

Quality Assessment of Outpatient Psychiatric Evaluations in a Tertiary Care Hospital in Pakistan

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Aims and Hypothesis

The audit aimed to assess the quality of psychiatric evaluations in the outpatient department (OPD) of a tertiary care hospital in Pakistan, hypothesizing that these evaluations might not fully adhere to recommended national and international guidelines.

Background

Effective psychiatric evaluation is pivotal for accurate diagnosis and treatment planning. In low- and middle-income countries like Pakistan, adherence to standardized psychiatric assessment guidelines can be variable, potentially impacting the quality of patient care.

Methods

A retrospective analysis of 200 OPD slips over a six-month period was conducted. Evaluation criteria were derived from the WHO Mental Health Gap Action Programme, APA Guidelines, and Pakistan Psychiatric Society Recommendations, focusing on key components such as patient history, mental status examination, and treatment planning. OPD slips were systematically assessed using a developed checklist, with each item independently reviewed by two trained auditors.

Results

The audit revealed that 58% of OPD slips demonstrated comprehensive history taking, while detailed mental status examinations were noted in only 37%. Treatment plans were present in 72% of cases, though alignment with diagnoses and specificity varied, with only about 48% of these being comprehensive and guideline-concordant. A significant observation was the lack of a standardized documentation format, contributing to inconsistency in evaluations.

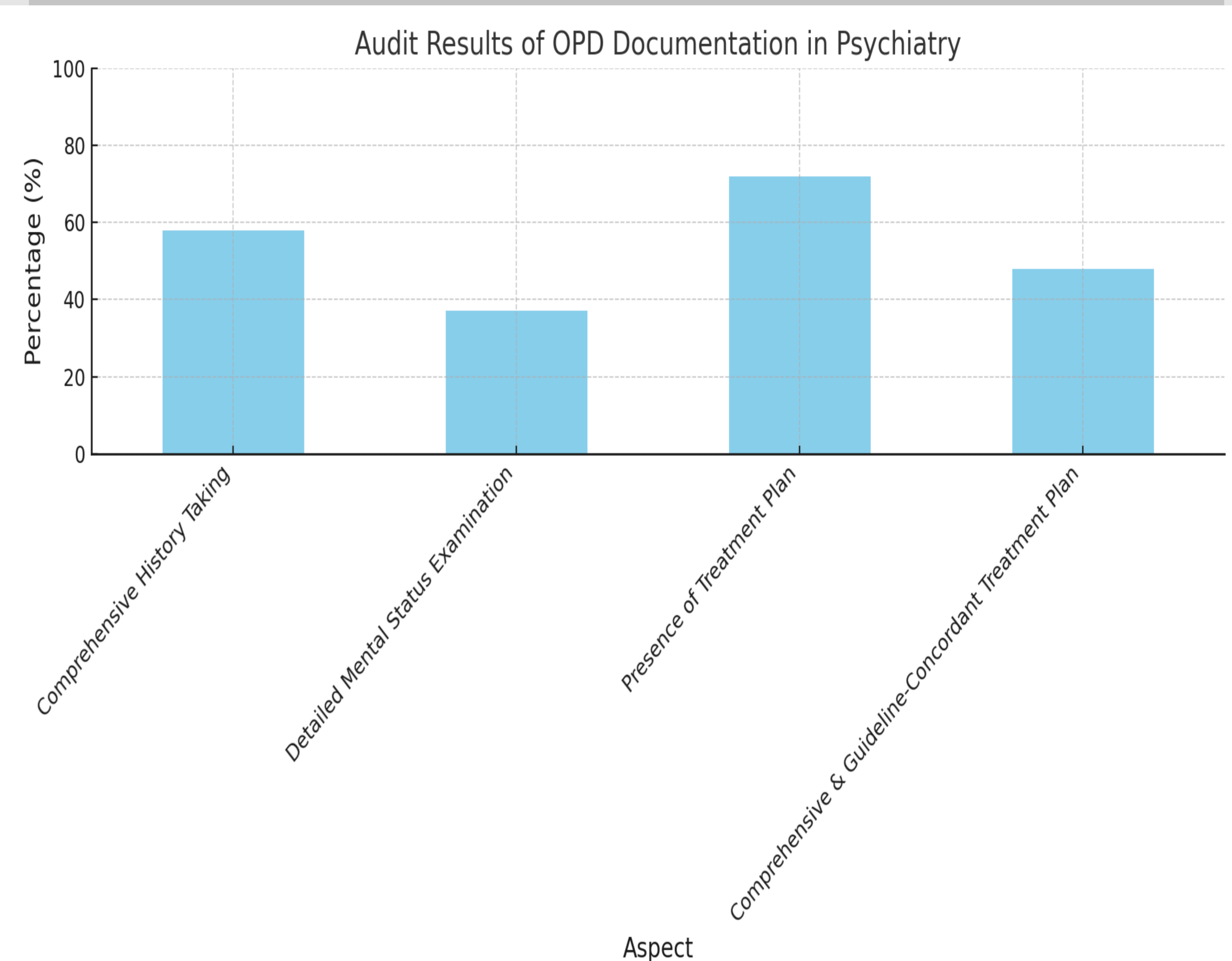


Figure 1: Stacked bar graph illustrating the quality of OPD documentation in psychiatry across three key aspects: history taking, mental status examination, and treatment plan.

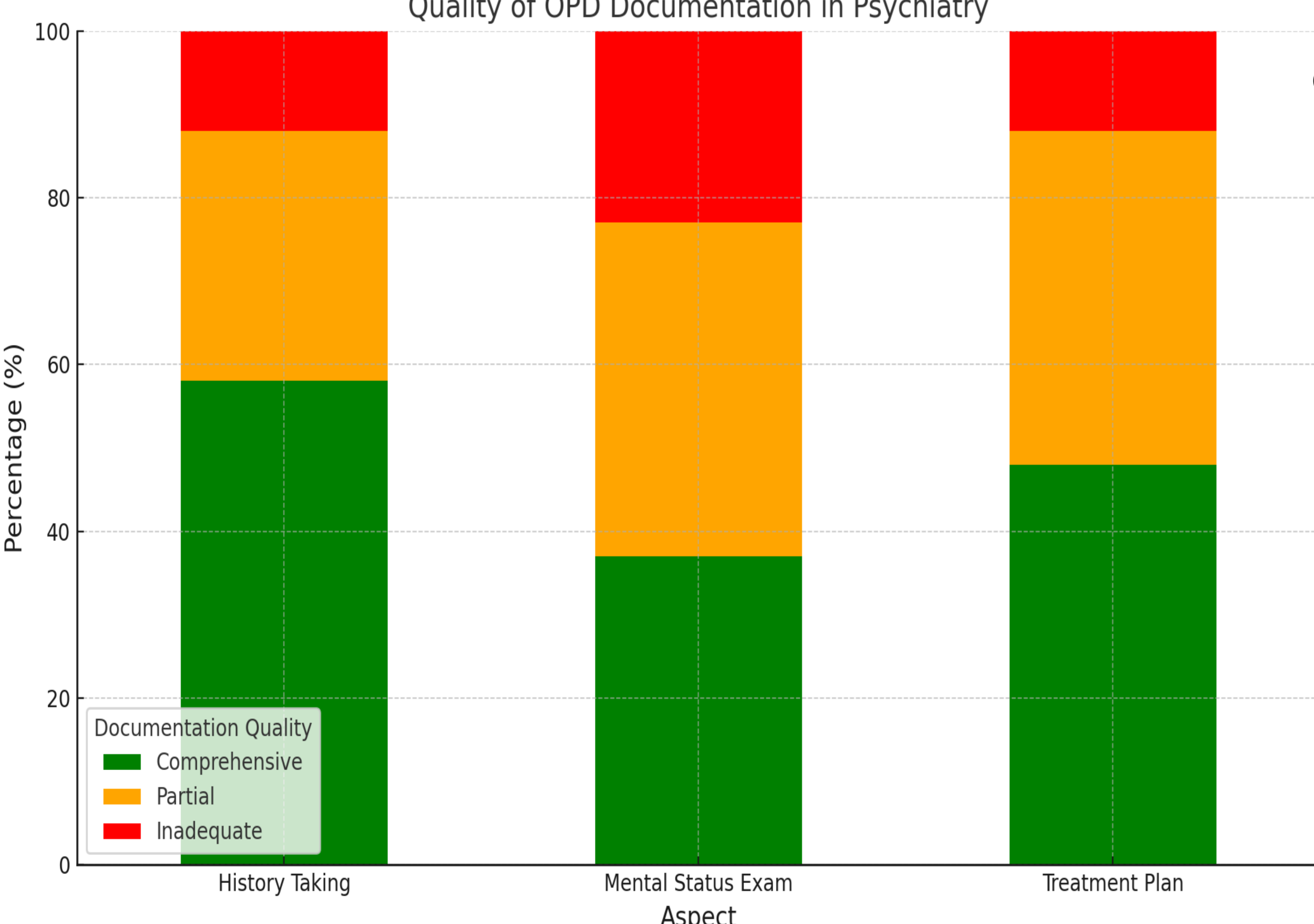


Figure 2: Bar graph depicting the percentages of comprehensive documentation in various aspects of OPD slips in psychiatry.

Conclusion and Next Steps

The findings indicate a need for enhanced rigor in psychiatric evaluations at the tertiary care hospital. While a majority of cases included history taking and treatment plans, the quality and adherence to guidelines, particularly in mental status examinations, were insufficient. The absence of standardized documentation formats likely contributes to these inconsistencies. To address these gaps, we recommend the implementation of structured evaluation templates and targeted training programs for healthcare providers. Subsequent steps involve monitoring the impact of these interventions through follow-up audits and considering expansion of these practices to other departments, aiming to elevate the overall standard of psychiatric care in the hospital.