

Inspection visit to the psychiatry clinic of Viljandi Hospital

Summary

On 27 May 2017, the advisers of the Chancellor of Justice inspected the acute and reception department and the long-term treatment department of the Psychiatric Clinic of the Viljandi Hospital Foundation. The departments of the clinic were last inspected by the Chancellor of Justice on 14 December 2012. During the pre-announced visit, the advisers of the Chancellor of Justice visited the rooms of the clinic with a health care expert, talked to the hospital staff and patients, and examined the documents on the implementation of involuntary emergency psychiatric care and restraining measures.

The acute department of the clinic has 20 beds. During the visit it accommodated 11 patients four of whom had been subjected to involuntary emergency psychiatric care. In the acute department, there are two psychiatrists on duty from 8:00 a.m. to 4:00 p.m. on working days and a standby-psychiatrist in the evening and at night and at the weekend. During the day, there are two nurses and three caregivers on duty in the acute department and two nurses and two caregivers in the evening and at night. On working days, there is an activity instructor at the clinic who attends to the patients of all the departments either in the activity house or in the departments based on a schedule.

There are 36 places in the long-term treatment department of the clinic. The department is divided into the men's part and the women's part, both having 18 places. During the inspection visit, there were 12 patients in the women's wing and 2 of them were subject to involuntary emergency psychiatric care. There were 18 patients in the men's wing, one of them being subject to involuntary emergency psychiatric care and 12 of them subject to coercive treatment, because all the places of the coercive treatment department had been occupied. There are two nurses on duty in the long-term treatment department during the day and one nurse in the evening and at night. Both in the men's wing as well as the women's wing there are two caregivers on duty at all times.

It is worth recognising that the clinic has partially introduced an electronic documentation system that allows for documenting the condition and the procedures of a patient more accurately. In the activity house, the patients are offered meaningful ways for spending leisure time and in the long-term treatment department the staff and the patients dine together. The patients can meet with visitors in a separate room. The teamwork of the staff seemed to be smooth. Great attention is paid to training the staff and to the safety of the staff's working conditions.

However, it should be critically noted that the safety of a patient mechanically restrained in the observation room is not ensured, unless a health care professional is constantly in their presence at all time. The law requires that a health care professional be with a mechanically restrained patient at all times.

In documents, the need for the application of restraining measures (restraining a person physically, mechanically or in another manner prescribed by law) and the circumstances justifying the continued application of the measures must be justified clearly and exhaustively.

More opportunities for individually planned systematic therapeutic activities must be offered to the patients. The living conditions of the departments of the clinic must be made cosier as well.