WHAT DOES HIGH QUALITY CARE IN A PICU LOOK LIKE?

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- EFFECTIVE MULTIDISCIPLINARY TEAM
- APPROPRIATE INTERVENTIONS SUPPORTED BY CLEAR POLICIES
- SAFE PLEASANT ENVIRONMENT
- SERVICE USERS AND CARERS FEEL THEIR VIEWS ARE RESPECTED
- GOOD DOCUMENTATION AND SAFE SHARING OF INFORMATION
- EFFECTIVE LIAISON WITH OPENWARDS AND OTHER AGENCIES
- ONGOING MONITORING OF SERVICE BY AUDIT AND PERFORMANCE INDICATORS
MULTIDISCIPLINARY TEAM

- Shared philosophy of care and mutual trust
- Consistent clinical leadership
- Adequate staffing, regular supervision and CPD
- Regular MDT meetings and effective sharing of information at handover meetings
- Governance meetings for staff and community meetings with inpatients
- Key members:
  - Pharmacist
  - Nursing team
  - Medical team
  - OT and art therapist
  - Psychologist
  - Housekeeping staff
  - Clerical staff

INTERVENTIONS AND POLICIES

- Clear admission and exclusion criteria
- Pharmacological:
  - RT policy consistently applied (NICE)
  - Regular input of pharmacist to MDT
  - Observe BNF limits and new guidelines
- Physical care:
  - Physical examination on admission
  - Routine bloods UDS
  - ECG
  - Junior medical staff proactive in investigating physical problems/SE
- PMVA training and regular refresher courses
- Risk assessment regularly updated and reviewed by MDT
- Regular ILS training
- Ongoing management of substance use/dual diagnosis
- Psychological interventions (eg ACT)
ENVIRONMENT

- Clean pleasant single sex environment with maximum possible natural light
- Safety prioritised: ligature points, lines of sight, furniture etc
- Lockable room, personal lockers
- Access to garden with secure fence
- Access to music, TV, art
- Access to smoking area
- Seclusion room with adequate facilities: temperature control, toilet, clock etc
- Exercise facilities for service users
- Facilities for staff to relax

SERVICE USERS AND CARERS

- Bookable regular reviews with consultant/senior doctor and care coordinator (no formal ward rounds)
- Carers/relatives always welcome at reviews if service user agreeable; otherwise access to consultant to give information
- Medication education and discussion in:
  - Ward reviews
  - 1:1 meetings with pharmacist
  - Printed information
- Welcome pack and involvement in care plan
- Prompt response to letters/complaints
- IMHA available
- 1:1 sessions with nursing team
- Activity programme on ward 7 days/week
- Equality and Diversity awareness
DOCUMENTATION/LIAISON

- Legible signed dated multidisciplinary notes or contemporaneous electronic record
- Safe passing on of all information (historical and current)
- Good liaison with MHA Office:
  - Tribunal reports
  - S17 leave
  - Capacity/Consent to treatment S62 etc
- Liaison with open wards, other agencies:
  - Sharing information
  - PICU screening on admission
  - Early discharge planning
  - Outreach to wards
  - Police Probation and MAPPA
  - Forensic service/Prisons
  - Social services/Child and Family

MONITORING PERFORMANCE OF UNIT

- Aim must be to maintain good staff morale and improve performance
- Indicators include:
  - Bed occupancy (LOS etc)
  - HoNOS etc
  - Budget management
  - Sickness rates and vacancies
  - Incidents (assaults/medication errors)
  - Use of seclusion, calm room, RT
- SUIs should be used for learning to improve performance and not to attribute blame
- Ensure data collected is meaningful and interpreted in context
- Regular audits eg physical examinations
LITERATURE/RESEARCH

National guidance

- National Minimum Standards for PICU and LSU 2002 DOH
- Focus on PICUs 2008
  NHS Institute for Innovation and Improvement
- AIMS standards for PICUs 2010
  RCPsych

Original Research

- A review of the practice and position of monitoring in today’s RT protocols
  Innes et al Journal of Psych Intens Care 2012
- Characteristics of acute wards associated with the presence of a psychiatric intensive care unit, and transfers of patients to it
  Bowers et al Journal of Psych Intens Care 2012
- What is new in Rapid Tranquilisation?
  Parker et al JPIC 2011
- Lean thinking and more: Development of patient needs types in psychiatric intensive care
  Kearney, Dye Journal of Psych Intens Care 2010
- The psychiatric intensive care unit: A prospective survey of patient demographics and outcomes at 7 English PICUs
  Brown et al JPIC 2008
• Establishing gold standard approaches to RT: A review and discussion of the evidence on the safety and efficacy of medications currently used
  Pratt et al JPIC 2008
• Psychiatric Intensive Care Units: A literature Review
  Bowers et al 2008 IJSP
• A prospective survey of patient demographics and outcomes at 7 English PICUs
  Brown et al JPIC 2008
• London Survey of PICUs
  Pereira et al JPIC 2005
• Design in PICUs: Problems and issues
  Pereira et al JPIC 2005
• Good practice issues in PICUs a national survey
  Pereira et al Psych Bulletin 1999

AND FINALLY....

COMPASSION

RESPECT