

Real-life clinical decision-making: Examining the role of multiple clinical and non-clinical factors on decisions to admit patients to acute psychiatric units.

Nathan R,^{1,2,4} Boyle S,^{1,2} Elliot P,¹ Saini P,^{2,3} O'Loughlin C.^{1,2}

¹CWP NHS Foundation Trust, ²Collaboration for Leadership in Applied Health Research and Care North West Coast, ³Liverpool John Moores University, ⁴University of Liverpool & University of Chester

Background

The substantial evidence base examining the effectiveness of mental health provision focuses on macro-interventions (e.g. a course of medication, therapy or team level input), at the expense of the role of wider clinical activities (e.g. assessment, follow-up contacts, referrals, admissions) which can equally affect patient outcomes and experience. Of these less therapeutically specific activities, admission to hospital is one of the most significant in terms of patient-experience, micro-therapeutic opportunities (e.g. advice, education, experience of positive interactions, instillation of hope), and resource utilisation. Clinical experience suggests significant variability between clinicians in the way they decide to arrange acute admissions, which makes (i) assessing effectiveness, and (ii) predicting, managing, and responding to pressures on resources, difficult. Studies of clinical decision making tend to concentrate on disorder/patient-based factors, whereas a theoretical role of wider contextual factors has been reported.

Objective

This study set out to identify factors (both disorder/patient-based and wider contextual) influencing clinicians' decisions to arrange acute psychiatric admissions.

Methods

In a large UK NHS provider of acute and long-term community- and hospital-based mental health services, semi-structured focus groups (n=6) were held with participants (total n=38) from teams responsible for making decisions about admission to hospital (i.e. crisis/home treatment, liaison psychiatry, psychiatrists, and approved practitioners for legally mandated involuntary admission).

Analysis

An adapted Framework Method for the analysis of qualitative data was employed to identify the key themes from the transcribed focus group interviews.

Results

The final analytic framework described 8 themes of factors (figure1) that interacted with each other to influence decisions to acutely admit patients to hospital.

Conclusions

In addition to the expected disorder/patient-based factors, this study uncovered a complex interplay of powerful contextual influencers. The implications of these findings (i) for research are that studies of complex interventions need to account for the real-world contextual as well as clinical factors, and (ii) for practice that service models should aim to enhance the influence of positive factors and attenuate the impact of adverse ones.

Video 1: Discussion of background to study

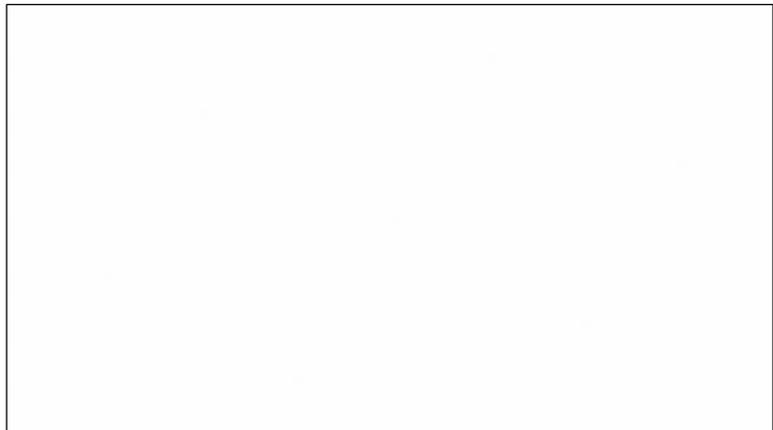


Figure 1: Themes of factors influencing decisions to arrange acute psychiatric admission

