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SCHIZOPHRENIA QUALITY INDICATORS FOR INTEGRATED CARE - RESULTS FROM A FEASIBILITY STUDY.

M. Kösters¹, C. Lahmeyer¹, Y. Zhang¹, S. Weinmann², T. Becker¹

¹Department of Psychiatry II, Ulm University, Guezburg, ²Division of Health, Education and Social Protection, German Development Cooperation (GTZ), Eschborn, Germany

Introduction/objectives: There is currently a variety of initiatives to improve the quality of care for schizophrenia, but there is no established core set of quality indicators in schizophrenia. In 2009, Weinmann and Becker published a set of indicators for quality monitoring of schizophrenia care. This study aims to evaluate the feasibility of these indicators.

Methods: Adult schizophrenic patients insured by the Federal Association of Local Health Insurance Funds (AOK) were recruited in two large psychiatric hospitals. Participants were evaluated using PANSS, CGI, Camberwell Assessment of Need-European Version (CAN-EU) and the Verona Service Satisfaction Scale (VSSS) at discharge and after six month.

Furthermore, 18-month AOK administrative data was available for all patients included.

Feasibility of structural and quality indicators described by Weinmann and Becker (2009) will be tested by applying the full set of indicators.

Results: 82 patients with a mean age of 40 and an average GAF score of 44.3 were included. We were able to calculate all indicators. Outpatient data was available with a delay of over six month. Patients had on average 1.6 additional psychiatric diagnoses (S1) and a mean length of stay of 44 days (S6). 67% of the patients were satisfied with the treatment received (Q17). 25% of the patients were re-admitted to an inpatient psychiatric care within 30 days after discharge.

Conclusions: The usage of Quality Indicators seems to be feasible in routine care. However, delay in the availability of outpatient data has to be considered if these indicators are implemented.