

NAPICU Conference Poster Abstract Submission

Title: The Impact of the ‘Revolving Door’ to Psychiatric Intensive Care: Factors involved in Readmissions to a female-only PICU in South London.

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Introduction/Background

This poster is a follow-up to a poster presented at the NAPICU Conference in 2013 (“Is the ‘Revolving Door’ Integral to Psychiatric Intensive Care? Factors involved in Readmissions to a female-only PICU in South London” by Natalie D. Lopez and Dr Shalini Sharma) which summarised the preliminary findings of this work. Through descriptive and comparative analysis of the data, new results have been established.

The ‘revolving door’ phenomenon in psychiatric hospitals has been documented in the literature since at least the 1970s (Talbot, 1974; Khan et al, 1987; McRae et al, 1990); Holloway & Carson, 1998; Korkeila et al, 1998). Audits of various psychiatric hospitals and units describe the factors that may be involved, and whether chronic inpatient hospitalisations should or can be avoided (Pereira et al, 2005a; Pereira et al, 2005b; Gastal et al, 2000).

Aims & Objectives

This study examines the factors involved in readmission rates to a female psychiatric intensive care unit in South London, as well as the care pathways to and from the PICU. This research is focused on variables involved in multiple admissions to PICU by female service users at the South London and Maudsley NHS Foundation Trust over the period from January 2012 to June 2013. The objective is to develop a preliminary perspective on factors involved in readmissions to PICU using existing patient records, and to establish a baseline that could be used for comparison in future audits.

Method

Quantitative and qualitative data for 118 patients was collected using the electronic Patient Journey System and Trust outcome database. The analysis was carried out using Excel, and comprised of descriptive and comparative analysis between patients with a single admission in the study period, patients with two admissions, and patients with three admissions.

Results

Preliminary findings suggest that diagnosis, compliance with medication, care pathway, illicit drug and alcohol use, and length of stay may be involved. While it may be difficult to generalise from such a small sample size, differences in the profiles of patients with different numbers of admissions to PICU are explored.

Discussion & Conclusion

Are multiple admissions to psychiatric intensive care services part of the necessary assessment and treatment of individuals with severe, chronic mental illness and challenging behaviour? Is this part and parcel of our approach to patient care, by escalating them to more intensive services until they are well and safe enough to be transferred to an open ward? Could some readmissions be avoided? These are questions discussed in light of the findings from this study. Further research is needed to establish whether this is the most service user-friendly, service-friendly, and cost-effective approach.

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