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Evaluation of the continuation of care between psychiatric hospitalization units and the outpatient clinics in the community

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Introduction. Continuum of care between health institutions is one of the basic elements of healthcare quality. In this article we present a study that was conducted in an acute psychiatric hospitalization unit for adolescent population. The present study analyzes the perception of professionals from community psychiatric care centers on the continuum of care provided to the patients hospitalized in this unit.

Method. A self-administered and anonymous questionnaire was mailed to each of the mental health centers that refer patients to the unit. The instrument used is a self-created questionnaire, based on previous tools developed for primary healthcare institutions. The data were analyzed and action plans were defined for the improvement of those areas with a lower score.

Results. The response rate was 71.4 %. All the items have an average rate higher than 3 on a scale of 1 to 5. The items with a higher score are the possibility to exchange opinions with the professionals of the unit and the knowledge of the doctor responsible for the patient during the hospitalization. The items with a lower level of satisfaction are the referral procedure and the unit's resources.

Conclusion. The study provides data on the perception that professionals from mental health out-patient centers have about the coordination with the Unit. These data have been found to be useful to define improvement initiatives that will improve the continuum of care.

Key words:

Continuum of care. Healthcare quality. Mental health.

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Evaluación de la continuidad asistencial entre una unidad de hospitalización psiquiátrica y los centros de salud mental ambulatorios del área

Introducción. La continuidad de cuidados entre dispositivos asistenciales es uno de los elementos básicos de

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la calidad de la asistencia sanitaria. En este artículo presentamos el estudio realizado en una unidad de hospitalización breve de psiquiatría de adolescentes sobre la percepción que los profesionales de los centros de salud mental de sus áreas sanitarias de referencia tienen respecto a la continuidad asistencial que se proporciona a los pacientes de sus centros que son ingresados en la unidad.

Metodología. Se envía por correo un cuestionario anónimo y autoadministrado a cada uno de los centros de salud mental que derivan pacientes a la unidad. El instrumento utilizado es una escala de valoración de creación propia desarrollada a partir de experiencias similares en atención primaria. Se procesan los datos y se definen planes de acción para la mejora de aquellas áreas con una puntuación menor.

Resultados. Se obtiene un índice de respuesta de 71,4 %. Todas las preguntas tienen una puntuación media superior a 3 en una escala del 1 al 5. Los ítems con mayor puntuación son la posibilidad de intercambiar opiniones con los profesionales de la unidad y el conocimiento del médico responsable del paciente durante el ingreso, mientras que los ítems con menor puntuación son el trámite de derivación y la cantidad de recursos que dispone la unidad.

Conclusión. Los datos de percepción de los profesionales de los centros ambulatorios sobre la coordinación con la unidad que proporciona el estudio son útiles para definir iniciativas de mejora que redunden en una mejora de la continuidad asistencial.

Palabras clave:

Continuidad asistencial. Calidad asistencial. Salud mental

INTRODUCTION

The introduction of a quality management model such as the «European Foundation for Quality Management» (EFQM) one makes it necessary to establish coordination mechanisms with the main groups of interest of the organization, especially with allied or partner organization so that mutual development is supported¹. The EFQM model also aims for

the organizations to collect information on expectations and satisfaction of these interest groups systematically in order to evaluate if the action of the organization and coordination mechanisms established adapt to their needs. When these principles are applied to the health care sector, they are generally considered allies or partners mainly to the out-patient health care centers, middle and long stay hospitalization units, day hospitalization, teaching, investigation and training collaborators, service providers, suppliers, etc.². Within this group of possible partners, the out-patient health care centers are considered to be a primary interest group for the hospitalization units, since the health care process does not end in most cases when the patient is discharged from the hospital but rather they continue to need treatment by their medical specialist in the out-patient setting.

The health care continuum is considered as one of the basic components of health care quality. Health care continuum may be defined as the coordination level of care between medical cares that a patient needs through the organizations and time³. Beyond the simple coordination, it is a continuous and shared view of health care work, with the participation of different professionals, from different work centers, who act in different times with a common objective: the citizen⁴. In practice, one of the hospital tasks would be to combine the necessary means to provide this health care continuum when the patient is discharged.

Attending to the needs of patients with mental disorders includes providing treatment, rehabilitation, care and support that are given by different professionals from different institutions. Thus, one of the main guides of the Psychiatric and Mental Health Care Model of the Madrid Community, to which the study Unit belongs, is the continuum of care between different health care institutions⁵.

We should also consider that the true consequences of treatment are observable in the long run, after hospital discharge. Treatment result goes beyond its direct consequences, including functional state and quality of life as part of the long term treatment impact on the patient's health⁶. The evaluation of such long term results would not be possible from a short hospitalization unit without coordination among the professionals in charge of treatment in the out-patient setting.

One of the basic objectives of the Short Hospitalization Unit of Adolescent Psychiatry of the General University Hospital Gregorio Marañón is to maintain close coordination with the social and health care organizations that work in attending the infant-child psychiatric population in the Madrid Community. Among these social and health care organizations, the Mental Health Care Centers (MHCC) of the health care areas that the Unit provides services to have fundamental importance, since the objective of the short hospitalization units is to approach the «central problem» that caused the episode and then discharge the

patients so that he/she can continue treatments as an outpatient or with partial hospitalization⁷. The care given in the unit could not have the consequences expected without a good transition towards this post-hospitalization outpatient treatment.

Coordination and data exchange mechanisms of the Unit with the MHCC were established when it was opened, however their functioning had only been evaluated by specific and informal contacts with the professionals involved. At the beginning of 2002, and within a self-evaluation process of the unit quality following the EFQM model methodology and principles, the need to establish a periodic evaluation system of the perception these mental health centers had regarding the functioning of these coordination mechanisms, which, in turn, would serve as a system of detecting new needs, was observed. This study would aim to know the perception of the mental health care centers' professionals on the unit functioning and, above all, to identify areas of improvement, by objective data, and then to introduce changes in the work system that would increase the MHCC's professionals satisfaction, improve the coordination with such centers and provide health care continuum, thus having a repercussion on a better quality of care given to the patients.

This article explains the process followed to determine the perception of the mental health care centers of the health care areas that are provided services by the Short Hospitalization Unit of Adolescent Psychiatry of the HGUG on the health care continuum between the unit and MHCC. The results obtained and action lines proposed based on these results will also be analyzed.

METHODS

Population studied

The questionnaire was sent to all the mental health care centers of the health care areas covered by the Short Hospitalization Unit of Adolescent Psychiatry of the HGUGM. One questionnaire per center was sent, there being a total of 22. One center was eliminated from the study on request of the psychiatrist in charge of the infant-child area, as he indicated that the Unit had not admitted any patient from this reference center and that he thus lacked information to fill out the questionnaire. The final study population was thus 21 centers.

Measurement instrument

Due to the lack of similar experiences in our setting, a self-created questionnaire was used for the study. A published questionnaire that was used in the hospital setting to measure primary health care professionals satisfaction was used as a base to create this questionnaire⁸. A study of the

existing literature and discussion in an experts group was performed to decide the factors to include on the scale in order to adapt the content of this questionnaire to the needs of the psychiatry unit of an adolescent population such as ours.

The bibliographic review was useful to identify those factors that contribute to making the continuum of the health care adequate. In this sense, the base used was the standards of some accreditation systems of hospitals which have a different reach, such as the international accreditation standards system of the *Joint Commission on Accreditation of Healthcare Organizations*⁹, the *Accreditation manual of the hospitals of the Mapfre Medicine Foundation*¹⁰, or the *Manual evaluating centers, establishments and health care services without hospitalization of the ICAS*¹¹. All these accreditation manuals have a specific chapter for health care continuum, which includes the standards considered basic to assure a correct care continuum. It must be stated that among all the factors that define a good health care continuum, this study is limited to those that have a direct repercussion on the professionals of the MHCC, since they are the only ones that these professionals can make an evaluation on.

In the bibliographic review, several studies evaluating coordination between primary and specialized care were also identified¹²⁻¹⁴. Some of them were in the Psychiatry speciality^{15,16}. In spite of the differences existing in the study population or the data collection method, these articles have served as a methodological guide.

The final questionnaire (see appendix 1) is self-administered, personal and anonymous and is made up of 13 questions that should be answered on a Likert scale of five response alternatives that represent a bipolar continuum that goes from «greatly disagrees» to «greatly agrees» with that given in the question statement. All the questions are thus closed except the last one that includes an open space requesting opinions or suggestions. This last question was added to have information on those aspects that could be important for the MHCC when providing the health care continuum between centers and that had not been included among the survey questions.

Data collection method

Questionnaires were sent to the MHCC by mail, addressed to the psychiatrist of each center most directly related with the treatment of the adolescent population. Together with the questionnaire, a personalized letter was sent in which the study objectives were explained and which stressed the anonymous character of the answers. Mail or fax was proposed as a means of response. Three weeks after sending the letter, all the professionals involved were called by telephone, and the importance of sending their answers in case they had not done so previously was repeated.

Result analysis method

The data were processed with the SPSS statistical program. Statistical analysis was descriptive.

Use of the results

The results were presented and analyzed in a meeting of all the Unit workers. Although it was planned to make a prioritization matrix to decide which aspects would be worked on in a first phase, once the study results were obtained, the Unit professionals agreed that small improvement initiatives could be established in all those that obtained a comparatively lower score. Those persons in charge of carrying out these objectives and the follow-up method were established. The main evaluation system of the effectiveness of these results will be the next study done and will have the same characteristics as those used in the MHCC.

RESULTS

A total of 15 filled out questionnaires were received, which means a 71.4% response index.

Table 1 reflects the results obtained. The number of responses received to each question, mean, median and standard deviation of the scores obtained, reflected on a scale of 1 to 5, 1 being equal to «greatly disagrees» and 5 to «greatly agrees» are included in it.

As can be observed, no question obtained a mean score under three, a score that reflects «neither agreement nor disagreement» with the statement posed, so that all the answers score in the range of agrees or greatly agrees. The questions having the greatest agreement level obtained are related with the perception that the MHCC have on the possibility of exchanging opinions with the Unit professionals (4.47), knowledge of the physician responsible for the patient during admission in the unit (4.43) and desire to receive data from the unit (4.40). On the other hand, the questions obtaining a lower mean score were referral process (3.20), amount of resources that the Unit has (3.40) and adequacy of admission duration (3.67).

Seven of the sixteen questionnaires received had free comments in the final open question. Some of the comments covered more than one subject, so that they have been broken down and classified according to the question they refer to. Table II reflects the number of comments received broken down according to the subject in question.

DISCUSSION

The response index obtained (71.4%) may be considered satisfactory for these types of studies¹⁷, especially if it is

Appendix	Survey on perception of health care continuum with the hospitalization unit services of adolescent psychiatry of the General University Hospital Gregorio Marañón				
<p>Check the answer that you consider best adapts to your opinion on what you are asked with an «X». If you make a mistake, mark it with a circle and check the answer you consider to best with an X.</p> <p>As you will observe, the filling out of the questionnaire is totally anonymous, so that we request that you do not sign it or give any personal identification data.</p>					
1. I know the unit and its facilities					
Greatly agree	Agree	Neither agree nor disagree	Disagree	Greatly disagree	
2. When one of my patients is admitted to the unit, I know the physician in charge					
Greatly agree	Agree	Neither agree nor disagree	Disagree	Greatly disagree	
3. The unit provides a solution for my patients when admission is necessary					
Greatly agree	Agree	Neither agree nor disagree	Disagree	Greatly disagree	
4. I can exchange opinions with the unit professionals					
Greatly agree	Agree	Neither agree nor disagree	Disagree	Greatly disagree	
5. The unit has sufficient resources					
Greatly agree	Agree	Neither agree nor disagree	Disagree	Greatly disagree	
6. The referral process is simple					
Greatly agree	Agree	Neither agree nor disagree	Disagree	Greatly disagree	
7. Admission delay is elevated					
Greatly agree	Agree	Neither agree nor disagree	Disagree	Greatly disagree	
8. I receive a hospitalization discharge report					
Greatly agree	Agree	Neither agree nor disagree	Disagree	Greatly disagree	
9. The discharge report is adequate					
Greatly agree	Agree	Neither agree nor disagree	Disagree	Greatly disagree	
10. Hospitalization duration is adequate					
Greatly agree	Agree	Neither agree nor disagree	Disagree	Greatly disagree	
11. The patients and/or guardians report they are satisfied with the unit					
Greatly agree	Agree	Neither agree nor disagree	Disagree	Greatly disagree	
12. Care continuum is adequate					
Greatly agree	Agree	Neither agree nor disagree	Disagree	Greatly disagree	
13. I am interested in receiving the data from the unit					
Comments and/or suggestions:					

considered that the survey was sent by mail. Although the use of mail as a means to collect study data on opinion generally redounds in obtaining a lower response index, this method was chosen to increase the confidentiality of the responses and thus potentiate greater sincerity in them. This response index is considered a positive data by itself,

since it shows confidence that the information obtained will be adequately used. In order to promote equal or greater participation in the next evaluations, feedback was provided to all the psychiatrists participating in the study by sending the report of the conclusions and action plans proposed.

Table 1		Data of results obtained for each one of the survey questions			
Subject of the question	N	Median	Mean	Standard dev.	
I know the unit and its facilities	14	5	4.07	1.44	
I know the physician responsible for my patient	14	4	4.43	0.51	
The unit provides a solution for my patients when admission is necessary	14	4	4.21	0.70	
I can exchange opinions with the unit professionals	15	4	4.47	0.52	
The unit has sufficient resources	15	3	3.40	0.83	
Referral process is simple	15	4	3.20	1.15	
Admission delay is adequate	15	4	4.13	0.64	
I receive a hospitalization discharge report	15	4	3.87	1.19	
Discharge report is adequate	15	4	4.27	0.80	
Hospitalization duration is adequate	15	4	3.67	0.72	
The patients and/or relatives report they are satisfied with the unit	15	4	3.73	0.80	
Care continuum is very adequate	15	4	3.87	0.74	
I am interested in receiving the data from the unit	15	5	4.40	0.83	

In regards to the global assessment of the results obtained, the means of the responses given to all the questions are above three, so that they are within the agrees or greatly agrees range. Considering that most of the questionnaire items evaluate aspects considered fundamental factors of a good health care continuum, this result can be considered positive itself and reflects that the MHCC psychiatrists mostly consider the mechanisms established to facilitate health care continuum between both organizations adequate or very adequate, at least in the factors evaluated in the study.

The results obtained are also useful to discriminate between those factors that most of the professions consider to have adequate functioning and those in which, in spite of obtaining a relatively high mean score, have a clear improvement potential for the coordination between institutions. The fact that there is a final open question on the questionnaire has sometimes served to provide additional information on improvable aspects, information that serves as a

guide when establishing action plans. The action plans resulting from the evaluation are summarized in detail in the following.

The aspect that the MHCC professionals assesses the worst is the referral process for admission in the Unit. Although this item was included in the study as it was considered a basic coordination element between both institutions, the change in the process that the MHCC professions should carry out to admit a patient to the Unit is outside of the action capacities of its professionals. The action in this case consisted in sending the result report to the corresponding coordination regional office, telling them about the difficulty perceived in the referral process and requesting them to act on it. Since this was done, the referral process has been simpler and its time has improved, it presently being less than 24 h.

Even in the cases in which it is not possible to act directly on the area evaluated, the fact of having objective information of the out-patient center professionals' opinion is a positive factor since this information can be used as a support document when requesting resources or actions to staff members. Such is the case regarding the item of the survey that evaluates the amount of resources the unit has, an item that obtains the second worst score.

Among the lines of action defined, a protocol has been written in which the information to be sent to the MHCC, periodicity of what is sent, and professional responsible for it is defined due to the high degree of agreement (mean 4.40 and median 5) of the out-patient centers on their interest in receiving data from the Unit. This protocol established that a report with the total number of patients hospi-

Table 2		Comments and suggestions received	
Subject of comment/suggestion	No. of comments		
Need of human resources and day hospital	2		
Difficulty of referral process to unit	2		
Need for more information in the MHCC	2		
Satisfaction of the families	3		

talized in this area, age and gender, origin, referral, social situation and relevant aspects on the case will be sent monthly to the person responsible for the area infant-child mental health.

The score obtained in the item that evaluates the reception of the psychiatrists of the MHCC of the hospitalization discharge report (3.87%) contrasts with the result obtained in the indicators of quality evaluation of the clinical history of the unit, that reflects 100% of the discharge reports finished before the patient leaves the Unit. In addition, all the patients have their out-patient check-up managed within a period, if possible, of less than seven days after being discharged. Analyzing the difference between both data and gathering direct information on the patients and relatives, it was seen that some relatives refuse to give the discharge reports to the reference clinician. Understanding that it is of priority to respect the patient's confidentiality right even among the professionals themselves, it was established that the person in charge would be sent a report on the patient in a closed envelope after receiving consent from the legal representative of the minor.

The score obtained on some items reflects by itself the communication limitations existing between both health care levels. Such is the case of the score obtained on the item on the adequacy of the delay for admission, which, although it obtains a high score (4.13), does not reflect the real information that there is no delay for admission in the Unit. The data on the delay for the admission have been included in the information protocol that will be sent periodically to the MHCC.

The main limitation of this study is the fact of having used a questionnaire whose validity and reliability have not been demonstrated as an evaluation instrument. In the presence of the lack of validated instruments that adapt to the study objectives and the Unit needs, it was decided to use a self-created questionnaire. In this way, although the study validity is decreased, the information needed is collected. The next step to carry out in this subject should be the validation of the instrument used.

Another limitation of the study is that there are no similar data of organization of the sector available that can serve as reference to compare these results. Although other studies published were used as a guide for the development of the questionnaire, the differences in the methodology or in the population studied make it impossible to compare the results. It is also not possible to make a longitudinal analysis of the results, as this is the first study performed. The data presented, therefore, are reduced to a single evaluation.

CONCLUSION

In spite of the limitations explained, the study performed has been shown to be useful to obtain the objectives posed. It has allowed the Adolescent Unit professionals to obtain

information on how their work is perceived in the mental health centers and what are the aspects that negatively influence on the coordination with them. This was then used to define action lines that help to improve the quality of coordination between the MHCC and the unit, a factor considered essential for good continuum of the care given to the patients. The usefulness of the study is seen by the fact that it has established several improvement initiatives based on the data obtained.

The measures that we have mentioned in this article, together with other measures resulting from later evaluation studies, redound in the good functioning of the coordination between the different treatment levels. Thus we consider the study performance positive and advocate the implementation of this type of questionnaires in the different health care services.

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