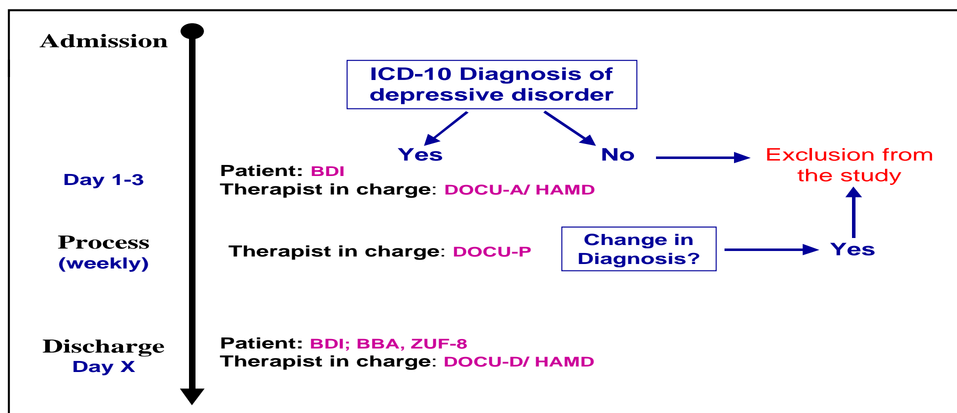
## 473: QUALITY ASSURANCE IN PSYCHIATRY AND PSYCHOTHERAPY – DEVELOPMENT OF ASSESSMENT TOOLS, PROCESS AND OUTCOME INDICATORS FOR BENCH MARKING IN IN-PATIENT TREATMENT

**Authors:** Härter M., Sitta P., Hoyer I.

**Objective:** The purpose of the study is the development of assessment tools and the comparison of process and outcome quality indicators for in-patient treatment of patients with depressive disorders in 10 psychiatric hospitals in Germany.

**Methods:**
Continuous data collection from admission to discharge is the basis for internal quality assurance and for external comparisons. After considering existing measures some of the most frequently used measures were chosen: e.g. BDI, HAM-D, GAF, CGI, AMDP, CSQ, BBA. The assessment tools, consisting of 7 different documentation sheets, including expert and self-rating instruments, are filled out by the therapist in charge and by the patient on admission and discharge. The therapist in charge also documents the treatment process using a weekly documentation form. The development and the design of the set of questionnaires for the survey took place in close co-operation with the participating hospitals. Important for the design of the tools were specific criteria such as: a) feasibility, b) acceptance, c) sensitivity to individual changes and d) acceptable psychometric properties.




After a pilot study with 180 patients a set of quality indicators was derived, e.g. diagnostic strategies, therapeutic effectiveness, change of psychopathology, duration of treatment, severity change, and patient satisfaction. An important factor in the benchmarking process is, that process and outcome quality is influenced by patient characteristics (e.g. age, severity of disorder). The distribution of patient characteristics (case mix) differs among the participating hospitals. Therefore, the influence of such confounder variables must be controlled. As it was not possible to randomize the patients to the hospitals we chose an approach by regression analysis. First we created a variable which measures e.g. the therapeutic effectiveness, summarizing the changes of psychopathology. Next we defined confounder variables, which correlate highly with outcome quality: age, sex, level of education, severity and duration of the disorder, comorbidity. Using SPSS we set up the regression equation, calculating the true, the expected and the residual value (difference between true and expected value). Hospitals can be compared by using their residual values, which are not influenced by any confounder variables. According to the project plan the *experimental group* (5 hospitals) will receive a feedback on specific quality indicators for their internal quality assurance. The remaining 5 hospitals will be observed according to standard treatment and will serve as a control group. The intervention will start in the middle of the year 2002.

**Results:**
The main study started on September 2001. Since then the participating hospitals have collected continuous data (N=1200 patients with depressive disorders). 16% of the patients were evaluated as only "slightly or moderately ill". This raises the question of whether the indication for in-patient treatment was correct. During their clinical stay 93% of the patients with depressive disorders had an ECG and 90% an EEG. Half of all patients had a CCT or a MRT, which can be discussed under the aspect of necessity. On the other hand it could be asked if it was sufficient that only 8.1% of the patients with depressive disorders had a neuropsychological examination. In addition, it is remarkable that in 27.2% of the cases no antidepressant serum level was determined. The therapeutic effectiveness of the treatment assessed by the Beck Depression Inventory showed a significant change in psychopathology of the patients from 25.2 to 11.0 (mean).

**Conclusions:**
The development and implementation of documentation tools to assess process and outcome quality in psychiatric care of depression was successful. The data reveals fields for quality assurance which are addressed in an ongoing controlled trial of hospitals getting data feedback versus hospitals without feedback. Future implications for the development of assessment and quality management as well as data feedback strategies in psychiatry will be discussed.

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