Supervision of district psychiatric centres well underway

In 2008, countrywide supervision of specialized health services involved district psychiatric centres (DPSs). Supervision will continue throughout 2009. In 2008, supervision was carried out at least once in most of the health trusts in the country, and involved 28 DPSs. Breaches of the requirements laid down by the authorities were detected in 22 of the 28 DPSs, and these DPSs were notified about one or several nonconformities (breaches of laws or regulations). These nonconformities will be followed up by the Norwegian Board of Health Supervision in the Counties. In the other six DPSs, no nonconformities were detected. The Norwegian Board of Health Supervision appointed a psychiatrist and a specialist psychologist as professional auditors for each of the regional supervision teams. This was done in order to ensure that professional assessments were carried out by experts with updated professional skills and with legitimacy within the professional fields.

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For the first time, the Norwegian Board of Health Supervision in all the counties has focussed on the same section of specialized health services over a two-year period. When supervision is carried out over two years, it is possible to use the experience gained early in the period, later on.

Dealing with referrals is not adequately quality controlled

Supervision focussed on services for adults with serious mental illness. When a DPS receives a referral, the patient receives the right to an assessment of his or her health status and need for health care. All referred patients have this right. The legislation has been developed to ensure that patients with the greatest need for health care are given priority and receive help within a reasonable deadline. The DPS must ensure that patients with serious illness receive treatment speedily, and that the patient and the patient's regular general practitioner are informed within a short time about how the patient will be dealt with.

In 15 of the 28 DPSs, assessment and prioritization of referrals did not take place in accordance with the requirements laid down in the legislation. This can mean that prioritization of referred patients with serious psychiatric disorders can be unpredictable and left to chance. In several of the DPSs, there was no system for ensuring that referrals were assessed continuously by specialists, or for detecting urgent referrals. In some of the DPSs, the waiting time for a first consultation was 6 months, and deadlines for providing treatment did not adequately take account of the patients' health status and situation. Also, many of the DPSs rejected patients on inadequate grounds, for example, that the referral was incomplete, or that the patient did not live in the catchment area of the DPS. In places where inadequacies were detected in the way referrals were dealt with, inadequacies were also found in the management and leadership of these tasks.

The findings about the way in which referrals are dealt with are well known from previous supervision. It seems that there is a need for much clearer management and follow-up of this area by the leadership. However, it is important to note that in many DPSs referrals are dealt with systematically.

Inadequate management and planning of assessment and treatment

In order to ensure that assessment and treatment are managed and planned adequately, DPSs must establish routines for how these processes shall take place, how they are documented, and what they shall involve. These routines must be familiar and understood, and they must be followed up in practice by everyone who deals with assessments. DPSs must ensure that this work is carried out by personnel with adequate skills, and that the quality of diagnosis and treatment is controlled by a specialist. Sixteen of 28 DPSs were notified of nonconformities because the health trust had not ensured that assessment, treatment and/or follow-up were adequate in all areas.

In many DPSs, routines and quality control of assessment, and documentation of these processes, were inadequate. Some DPSs

lacked procedures and/or standard practice for making assessments. Other DPSs had procedures for making assessments, but they were not normally followed. Some DPSs had no established practice to ensure that assessments made by non-specialists were quality controlled. The same was the case for necessary somatic assessments and assessment of potential violent behaviour. It seems that assessment of suicide risk was carried out and quality controlled, but documentation of the reasoning for the assessment was often inadequate. In several DPSs, it was pointed out that there was large variation in the quality of assessment of patients with psychosis or serious depression, and that there was no standard practice for assessing these groups of patients. Several revision groups also pointed out that leadership did not systematically look at assessments to detect critical stages and to identify deficiencies in these processes. The result can be that patients do not receive the help they require, and that diagnosis is delayed, incomplete or incorrect. Patients may then suffer unnecessarily and their prognosis may be adversely affected. In the view of the Norwegian Board of Health Supervision, it is serious if DPSs do not follow up and use recognised methods for diagnosis.

«It is left far too much up to the individual therapist to decide how treatment shall be planned and provided.»

Patients should be able to expect a goal-oriented and structured service provision from the DPSs. This presupposes that a treatment plan is made in cooperation with the patient and relatives, and that the plan is recorded in the patient's medical record. Some DPSs were notified about nonconformities because the services provided were non-systematic and unplanned. Perusal of patients' records showed that there was often no coherent record of the plan for future treatment. Some DPSs had procedures or standard forms for treatment plans, but these were not often used. Most places did not have standard forms.

Some of the DPSs did not ensure that patients were regularly assessed by a specialist during their course of treatment. Patients were not always followed up adequately, and cooperation internally and externally was not always adequate, because of lack of specialists or frequent changes in the doctors who worked there. For patients with severe depression, in some DPSs there was no systematic description in the patient records about the types of treatment they were offered. The aims, content and structure of counselling were often inadequately documented. In several places it was also found that there were no guidelines for what counselling should include. Several DPSs did not have guidelines for how case summaries should be written, and the quality of case summaries was variable. For example, many case summaries contained no diagnostic assessment or advice about future measures and follow-up. In the DPSs where there were nonconformities related to treatment and follow up of patients, serious deficiencies in management and leadership were identified.

According to the assessment of the Norwegian Board of Health Supervision, supervision carried out during the first year has detected serious deficiencies in several DPSs related to patient treatment. It is left far too much up to the individual therapist to decide how treatment shall be planned and provided. Critical stages lack management and follow-up from leadership, in relation to planning and content of treatment, use of standard treatment regimes, patient records and quality control of treatment provided by non-specialists. Also, if case summaries are inadequate, this can have serious consequences for cooperation with primary health services for following up patients.

In the DPSs where the supervision teams gave notification of nonconformities, they also assessed the management systems. These assessments showed that many DPSs have a long way to go before they have a well-functioning internal control system that can ensure that statutory requirements are met, and that services are provided in accordance with these requirements.