Enhancing the Volume of Psychiatric Home Care Service

Yu-Chen Lin¹, Liu, Hsiu-Chu², Lin, Kuei-Ching³

¹NP, CNS, RN, ICN, MCN, Department of Community Psychiatric Nursing, Kaohsiung Municipal Kai-Syuan Psychiatric Hospital, Taiwan
²Head Nurse of Acute Ward, Department of Nursing, Kaohsiung Municipal Kai-Syuan Psychiatric Hospital, Taiwan
³Head Nurse, Department of Nursing, Kaohsiung Municipal Kai-Syuan Psychiatric Hospital, Taiwan

Introduction
There were many different models of community-based psychiatric treatment in Taiwan. These include crisis intervention, home based treatment, and mandatory Community Treatment. In addition, the majority of community-based psychiatric treatment was home-based treatment.

The home-based treatment allowed patients to receive psychiatric treatment at their own home. Some studies indicated that the home care service was a safe and effective alternative for up to 80% of patient after discharge (Singh, Rowan, Burton, & Galletly, 2010).

In addition, home care service facilitated early recognition and de-escalation of social issues that may cause some psychiatric crisis. Moreover, home care service also provided the help for problem solving and support for both patients and their families.

Beside this, the home care service also can reduced admissions and bed use and the duration of hospital stay. The researcher also indicated that there was it lack of evidence in higher rate of suicide and deliberate self harm among patients who receive psychiatric home care service (Iqbal, Nkire, Nwachukwu, Young, & Russell, 2012).

The average amount of home service around 674 person-times per month within three years (2010-2012). However, 720 person-times per month of psychiatric home care service was the target which be established as the key performance index of the hospital. Hence, the action research method was used to explore the factors which may cause low service volume and the way to increase the service volume of psychiatric home care.

Methods

The purpose of this presentation is to increase the service volume of psychiatric home care through action research.

The four steps of action research, planning, acting, observing and reflecting, were used in this research. Hence, these seven steps, which become an endless cycle were: Selecting a focus, Clarifying theories, Identifying research questions, Collecting data, Analyzing data, Reporting results. Action research is a research method not only initiated to solve an immediate problem led by individuals, but also a way to improve individuals address issues and solve problems.

Action research is always relevant to the participants. Relevance is guaranteed because the focus of each research project is determined by the researchers, who are also the primary consumers of the findings.

Finally, the descriptive Statistics, percentage and frequency were used to present the result of this study. Data was collected from Jan, 2012 to Dec, 2012. The average data was used as baseline data within three years (2010-2012).

Results

According to the general survey and monthly reports of home care, the main causes which may decrease the volume of home care service were the lack of home visit doctors, insufficient knowledge on home care, and the restriction of service due to less referral sources. Beside of this, higher and higher rejection rate of home care service application was indicated as well.

Conclusions

Eventually, the numbers of home care service volume from 600-650 person-times to 700-714 person-times per month, thus nearly achieving the goal of this study. However, there were 6 person-times less than our final target volume.

In addition, the number of home visit doctors were increased from 20 to 30 doctors. The rejection rate of home care service application was decreased after Jun, 2013.

This study may be used as a reference to other hospitals that are in the process of establishing a psychiatric home care service. Moreover, home care service volume as the Key Performance Index (KPI) of community psychiatric service and it is easy to manage and understand those index by using control chart.

References


Contact Information

Name: Yu-Chen Lin
E-mail: Linyuchen23@gmail.com
Address: Department of Community Psychiatric Nursing, Kaohsiung Municipal Kai-Syuan Psychiatric Hospital, No.130, Kaisyuan 2nd Rd., Lingya Dist., Kaohsiung City 80276, Taiwan (R.O.C.)