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Admission Policy Analysis of the Ideal Unit in the National Center for Mental Health

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Introduction

Decision of hospital admission is a clinical decision; it is a clinical process that will be carrying out in concordance with each hospital's policies, operating procedures, protocols, and guidelines [1]. Admission to mental health hospitals may be planned (voluntarily) or against the desires of the patient (involuntarily), that may increases source of burden on health system resources locally and internationally [2].

Health policy is defined as a set course of action carried out by governments or health care organizations to attain desired consequences. The policy formulation is a technical phase in which specialists gather information on the issue, analyze the options, and formulate the draft of the policy [3].

Health policy analysis is a multi-disciplinary approach. However it targets to clarify the interaction and collaboration between institutions and interests in the policy process [4]. It has two profits: To recognize failure and successes past policy and to plan for future activities to improve policy implementation and acceptance [4]. Policy analysis determines the optimal policy actions, given current political and economic constraints [5].

The Jordanian health care system is challenged by limited resources and increasing demands on health services (The World Health Organization [WHO], [6]). The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in Jordan [6].

There has been about 2% increases in the number of psychiatric beds in Jordan in the past five years (from 453 to 463). Consequently, the number of hospital admissions has increased in occupancy rate 97% [6].

The author in this paper focuses on identifying the impact of policy measures on admission policy and using a systematic method and analytical approach to evaluate the admission policy at the Ideal Unit in the National Center for Mental Health, and then develop rational solutions for the problems identified in the policy based on pre-established criteria. The policy analysis will encompass the following steps: Verifying, defining and detailing the problem, establishing evaluation criteria, identifying alternative policies, assessing alternative policies, displaying and distinguish among alternatives, and implementing, monitoring, and evaluating the policy.

Step one: Verifying, Defining and Detailing the Problem

The admission policy of the Ideal Unit in the National Center for mental Health is based on best available evidences to apply the principle of the restrictive environment and support patients safety and recovery [6].

The author researched many databases to get related evidences. The criteria of the chosen papers focused on the admission in mental health hospital, the author found the related evidences in around eight researches published in (CINAHL) database, (HINARI) database, (Pub Med) database, Medline, CINAHL, EBESCO, and (Science Direct) database. By using the specific keywords as "admission in mental health". The most relevant articles from the year 2007 to 2013 were selected.

The author estimates to face an intergroup conflict when formulating new policy. To resolve the conflict, the author recommends persuading stakeholders and discussing the strength points and the desired consequences of the novel policy.

The admission policy of the Ideal Unit in the National Center for mental Health is facing two problems; the inclusion criteria and psychological safety.

Firstly, the admission policy of the Ideal Unit includes only the cases most frequent on the other wards inside the hospital such as schizophrenia and mood disorders, based on those cases the inclusion criteria was organized. Where it is ignored the other cases such as the patients require a special procedure such as electro compulsive therapy (ECT), addicted patients who carry psychotic features, other illness-related behavior that endangers relationships, the reputation, and asserts, significant self-reflect, lack social support, failure of outpatient, eating disorder, posttraumatic disorder, and non-compliance with treatment plan. So, large portion of patients not receiving required psychiatric care and thus effects on quality of care and patients satisfaction and create the appearance of bias and discrimination between patients adversely.

According to the admission criteria at the Ideal Unit, the patients must have a primary Axis I diagnosis of mental illness to admit the Ideal Unit, but actually this part of criteria isn't applicable. Additionally, the policy ignored the patients aged less than 18 years and elderly more than 60 years.

Secondly, the patient psychological safety is crucial issue as it reflects different care indicators (National Patient Safety Agency [NPSA], [7]). Adverse events such as violence, drug errors, misdiagnosis, and inappropriate procedures were documented as factors that increased the morbidity and mortality of patients [7]. Psychological safety is the feeling accepted and respected and able to express the opinions (Accreditation Canada [AC], [8]). The improving adaptive functioning and restoring a psychological sense of safety and trust, whenever possible, care should be given within a safe environment and decreased arousals are established [5].

People with long-term psychiatric health circumstances will have psychological and emotional needs resulting from the burden of illness-

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related symptoms [8]. The psychological safety can be achieved through these steps: Construct a safety culture, engage patients and families in their safety and providing feedback implement solutions to avoid harm, and encourage reporting [7].

While the admission policy at Ideal Unit explicated that its aim to admit the patients, who have assault behavior on self or others, smoothly and safety. The explicitness of safety in the current policy does not achieve adequate psychological safety for these patients. Although, all admitted patients to Ideal Unit are provided with standard precautions and information to allow them to be safely orientated and feel protected in the environment; some defects in the current policy deprive patients for feeling protected in the environment. Patients newly admitted to the Ideal Unit must be oriented to the patients, the staff, the structure, and procedures. Consequently this will make the patients feel secure in the environment. But the current policy identified physical interventions for safety precautions and ignored the psychological aspect.

Furthermore, intended stay of length is one of the primary targets that are planned at the beginning of the patient admission [9]. Stay of length isn't mentioned in the admission policy at Ideal Unit, the patients' feels resentful and hinder safety feeling physically and psychologically.

In the Ideal Unit, the patients are not involved in the decisions and treatment plan which leads to feel unsafe during their hospitalization, preclude autonomy, and decrease confidence and trust among nurses and psychiatrists interventions [10].

The psychiatric patients, their friends, and their family must be oriented and involved in treatment plan and have a chance to support the patients (American Psychiatric Association [APA], [11]). In addition, the patients and health care provider should have a chance to argue mentioned issues during admission, and open discussion during hospitalization [11]. The admission policy at Ideal Unit did not offer enough opportunity to involve family and relatives in the process of admission and decisions making.

The involvement of patients and families in health care providing leads to identify the patient stressors during admission and to feel safe [12]. This can be obtained by adding these aspects to admission policy that targets to improve clients' safety and security during admission.

Based on what has been discussed previously, the achieving targets of the policy analysis will be obtained by using a more client-centered approach in addition to providing the most effective inpatient care and treatment ([11]; Australian National Mental Health Working Group [ANMHWG], [13]).

The global health systems have the accountability to improve the admission policies such as the world health organization and European Commission. The Jordanian stakeholders who have a accountability and responsibility should be involved, Jordanian Nursing and Midwifery council (JNMC), Ministry of health (MOH), Jordanian Nursing Council (JNC), and Jordanian high health council (JHHC). In collaboration with these stakeholders, they will have authority for the novel policy to apply the policy.

Step Two: Establishing Evaluation Criteria

The aim of the current policy is to admit patients safely and make patient feels secure in the unit; however the effectiveness of the current policy to achieve expected outcomes, these outcomes will be evaluated in terms of administrative ease, cost and benefits, effectiveness, equity, and legality.

The author evaluates the current policy in terms of administrative ease; it can be measured by using solutions that is not requiring much more, easy to administer is stated clearly in the current policy.

Cost and benefits; cost-benefits with desired consequences for both patient and family which implement solutions on government budget, all patients are expected to receive low benefits regarding to psychological safety, low costs because most of the patients under the umbrella of comprehensive insurance.

Equality referrers to the distribution of the benefits equally on the medical service recipients, the current policy is effective but doesn't guarantee the fairness; as mentioned previously the inclusion criteria doesn't cover all psychiatric cases.

Legality includes the existence of authority to enact the proposed alternatives. The current policy is legal since it's ensure safety and not harmful for health care provider and patient.

The last objective is political acceptability to political leaders and interested, political acceptability is not general among political leaders and interested.

The desired consequences of the current policy are to admit patient in safe and east with guarantee the psychological aspect, but the patients and family complain from feeling unsafe psychologically.

Step Three: Identify Alternative Policies

The aim of identification alternative policy is to measure the gap between the desired alternatives and the current. However, considering the steady state on the current situation or alternative polices was considered in collaboration with experts [14].

The first alternative option is the staying with no alternatives. This option comprises the steadying on the current policy without additional steps.

The second alternative and the third alternative include specific actions in the policy that enhance the inclusion criteria and enhance patients feeling in the psychological safe at the Ideal Unit. The alternative policies were discussed in the Table 1. This option is derived from John Dempsey Hospital admission policy which included specific content to guarantee psychological safety with keeping the original policy:

- The nursing admission process is finalized within twenty-four hours of admission.

- Newly patient must be received by a member of staff who must introduce themselves warmly. An outline of the admission process must be described.

- The patient must be orientated to the unit including: The name of the health care provider, the details of any routine procedures, allocated room and bed, other patients, the ward routine such as times of sleep and wake, meal times and any other specific information, visiting times, smoking times, disposition of personal medications and patient valuables, and expected stay of length.

- The patient and the family must be involved in treatment plan of care and must be kept informed of their progress.

- The nurse must initiate an individualized plan of care for every patient within 24 hours of admission. The plan will address nursing problems identified and include anticipated patient outcomes.

Item	Alternative policy 1	Alternative policy 2	Alternative policy 3
The description	The first alternative is the staying without action or alternatives. This alternative comprises leaving the current policy without changes that enhance patient to feel in psychological safe in the Ideal Unit	This option includes adding particular interventions to the current policy that enhance patient to feel psychological safe	The third alternative is providing brochures with pictures for patients that describe all general and specific instructions and patients' rights that improve patients to feel in psychological safe in the Ideal Unit.
Evaluation Criteria Administrative Easy	Easy This option includes not adding interventions	Not easy This option include adding new criteria so this need efforts	Not easy This option include developing a new brochures, this may need efforts
Effectiveness	Not effective Not feeling in psychological safe in the Ideal Unit.	Effective Patients are satisfied and feel in psychological safe in the Ideal Unit.	Effective Patients who understand the brochures content satisfied and feel in psychological safe in the Ideal Unit.
Costs	Not Not add a new costs	Little cost For developing new policy and train the staff to apply it	High cost For printing a new brochures and train staff
Equity	There is bias	This policy guarantees the fairness	This policy guarantees the fairness
Legality	Legal	Legal It requires approval from the quality control office	Legal It requires approval from the quality control office
Political Acceptability	Not acceptable	Acceptable Acceptable to political leaders and interested	Acceptable Acceptable to political leaders and interested

Table 1: Display and distinguish among alternatives.

- The nurse will record smoking status for all patients.

- If the patient is unable to provide the information to complete the database, the nurse must attempt to obtain the required information through their legal proxy.

- The nurse will complete the required sections of the Patient and Family Teaching Record within 24 hours of admission.

- The nurse will provide the patient and family an orientation to the unit.

- Review hospital policies that govern visiting hours, prohibition of smoking, disposition of personal medications and patient valuables.

- Instruct the patient in the use of the unit call bell, hospital phone system, meal schedules and menu selection, and utilization of the hospital safe for valuables.

- Assigning Case Manager to work with the patient and family to offer the best services allowed under the policy coverage.

- Apply check routine as a part of life on the unit. Every half-an-hour or hour, a member of the nursing staff will check on the location and safety of each patient.

- In the first admission to the unit, staff will inquire to inspect any belongings brought with them, comprising items in their clothing. This is a routine procedure to avoid unsafe items from being carried onto the unit.

- Providing brochures with pictures for patients that describe all general and specific instructions and patients' rights that improve patients to feel in psychological safe in the Ideal Unit.

Step Four: Assess Alternative Policies

All suggested alternatives will be evaluated in terms of administrative ease, cost and benefits, effectiveness, equity, and legality. Table 1 illustrates the comparison between the policy alternative by using many criterions which are administrative ease, cost and benefits, effectiveness, equality, legality, and political acceptability.

Alternative one

The first alternative is the staying without action or alternatives. This alternative comprises leaving the current policy without changes that enhance patient to feel in psychological safe in the Ideal Unit. This policy is applied now.

The predictable consequences of applying this policy are that the patient will be admitted in an easy way. However, the patients do not feel completely psychologically safe.

It is resulted from ignorance of the orientation to the Ideal Unit. The expected consequences for applying this alternative are not attaining with the desired policy goal which aims to admit patient easily and safely into the Ideal Unit. This alternative does not attain patients' needs for psychological safety. This alternative is required for base line to compare with other options.

Alternative two

The second alternative is containing particular interventions in the policy that improve patient to feel psychologically safe in the unit such as orientation to the unit including: The name of the health care provider, the details of any routine procedures, allocated room and bed, other patients, the ward routine such as times of sleep and wake, meal times and any other specific information, visiting times, smoking times, disposition of personal medications and patient valuables, and expected stay of length.

This alternative has chance to be applied. The expected outcomes of applying this policy are that the patient will be admitted in an easy and psychologically.

Alternative three

The third alternative is providing brochures with pictures for patients that describe all general and specific instructions and patients' rights that improve patients to feel in psychological safe in the Ideal Unit.

Step Five: Display and Distinguish among Alternatives

Alternatives will be assessed and evaluated and displayed through Table 1.

The Alternative policy	Strength points	Weakness points
Alternative policy 1	Easy to administer Not cost Time saving	Less effective Poor quality and inequity Increase workplace violence
Alternative policy 2	Guarantee the equity and autonomy Achieve the psychological safety Very effective strategy Improve staff knowledge and skills Reduce nursing turnover	Not easy to administrate High cost Time consuming Need more workforces Need trained staff
Alternative policy 3	Good quality Increase in nurses' satisfaction Achieve patient satisfaction and psychological safe Enhance work environment	Not easy to administrate High nurses' workload. High cost Time consuming Need more workforces Need trained staff

Table 2: Strength and weakness points of each alternative.

Discussion

The most important criterion for comparison between alternative policies is the effectiveness of policy and achieving the desired goals appropriately. As identified by Table 1 the most effective policy is the alternative policy three. However, the worst and least effective policy for achieving the desired goals is the alternative policy one. The alternative policies two can be effective but less than alternative policy three.

The weaknesses of the alternative policy one are less effective, poor quality and inequity, and increase workplace violence. The strength points of the alternative policy one are easy to administer, not cost, and time saving (Table 2).

The weaknesses of the alternative policy two are not easy to administrate, high cost, need more workforces, trained staff, and time consuming. The strength points of the alternative policy two are guarantee the equity and autonomy, achieve the psychological safety, very effective strategy, improve staff knowledge and skills, and reduce nursing turnover.

The weaknesses of the alternative policy three are not easy to administrate, high cost, need more workforces, trained staff, and time consuming. The strength points of the alternative policy three are good quality, increase in nurses' satisfaction, achieve patient satisfaction and psychological safe, and enhance work environment.

Step Six: Implement, Monitor, and Evaluate the Policy

Implementation of the alternative policy will be coordinate with the head nurse of the quality control office in the National Center for Mental Health. Implementation will comprise adding actions and strategies to the current policy to obtain client centered policy that improve feeling of psychological safety during admission. These strategies should be presented in a specific part which is titled psychological safety insurance with added instructions and strategies.

After including these strategies in the current policy, the new policy will be publicized and applied. Nurses will be trained to apply this policy. The evaluation criteria will be filled by patient and saved in the patients file. Patients will have the right to put notes on items that were not explained or not applied for them.

Evaluation of the policy will base mainly on attaining the planned consequences by creating patients feel in the psychological safe. It will be measured using a group interview with the patients and health care providers and match them with the base line data regarding psychological safety.

The implementation of the new policy was applied on group of newly admitted patients. This resulted in achieving the desired consequences. The patients and families verbalized feeling in psychological safe after the achieving the proposed alternatives. These alternatives indicated that the novel policy is more effective than the current policy and it is applied for every newly admitted patient to get the anticipated benefits regarding to the patients feeling of psychological safety.

Summary and Conclusion

This paper discussed the issue admission policy at Ideal Unit in the National Center for Mental Health. It explained the process of development and analyzes admission policy at Ideal Unit in the National Center for Mental Health. Policy analysis is not an ultimate stage; however it is a continuous process taking place from the beginning and continues to provide a feedback on the progress of policy development. The policy of the Ideal Unit for admission was estimated to determine support for the administrative feasibility, effectiveness, costs and benefits, equity, legality, impact on quality of care, and impact on nursing workforce and nursing environment.

Admission contains formal recording of personal information, initial assessments of needs and prescriptions of care. It is essential that the staff be confident and professional, offering reassurance, explanation and information. Prior to admission, patients should have had the aims of their admission made clear to them.

My Point of View

In my opinion it is better for the Ideal Unit to follow the admission instructions of the novel policy to enact the policy as a regulation to work with in healthcare systems because has many benefits:

This policy is constructed based on a very significant issue that impacts a wide range of people, and has a great effect on different life aspects of the Jordanians: economic, health, living status, and human right. Additionally, the application of new policy will guaranty lower incidents of many violations related to admission. Furthermore, it is imperative to conduct a base line data or studies about many violations and its relations to the admission policy, to compare it in the future with studies after the application of the new policy.

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