

Three Different Hospitals Samples in Terms of Psychiatric Services Quality Standards: Student Experience

*Psikiyatri Hizmetleri Kalite Standartları Açısından
Üç Farklı Hastane Örneği: Öğrenci Deneyimi*

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Introduction

Quality systems have been designed to keep patient care quality at the optimum level, to ensure a safe patient care environment, to minimize risks for the patients and the staff and to ensure sustainability in enhancing quality and ensuring safety for the patients.^[1,2] Studies were initiated in Turkey in 2003 within the Health Transformation Program, and Ministry of Health developed quality standards to increase manpower capacity, determine rules for quality, enhance the standards and conduct on-site evaluations for the first time in 2005.^[1] These standards have been revised regularly and revised in accordance with new developments.^[1] The performance of all health institutions (state, private and university hospitals) is evaluated by the quality criteria updated with the revisions performed in 2007, 2008, 2011 and 2015.^[2] With regard to the quality standards, hospitals aim to provide sustainable, safer, fair, patient-oriented, appropriate and timely care service for service seekers in an environment that is organizationally more effective, efficient and healthy.^[1,2]

Quality Standards in Healthcare (QSH)-15 criteria and 46 evaluation criteria were developed for five categories in Psychiatric Services considering the latest arrangement performed in 2015.^[2] The goals of the Ministry of Health include developing quality standards in psychiatric services, providing standard care under appropriate physical conditions, scientific rules and accepted approaches to psychiatric patients and patient relatives, and encouraging patients to participate in social life by ensuring that patients and their relatives participate in rehabilitation programs following treatment.^[1,2]

The quality standards and the evaluation method for psychiatric services are summarized and shown in Table 1.

Table 1 shows five essential standards in the first category that every institution providing psychiatric services must meet. These standards, also called basic standards, cover services for ensuring patient safety, organizing rehabilitation activities, conducting electroconvulsive therapy (ECT), developing action plans for unpredictable situations and ensuring social adaptation after discharge. Standards in the second category include the arrangements to be performed for preparing a therapeutic environment covering the clinic and the garden, arrangements for hospitalization and discharge, ensuring self-care, identifying cases requiring close observation, arrangements and educational activities for informing the patients and their relatives, arrangements for judicial cases and occupational measures for healthcare staff in psychiatry units. A standard for determining clinic rules is presented in the fourth category. The third category and the optional fifth category do not contain psychiatric service standards.

All units (hospitals, clinics, etc.) that provide psychiatric services are scored following the evaluation of the quality standards. These standards and evaluation criteria indicate that psychiatry nurses play a key role in ensuring that mental health units meet these criteria. As stated in the Regulation on Amending the Nursing Regulation dated April 19, 2011, many criteria included in psychiatric service quality standards are among the powers and responsibilities of psychiatry clinic nurses.^[3] This study presents a group of nursing students' observations of the mental healthcare services of three different hospitals (a regional psychiatry hospital, a state hospital and a university hospital) where they performed a practicum as part of the third- and fourth-year Mental Health and Psychiatry Nursing Course. This study also evaluates and summarizes their observations about the Psychiatric Service Standards over two years and how these standards were met in three hospitals from the students' point of view.

SPS01. Documents Related to Psychiatric Services, Relevant Processes and How the Processes Progress Should Be Present

According to this standard, rules regarding psychiatric

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Table 1. Quality standards and scoring for psychiatric services

Category	Standards	Evaluation criteria	Score for a standard	Total score
Category 1 (Basic)	4 th , 7 th , 11 th , 13 th and 14 th standards	16 criteria	50 points	250 points
Category 2	2 nd , 3 rd , 5 th , 6 th , 8 th , 9 th , 10 th , 12 th and 15 th standards	29 criteria	30 points	270 points
Category 3	—	—	—	—
Category 4	1 st standards	1 criterion	10 points	10 points
Category 5	—	—	—	—

service (acceptance criteria for acute and chronic disease patients, processes related to treatment and activity plans, protecting the patient from the objects that could harm the patient or patient' relatives every time the patient enters the clinic or service, rules for implementing restrictions, treatment for acutely excited patients and those with medical problems, patients' approaches, ECT rules, conditions of therapeutic environment, how consultation services for diagnosis and treatment are to be provided, training for patients and their relatives, how, when and how long patients talk on the phone, discharge-related processes and follow-up process after discharge, processes related to judicial cases, processes related to directing patients to service units such as community mental health centers and alcohol and substance addiction treatment centers are to be defined at least

minimally. The university hospital, one of the places where the practicum was performed, was found to define the rules regarding many service processes at the minimum level. It was found that the psychiatric services processes and rules regarding these processes required by the standard were not defined and documented thoroughly at the state hospital or the regional psychiatric hospital.

SPS02. Physical Arrangements Should Be Made For Psychiatry Clinics

The university hospital was found to be sufficient in terms of this standard. However, it was found that rooms of the state hospital and the regional psychiatric hospital were not arranged to host at least two people. In addition, ventilation was not sufficient in these rooms, and physical arrangements

Table 2. Comparison of the Quality Standards in Psychiatry Services at Three Hospitals

	Quality standards in psychiatry services	University hospital psychiatry clinic	State hospital psychiatry clinic	Regional psychiatry hospital
SPS01	Documents related to psychiatric services, relevant processes and how the processes progress should be present.	SUFFICIENT	PARTIALLY SUFFICIENT	PARTIALLY SUFFICIENT
SPS02	Physical arrangements should be present for psychiatry clinics.	SUFFICIENT	PARTIALLY SUFFICIENT	PARTIALLY SUFFICIENT
SPS03	Physical arrangements should be made in the garden where patients visit.	SUFFICIENT	PARTIALLY SUFFICIENT	INSUFFICIENT
SPS04	Physical arrangements (basic arrangements) should be made to ensure patient safety.	SUFFICIENT	PARTIALLY SUFFICIENT	PARTIALLY SUFFICIENT
SPS05	Arrangements for hospitalization and discharge should be present.	PARTIALLY SUFFICIENT (Pediatric service not present)	PARTIALLY SUFFICIENT (Pediatric service not present)	PARTIALLY SUFFICIENT
SPS06	Self-care should be ensured for patients.	SUFFICIENT	YETERLİ	PARTIALLY SUFFICIENT
SPS07	Rehabilitation services (at the basic level) should be planned.	SUFFICIENT	PARTIALLY SUFFICIENT	PARTIALLY SUFFICIENT
SPS08	Plans should be generated for the patients in need of close observation.	SUFFICIENT	PARTIALLY SUFFICIENT	PARTIALLY SUFFICIENT
SPS09	The rules patients must observe in the clinic should be determined.	SUFFICIENT	SUFFICIENT	SUFFICIENT
SPS10	Patients and their relatives should be educated about the treatment and treatment-related processes.	SUFFICIENT	SUFFICIENT	PARTIALLY SUFFICIENT
SPS11	Arrangements (basic arrangements) for electroconvulsive therapy (ECT) are made.	SUFFICIENT	NOT PRESENT	PARTIALLY SUFFICIENT
SPS12	Arrangements should be made for judicial cases and clinics for prisoners.	INSUFFICIENT	INSUFFICIENT	PARTIALLY SUFFICIENT
SPS13	An (basic) action plan should be present for unpredictable situations.	INSUFFICIENT	INSUFFICIENT	INSUFFICIENT
SPS14	Plans (basic plans) should be generated to ensure that patients adapt to their social life after they are discharged.	SUFFICIENT	PARTIALLY SUFFICIENT	PARTIALLY SUFFICIENT
SPS15	Staff that provide psychiatric services should be educated about ensuring occupational safety.	PARTIALLY SUFFICIENT	PARTIALLY SUFFICIENT	PARTIALLY SUFFICIENT

were not defined for the patients. Thus, the state hospital and the regional psychiatric hospital were found to fail to meet this standard.

SPS03. Physical Arrangements Should Be Made in the Garden Where Patients Visit

The university hospital was found to be sufficient in terms of this standard. Although there was a garden at the regional psychiatric hospital, this standard was partially met since the physical arrangements in the garden were not sufficient. The state hospital was found to fail in terms of this standard since it had no garden for patients.

SPS04 (Basic) Physical Arrangements Should Be Made To Ensure Patient Safety

The university hospital was found to meet this standard. However, certain criteria of this standard were not met by the regional psychiatric hospital and the state hospital. This standard stipulates that access to rooms containing medicines should be controlled, but it was found that medicines in these hospitals were not kept in locked cabinets/rooms. In addition, patient circulation was too frequent, and physical arrangements for patient safety were not sufficient.

SPS05. Arrangements For Hospitalization and Discharge Should Be Made

The following criteria are included in this standard: "Rules for voluntary and compulsory hospitalization and discharge processes should be determined" (SPS05.01), "Approval for patients' hospitalization decision should be present," (SPS05.02) and "Approval for compulsory hospitalized patients' discharge decision should be present" (SPS05.03).² The psychiatric services provided in these hospitals were found to meet these evaluation criteria.

The psychiatry clinics at the university hospital and the state hospital were found to fail in terms of the fourth criteria since these hospitals did not have a separate children's psychiatry service for those under the age of 18. As mentioned in the National Mental Health Action Plan developed in 2011, insufficient numbers of healthcare staff educated about child psychiatry played a role in this result.⁴ Although the aim was to increase the number of healthcare staff within the medium-term targets of the National Action Plan by the end of 2016, these findings indicate that this aim was not achieved, which should be noted.

Another criterion stipulated by this standard is: "Planning should be performed to ensure that patients continue their social lives after discharge."^[2] It is fair to say that the psychiatric service in all the hospitals in this study are partially sufficient. Regarding mental health services, there are arrangements for treatment services in Turkey. However, the transition from a hospital-oriented structure to a society-oriented

structure occurred after 2008, and community mental health center practice was initiated as a pilot study in the city of Bolu and later spread to the entire country. The 2011 Community Mental Health Directive was revised in 2014, and healthcare staff were instructed to ensure that people with chronic mental conditions are directed to rehabilitation services and continue their social lives after they are discharged.^[5,6] However, it was found that actions to direct people to rehabilitation services and quality of infrastructure were not at the satisfactory level at the regional psychiatric hospital and the state hospital due to their traditional approach to mental health services.

SPS06. Self-Care Should Be Ensured For the Patients

It is fair to mention that all the hospitals in this study ensured self-care for the patients in accordance with their basic needs, thus meeting this standard. However, when patients' ability to ensure their self-care is assessed according to the "Regulation on Patient Rights" dated 1998,^[7] it becomes clear that regional psychiatric hospital does not completely meet this standard considering the fact that "patients have the right to keep their private belongings." It was observed that patients in the regional psychiatric hospital wore a uniform provided by the hospital. This hospital was found to meet this standard partially since the patients could not retain their independence.

SPS07. (Basic) Rehabilitation Services Should Be Planned

The university hospital met the minimum evaluation criterion for this standard, but state hospital and regional psychiatric hospital only met this criterion partially. The university hospital regularly conducted the rehabilitation programs (activities and physical exercise groups such as morning greetings, meetings for issues, drawing, handiwork, chess, backgammon and table tennis) stated in the first criterion of this standard, but these programs were not regularly conducted in all units of the other hospitals. It is fair to say that the hospitals in this study met the criterion in this standard: "encouraging patients and their relatives about rehabilitation programs." Mental health services in these hospitals are shaped particularly for the patients. There are no regular programs for patient relatives. Only the university hospital had psycho-training programs for patient relatives. However, these programs do not cover all patient relatives.

SPS08. Plans Should Be Fenerated For Patients in Need of Close Observation

This standard was partially met by the university hospital, but not by the other hospitals. It was found that there was a patient room close to the nurse desk in all services for the patients for whom close monitoring was required, but no standard procedure about how these patients would be dealt with was present. The fact that the nurse in charge of

the psychiatry clinic of the university hospital completed her doctoral studies in psychiatry nursing explains why this criterion is met, though partially, only by the university hospital. Two years of observation made it clear that nurses who are experts or have doctoral degrees in psychiatry should be hired to provide high quality psychiatric services. This finding is remarkable since it demonstrates the necessity and significance of this issue. Furthermore, it is a fact that nursing care standards for psychiatry patients were prepared by the Southern Secretariat of the Association of Izmir State Hospitals in early 2016, and these standards are soon to be issued, although there is no standard procedure about how to deal with these patients.

SPS09. The Rules Patients Observe in the Clinic Should Be Determined

It was found that patients in three hospitals were informed about the clinic rules during their stays and afterwards and were reminded about them when necessary.

SPS10. Patients and Their Relatives Should Be Educated About Treatment and Treatment-Related Processes

Training sessions were regularly held for the patients at the university and state hospitals, but training for patient relatives was not standardized or regular. Regarding the regional psychiatric hospital, the nursing students who visited the clinic to conduct their practicum made efforts to provide this training, but training for patient relatives was seldom held. Thus, the regional psychiatric hospital was found to meet this standard partially.

SPS11. Arrangements Should Be Made For ECT

The two hospitals where ECT is performed were deemed satisfactory for materials. Standardization that was ensured with "The Directive for ECT" is considered to play a role in this outcome.^[8] In addition, nurses have significant responsibilities in initiating, maintaining and finishing ECT. There are six evaluation criteria within this standard. The university hospital was found to be sufficient in all evaluation criteria in this standard. The regional psychiatric hospital was found to be insufficient in certain evaluation criteria. For example, there were deficiencies in the care services provided before, during and after ECT. ECT is not performed at the state hospital.

SPS12. Arrangements Should Be Made For Judicial Cases and Clinics For Convicts

This standard was not met completely by all the hospitals. One medium-term goal of the National Mental Health Action Plan was to open eighteen high security hospitals with 2,000 bed capacities in sixteen cities by the end of 2016.^[4] However, no arrangements have been made for judicial psychiatry patients. Therefore, judicial psychiatry patients are

monitored, cared and treated at the judicial services of general psychiatry clinics or regional psychiatric hospitals. However, the services in general psychiatry clinics and regional psychiatric hospitals do not have sufficient infrastructure or arrangements to care and treat judicial psychiatry patients. Only the regional psychiatric hospital met this standard since it has a service for judicial psychiatry patients.

SPS13. An Action Plan Should Be Prepared For Unpredictable Situations

The only evaluation criterion of this standard is as follows: "The ways to deal with unpredictable situations such as a suicide attempts, suicides and missing or agitated patients should be known" (SPS13.01).^[2] People with psychological disorders cause many unpredictable situations such as a suicide attempts, aggression and violence. It was found that all the hospitals in this study lacked a standard procedure about how to deal with these patients, meaning that these hospitals did not meet this standard. However, standards for nursing care and psychiatric services will be improved when the nursing care standards for psychiatry patients jointly prepared by the of Psychiatry Nursing Section of the Nursing Department of the Faculty of Health Sciences at İzmir Kâtip Çelebi University and the Southern Secretariat of the Association of Izmir State Hospitals are issued.

SPS14. Plans Should Be Generated to Ensure that Patients Adapt to Social Life After they are Discharged

The university hospital largely met the three evaluation criteria of this standard, but the state hospital and the regional psychiatric hospital only met them partially. The second criterion requiring that community mental health centers should be notified when patients are discharged was not met thoroughly by all the hospitals. This is believed to be related to the fact that healthcare staff were not informed well enough about the Directive for Community Mental Health Centers that was revised in 2014.

SPS15. Staff that Provide Psychiatric Services Should Be Educated About Ensuring Occupational Safety

All the hospitals in this study barely met the first evaluation criterion determined by this standard. Although training programs were held for the staff in the relevant units, active participation was not ensured since the staff were forced to participate to enhance quality standards. For the second criterion, sharing groups that were organized by the psychologists for the staff were not found in all the hospitals. Considering these details, it is fair to mention that all the hospitals in this study lack certain elements of this standard.

To sum up, all the hospitals in this study were insufficient in terms of the Quality Standards in Psychiatry Services, which were prepared to provide standardized care to psychi-

atry patients and their relatives under appropriate physical conditions, scientific rules and accepted approaches and to encourage patients to participate in the social life by ensuring that patients and their relatives take part in post-treatment programs and rehabilitation sessions. To enhance the mental health services, it is essential and important to provide infrastructure services for psychiatry units to meet the Quality Standards in Psychiatry Services, to employ experts in this field, to create regular training and psychosocial support programs for the staff, and most importantly, to increase the budget for mental health services to achieve all these goals.

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