

How to organise the shrinks



The CHNP (Centre Hospitalier Neuro-Psychiatrique) is a specialist provider of psychiatric care services for patients with psychiatric disorders, the elderly and adults with a mental handicap and is based in Ettelbruck, Luxembourg. About four hundred and fifty patients are cared for on a daily basis, by a total staff (including physicians, administration and support) of more than six hundred and sixty. After being run by the State for 143 years, the CHNP became a public institution under private law in 1998 and over the next ten years made the transition from general psychiatric hospital to the current specialization in psychiatric rehabilitation. Patients suffering from an acute psychiatric crisis are now treated at a general hospital first and once stabilised they are transferred to the CHNP if needed.

The mission of the CHNP is to provide psychiatric rehabilitation for its patients: reintegrating them into society, accompanying them with treatment while in the community and providing prevention and health education. Following a recent national review of psychiatric care in Luxembourg, the CHNP is expected to undergo a further period of significant change over the next five years, as it transitions part of its services to a decentralised model in which services will be offered closer to the patient in local communities around Luxembourg.

Behind these forces for change, the CHNP has used the EFQM model to structure its commitment to patient services and communicate the priorities of its change programme to employees and the community alike. The Centre is an active member of the EFQM network, a member of the health care sector Community of Practice and recently completed the first stage in the 'Committed to Excellence' programme.

The EFQM Excellence model provides a structuring basis for the on-going change which the Centre is expected to undertake. But how does a psychiatric institution define 'Excellence'?

Dirk Wolff, Quality Coordinator at CHNP answers: "Our 'business' is to provide the best possible care to the patient: an objective which the patient and physician both agree upon. However, we are not in a competitive environment and to understand what is 'best' we have to find an acceptable standard. In our case we are very much driven by World Health Organisation (WHO) guidelines on standards of psychiatric care. Three principles govern these objectives: to base our treatments on evidence-based medicine, to provide an adequate infrastructure for care and to appropriately treat patients as a function of their social context."



Understanding what is 'adequate' in the provision of psychiatric care supposes that professional staff are kept up to date with what is 'state of the art' in treatment. In order to track developments, the hospital has a major commitment to sending its physicians to worldwide symposia and collaborates in

the exchange of research and data, even hosting its own seminars and receiving specialists from around the world.

“Increasingly we are also concerned with establishing an individual contract with the patient, to set expectations for what they want to achieve with their treatment.”

“In many of the psychiatric disorders that we treat, such as alcohol or drug addiction, success may be more than just overcoming the addiction – it may also pose the challenge of how to reintegrate the patient back into society, and family life – and help them to live as far as possible a normal life with their handicap. ”

The hospital leads the way in Luxembourg for the provision of patient-centered rehabilitation: respecting their right to determine aspects of treatment, involving their families as far as possible if desired, and maintaining confidence-based relationships between patient and physician.

The role of the EFQM model and of Assessment is likely to be reinforced over the next few years, as regional centres are acquired and undergo a transition to the CHNP culture, values and objectives. It is not an easy task to convince a staff consisting predominantly of professionals and care workers to accept common procedures. Dirk Wolff explains “it’s a community of professionals that is highly verbal and analytical. Not only do they want to understand the reasons for making changes to the structure and organization, they want to be able to discuss it. On the one hand, this can make progress slow, on the other, it is very necessary to reach a high level of personal commitment from all of our staff.”

Marc Graas, a physician at the ‘Fondation François-Elisabeth’, which treats patients with acute psychiatric disorders and which has also undergone a wide ranging improvement programme structured around the EFQM model, agrees about the importance of structure: “Psychiatry is still considered by some as a pre-scientific medical speciality (which it is not the case, of course). The fact that we successfully implemented a quality management system helps us to have a very well structured ward, with no chaos and well managed risks... comparable to other more technical wards, for example surgical.”

Dirk Wolff adds: “Physicians love to take part in the diagnosis and that includes the organization in which they work. Thankfully, the EFQM model and tools gives us a backbone on which to structure the many and sometimes competing objectives and to make sure that we continue to chart our progress.”