric care, Latvia has attempted to follow the direction towards quality psychiatric care set out in its policy documents and to assess this quality. One of the initiatives implemented by the National Health Service (the administrator of Latvia's healthcare funding) was to include the OECD quality criterion 'Schizophrenia re-admissions to the same hospital within 30 days' in the volume of data to be analysed to compare individual hospitals with a similar profile (acute psychiatric hospitals). The above-mentioned data are annually published on the website of the National Health Service [10]. It has to be noted that this initiative was launched by the National Health Service in 2013 when the data were published on the website for the first time. The assessment of these indicators and the public comparison of hospital work, which is freely accessible to all service users, was established by the Cabinet Regulation 'On the Organization and Financing of Healthcare' [11]. Also, the approach of the OECD towards the assessment of quality care for mental disorders has changed over time. In its report *Health at a Glance 2013* [12], the OECD set out indicators other than those which were later used in the OECD reports of 2015 and 2017. In 2013, such indicators as schizophrenia re-admissions to the same hospital, bipolar disorder re-admissions to the same hospital and indicators retained in the 2015 and 2017 reports, namely, excess mortality from schizophrenia and excess mortality from bipolar disorder, have been analysed.

A step forward in the development of quality systems of Latvia's healthcare institutions and improvement of quality were also the Quality Award of Latvian Healthcare Institutions presented by the Latvian Association of Health Economics [13]. Participation is voluntary, and the evaluation of applicants is based on the methodology of a comprehensive quality management system of healthcare institutions developed by the Latvian Association of Health Economics, assessing quality from the perspective of structure, processes and access to information. For example, it is being assessed whether there is monitoring of patient satisfaction with the healthcare process and the environment in the healthcare facility. There is also a separate category 'Psychiatric department' [14]. However, many healthcare institutions have yet to understand that quality is necessary for them rather than something imposed upon them. In 2015, only nine healthcare institutions or departments out of 67 hospitals, 4192 outpatient institutions and 1275 general practitioner practices operating in 2015 in Latvia [15] participated in the award contest; there were no psychiatric departments among them.

Historically, psychiatry in the post-communist bloc countries was often based on an authoritative approach, treatment of dis-

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