The use of acute psychiatric inpatient beds: study of in-vivo clinical decision-making

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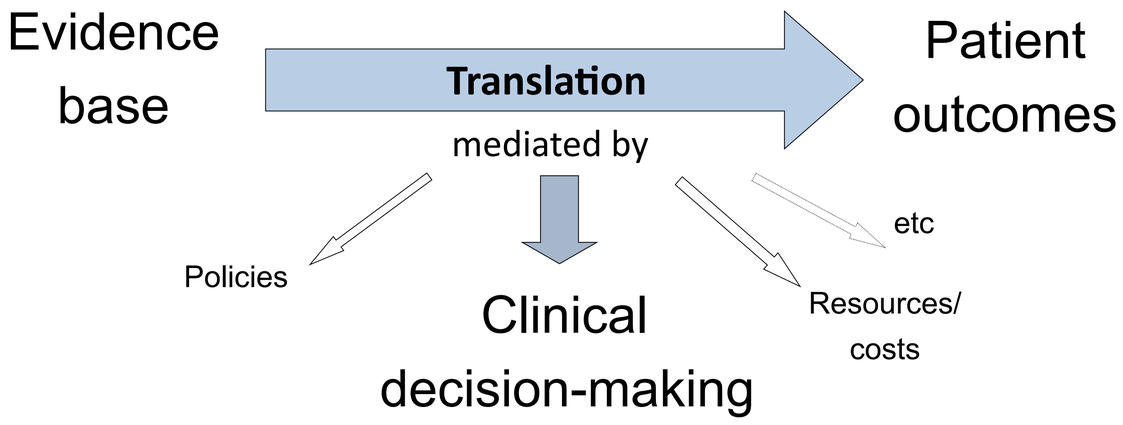


How do clinicians make decisions in real-life practice

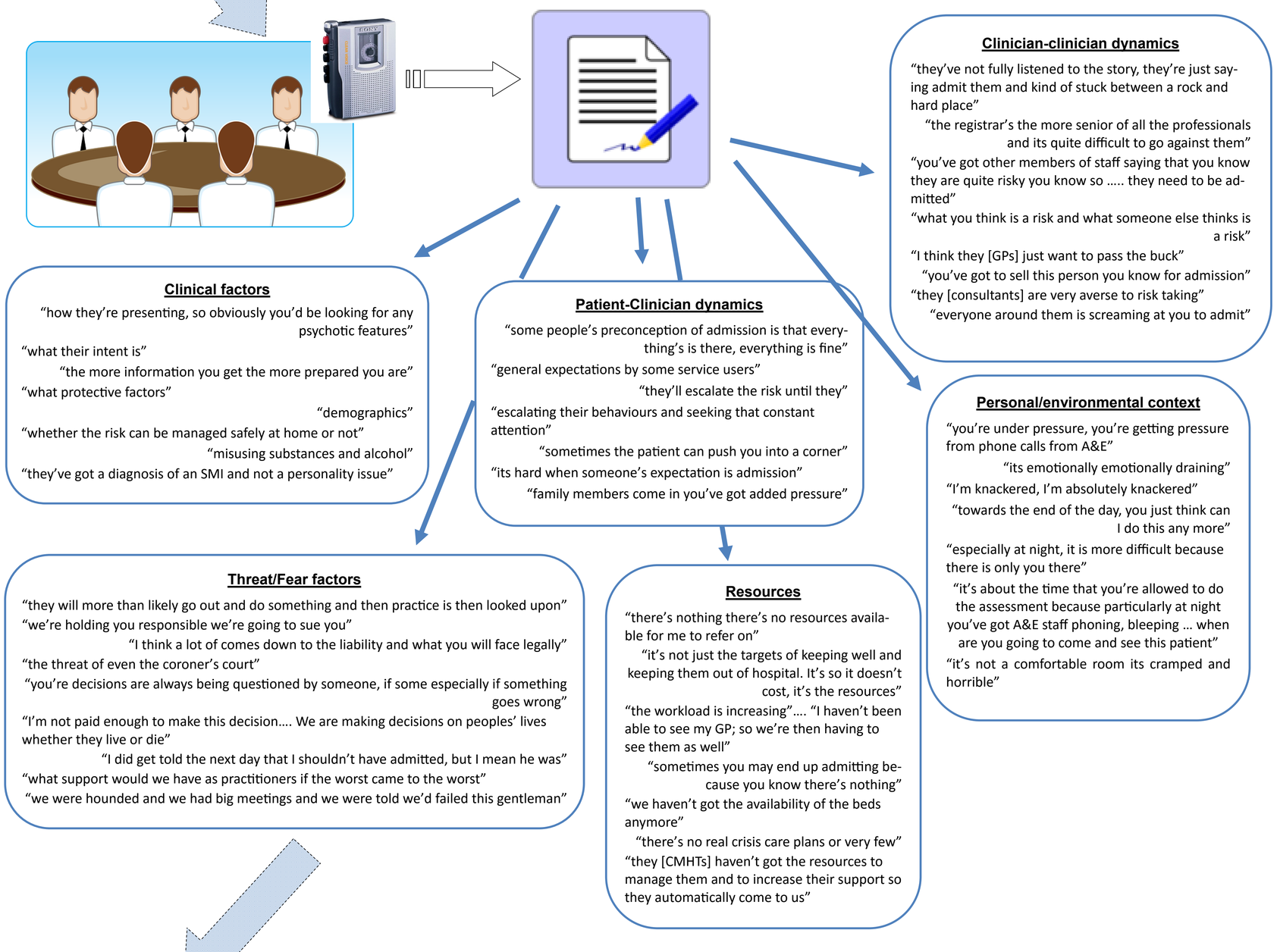
Objectives

The primary objective of this study was to identify factors that influence clinicians in deciding to admit patients to acute psychiatric inpatient units. A wider objective was to develop and test a methodology of clinical decision-making evaluation and improvement that can be applied across mental health services.

Methods

The study was conducted in a large NHS provider of acute and long-term community- and hospital-based mental health services. From a review of service models and policies, the types of clinical team involved in the decisions to admit psychiatric patients acutely to inpatient facilities were identified. In order to have a representation of these teams (i) with different, but overlapping, roles and (ii) at the interface with different inpatient facilities (n=3), five teams were approached for participation in the study and all agreed. The group membership ranged from n=5 to n=10 with a total sample size of n=33. Narrative data relating to admission decisions were produced in the form of transcripts of recorded semi-structured focus groups with the teams. The authors studied the transcripts and undertook an iterative process of inductive thematic analysis to draw out major themes relevant to admissions decisions. Preliminary findings are presented here.

The study was granted approval by CWP Foundation Trust R&D Department on 20 June 2017 and by the Health and Life Sciences Committee on Research Ethics (University of Liverpool) on 30 August 2017 (ref: 2161).



Next steps

Design service model

that takes account of all relevant factors:

clinical & non-clinical

Clinical factors identified through a review of evidence base and expertise (including by experience)

Includes description of how these factors are utilised in making decisions

Enhancing the influence of positive factors

Attenuating the influence of adverse factors

By understanding assumptions and attending to systemic, organisational, and cultural context

Develop methodology to evaluate the effectiveness of decision-making models on patient outcomes

Through continued academic/clinical collaboration

Background

Ensuring clinical practice is informed by the available evidence base is dependent on (i) the availability of a valid evidence base relevant to the area of practice, and (ii) the way in which the available evidence is used in the delivery of the service.

Availability of a valid evidence base

There is an extensive empirically-based literature evaluating the effectiveness of mental health interventions. This literature tends to focus on discrete 'treatments' for specific conditions such as psychological therapies and courses of medication. However, the reality of a patient's pathway through health services often involves a much broader set of 'interventions' such as decisions about whether or not to accept a patient on to a specialist team's caseload, to refer a patient to a different team, or to admit a patient to a hospital bed. Clinicians wishing to make such decisions in an evidence-based way are not particularly well supported by a relevant research literature. Even when there is related research, the study design and results often do not translate well into clinical practice. For example, despite a large body of research examining factors associated with risk and mental health, the group level data arising from the studies do not lend themselves well to the acute clinical context in which the clinician has to make an immediate decision about the best use of available resources at a single time point of crisis. In order to start to identify a relevant literature and inform the design of relevant studies, it is necessary to understand how decisions are made in practice.

Implementation of the valid evidence base

Once there is an evidence base of direct relevance to the area of service delivery, the translation of that evidence base into practice is dependent on the clinicians and the way in which they make decisions. Therefore, insight into the process of clinical decision-making in vivo is also required to implement evidence-based changes to practice.

The focus of this study is decisions to acutely admit patients to residential psychiatric facilities as this has serious implications not only for patients, but also for the use of limited resources and as such is a high priority concern for commissioners and providers of mental health services.

Results

The preliminary analysis grouped factors influencing decisions about whether or not to admit patients into six overarching themes:

i) Clinical factors (e.g. intent to harm self, diagnosis, protective factors);
ii) Patient-clinician dynamics (e.g. assumptions about patient's motives);
iii) Clinician-clinician dynamics (e.g. perceptions of inter-disciplinary differences in risk thresholds and tolerance);
iv) Threat/fear factors (e.g. anticipated criticism for decision-making, consequences of 'worst case scenario');
v) Resources (e.g. pressure on inpatient/community services); and
vi) Personal/environmental context (e.g. fatigue, lone-working).

Conclusions

Although, unsurprisingly, clinical factors played a role in decisions to arrange acute admissions, it was striking that parallel non-clinical factors were reported to play such a significant role. The implications of these findings are:-

a) Service model development must address clinical and non-clinical factors;
b) The translation of the relevant empirical evidence base into practice to improve patient outcomes must take account of the potential interference from non-clinical factors (such as those identified here);
c) The clinical relevance of the evidence base will be greater if studies include a focus on the complex process of clinical decision-making

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