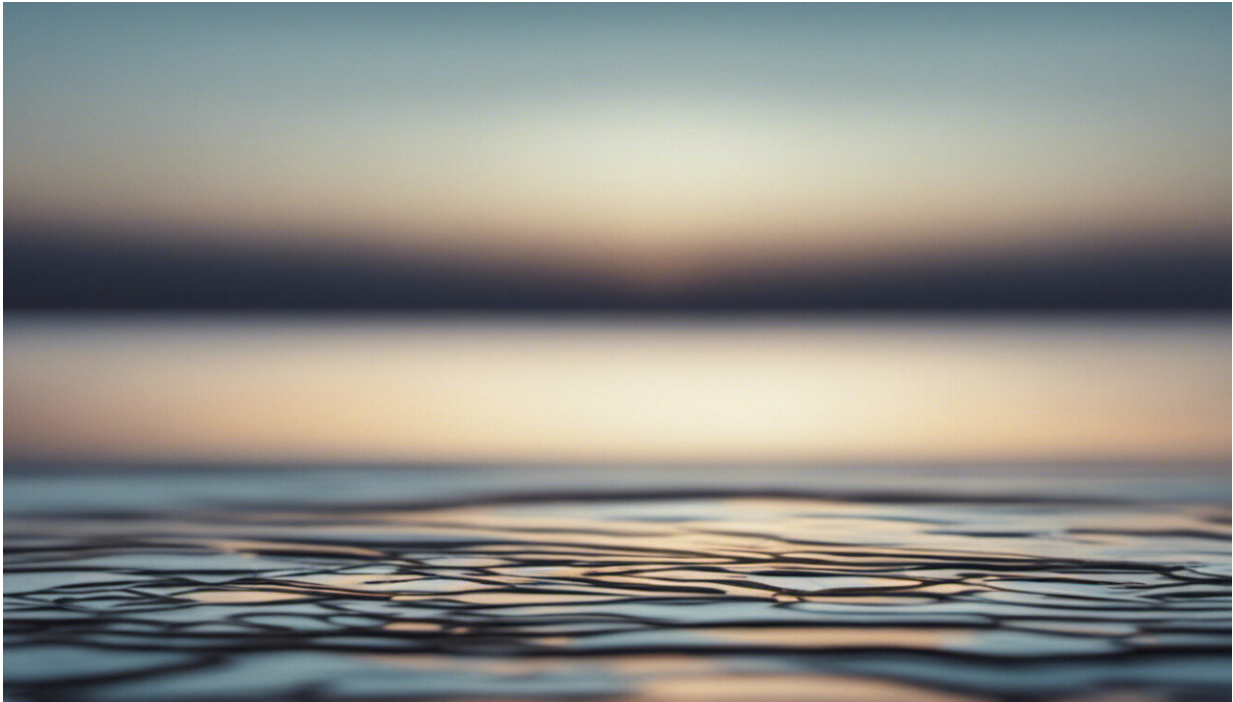


Clinicians give thoughts on patient evaluation

August 9 2013, by Denise Cahill



Credit: AI-generated image ([disclaimer](#))

In a novel twist, Western Australia researchers have asked clinicians working in the mental health field how they want the care given to patients to be evaluated.

The Department of Health's Clinical Research Centre researcher Philippa Martyr says there has been many studies on what is best or good practice but rarely had those working in the field been asked how they

would change things so they were getting good data on [patient care](#) and outcomes.

The [study participants](#), including 21 [psychiatrists](#) and clinical nurse specialists working in an inpatient mental health setting, questioned how well collected data was used and how it was fed back in to improve the system – and even if the right data was being collected.

"That of course feeds into low compliance rates [for patient evaluation] because busy clinicians can't see the point and when you can't see the point for something you are much less likely to do it or to do it properly," Dr Martyr says.

Accurate data collection is important because of the Activity Based Funding model, a federal initiative which was introduced into WA Health in July 2010.

"If you are not recording your activity correctly you are going to lose your funding," she says.

The study participants felt there were numerous factors affecting [patient outcomes](#), and these were not captured in data collection.

Participants felt data often does not record that each hospital is different – some have new facilities, some may not have enough beds, some may be well staffed and others chronically understaffed and some admit more disturbed patients.

"All of these things can affect your outcome levels and a lot of these things are out of your hands when you are a clinician," she says.

Dr Martyr says the responses on how to resolve the issues fell into two broad schools of thought.

One was to look at the system as a whole by bringing good care planning for individual patients and somehow incorporating the evaluation of outcomes.

The second idea included asking patients and carers how they rated the care they received at exit interviews.

But respondents also reported a level of pessimism and a sense of helplessness.

"Our staff flagged the attitude of no one else wants to change so why should I," Dr Martyr says.

They asked for more specific training on what the forms were and what the data was and how it fed back into the system.

Respondents also wanted more positive feedback and for management to get behind programs.

The report was published in the *Australian Health Review* in April.

More information:

www.publish.csiro.au/nid/270/paper/AH12171.htm

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