

Feasibility study on measuring outcomes for older persons in an Irish Psychiatric Inpatient Setting during the Covid-19 Pandemic

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Background

Mental health outcome measures are utilized to monitor the quality of service provided in a mental health setting. Outcome measures are being effectively implemented in psychiatric settings in order to monitor and improve patient outcomes.

Aim

Assess the feasibility of introducing outcome measures to assess the quality and effectiveness of inpatient mental health services for older persons.

Method

This is a single-phase pre-and-post study of all patients admitted to the Department of Later Life Psychiatry in St John of God Hospital. Patients admitted to the Later Life service were assessed using CGI and CORE-10 tools on admission and before discharge. The study captured patient data over a six month period from April 2020 to October 2020.

The study also assessed feasibility measures including the practicability, acceptability, adaptation and expansion of implementing outcome measures in an inpatient psychiatric setting. Ethical approval was obtained from the REC in St John of God Hospital.

Feasibility

A check-list for investigating the feasibility of an assessment schedule (modified from Slade, Thornicroft & Glover, 1999)

The assessment will be used to:

Construct being assessed: depression, anxiety, trauma, physical health, general and social functioning, suicide risk, treatment response

Frequency of assessment: on admission and prior to discharge

Assessor: psychiatric nurses, registrar, senior registrar, consultant

Type of patient: elderly adults, voluntary inpatients, deemed to have capacity to consent

Purpose of assessment: review of treatment effectiveness

The assessment schedule is:

Brief: 10-item CORE-10, single item CGI-I, clinician and self-rated

Simple: minimal training required, meaning of ratings is clear

Relevant: accords with clinical judgement, limited jargon

Acceptable: acceptable to mental health professionals, flexible administration

Available: access with permission, minimal administrative demand

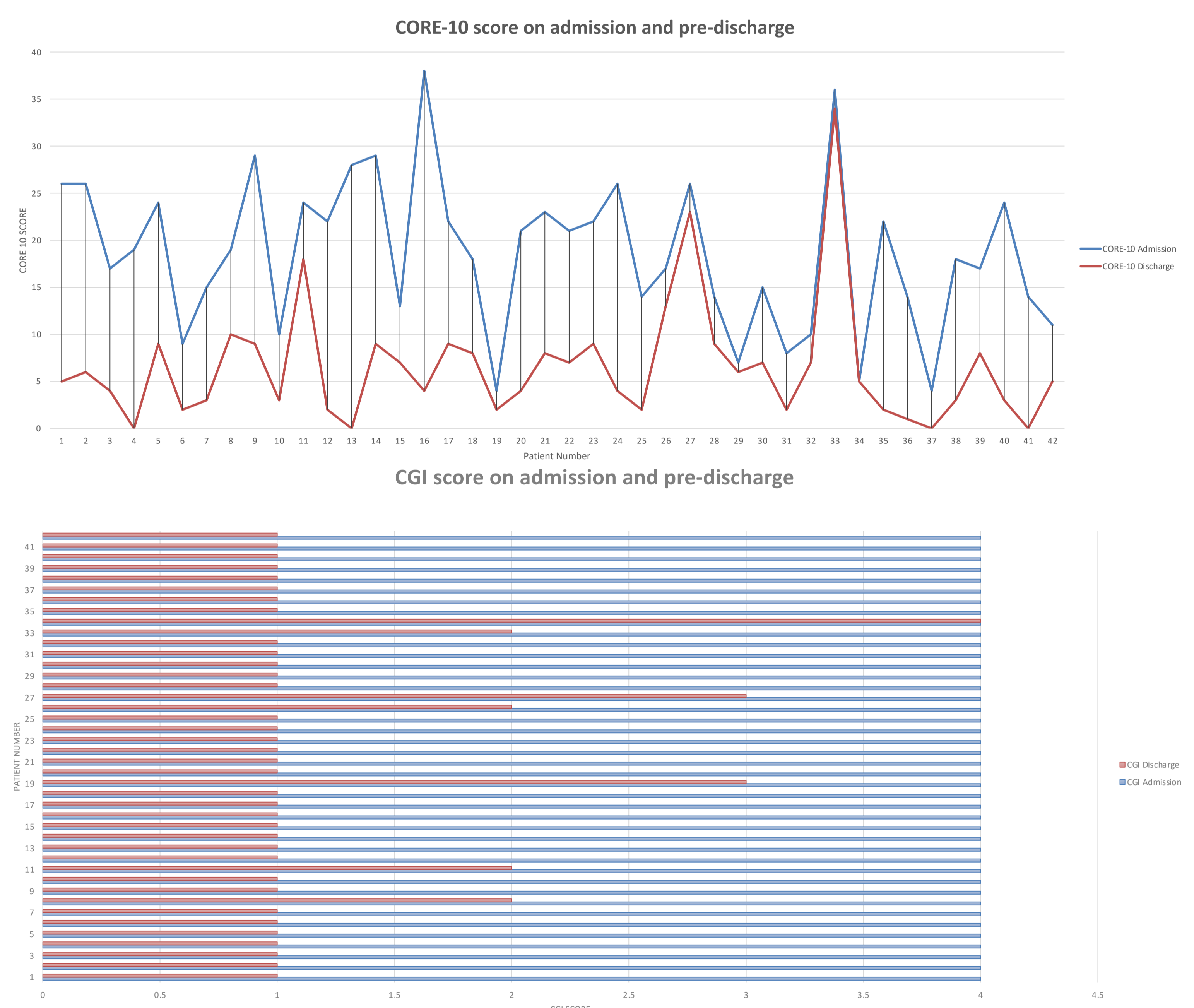
Valuable: minimal data entry, meaningful feedback, service development

References:

- Slade, M., Thornicroft, G., & Glover, G. (1999). The feasibility of routine outcome measures in mental health. *Social psychiatry and psychiatric epidemiology*, 34(5), 243-249.
- Barkham, M., Bewick, B., Mullin, T., Gilbody, S., Connell, J., Cahill, J., & Evans, C. (2013). The CORE-10: A short measure of psychological distress for routine use in the psychological therapies. *Counselling and Psychotherapy Research*, 13(1), 3-13.
- Busner, J., & Targum, S. D. (2007). The clinical global impressions scale: applying a research tool in clinical practice. *Psychiatry (Edgmont)*, 4(7), 28.

Results

During the course of the study, 35% of patients admitted (n=42/120) agreed to participate in the study. There was an equal distribution of male and female participants (Male n=22, Female n=22). Mean age of participants was 73.4. Mean duration of admission was 53.02 days. Participants presented with a relapse of Depressive Episode (n=31), Bipolar Affective Disorder (n=5), GAD (n=1), Schizophrenia (n=1) and Adjustment Disorder (n=5). Mean CORE-10 score on admission was 18.59. Mean CORE-10 score before discharge was 6.47. Mean CGI-Improvement score on admission was 4. Mean CGI-Improvement score before discharge was 1.26.



Conclusion:

Our study supports the use of outcome measures such as CGI and CORE-10 as an essential component of quality improvement interventions. It allows for a simple and effective collection of the relevant dataset that enables clinicians to adjust clinical decisions. Outcome measures improve communication between members involved in care delivery and treatment monitoring. It promotes an effective feedback system that facilitates better delivery of care to vulnerable patient groups such as the elderly. Such tools are particularly relevant in measuring service delivery during the current Covid-19 pandemic.