



Improving quality of psychiatric care in Latvia by measuring patient experiences^{☆,☆☆}



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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 relatively 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

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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? 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 prac-

itioner 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 diseases and reduction of symptoms, and less on the satisfaction of patients with their situation. In Latvia, researchers of the Riga Stradiņš University, together with the administration of the psychiatric hospital in Riga, found that the validated PIPEQ-OS questionnaire, which is already successfully and conveniently used in Norway, to be the most acceptable tool to practically assess the satisfaction of psychiatric hospital patients. In this questionnaire, the patients anonymously answer 21 questions and evaluate the quality of the offered mental healthcare [16]. With permission from the authors, four independent translators translated the questionnaire from English to Latvian and Russian languages and back to English. A focus group of specialists in the field and in the field of languages compared the translated versions. Both versions were then tested in 20 cognitive interviews with the psychiatric inpatients. The cognitive interviews showed good functioning of the questionnaire and relevance to the patient group. The questionnaire translation was proven to maintain the principal of conceptual equivalent. The scales were tested for internal consistency reliability using Cronbach's alfa item-total correlation. Factor analysis identified three factors that met the criterion of Cronbach's alfa of 0.7, pointing to its satisfactory reliability and usefulness. The questionnaire was introduced for usage in June 2016, and it has been practically tested in the sub-acute (open) department of Riga Psychiatry and Narcology Centre. A day prior to discharge from the hospital, each patient anonymously completes the questionnaire and discretely places it in the designated box in the department.

5. Preliminary results

The PIPEQ-OS questionnaire is currently being tested and validated to analyse whether any improvements of the translation are necessary and whether the questions are understandable. In the period from the 1 June 2016 till 1 February 2017, patients completed 241 questionnaires. During this period, 297 patients have been discharged from the department. The first results indicate that patients are responsive and interested in evaluating the work of the department. At the same time, certain questions related to the active participation of patients in the treatment process and decision making on treatment procedures, use of medicines and greater awareness of the course of illness may seem a little confusing to psychiatry patients from a post-communist bloc country who have lived and received treatment in the Soviet Union. It seems that the use of this type of questionnaire may facilitate greater patient involvement in the treatment process, making them feel more involved, equal and respected, which was often missing during the Soviet occupation period. Practical application of the questionnaire demonstrated, from the very beginning, that it was the right decision to also translate it into Russian because the Russian-speaking ethnic minority constituted 26.62% of Latvia's population in 2016, and, in Riga, this minority constituted an even bigger part of the population—close to half of the population [17]. In fact, communication with psychiatric patients in the Riga department often takes place in Russian.

To get the full picture of psychiatric healthcare in Latvia, this instrument should be used in all mental hospitals in Latvia. This is necessary to test the questionnaire for external consistency.

6. Conclusion

In Latvia, quality is being assessed more in the area of structure and process and less in the area of outcomes. Asking the patient's

opinion has not been an accepted practice in psychiatry due to the view that the patient's illness prevented him or her from adequately assessing the work of the psychiatric department. However, overtaking Western values and moving away from the communist past, Latvia has attempted to follow the best Western examples in policy documents and the actual development of the service and patient treatment to facilitate patient inclusion into society and respect their views, which can also facilitate treatment results. In improving and assessing the quality of mental healthcare, the progress of Latvia to a large extent is linked to the desire to resemble developed countries, for example, by joining the OECD and respecting the criticism and recommendations of the EU to receive the funding for systematic improvement of healthcare quality and structural reforms. The use of the PIPEQ-OS self-assessment questionnaire is the first step towards the evaluation of psychiatric hospital patient satisfaction, which can be important not only for obtaining results and improving services but also in changing deep-rooted communistic paradigms, in an effort to facilitate better cooperation with patients and respect their opinions. It is necessary to continue the validation and testing of the questionnaire and to analyse the results. The challenge now is to use the questionnaire in closed acute departments and to use other tools in outpatient care, for example, the Charleston Psychiatric Outpatient Satisfaction Scale [18]. At the moment, it is not clear what the link between the quality and funding for the hospitals is going to look like in Latvia in the future; however, a duly launched assessment of patient satisfaction and the subsequent improvement of services can be a good prerequisite for the demonstration of work results to the funders.

Conflict of interests

No conflict of interests.

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