

# Patient Family Advisory Council for Inpatient Psychiatry

## The Problem

A hospital- wide Patient and Family Advisory Council was established at the Medical Center in 2010 to improve the focus on patient and family centered care, and to meet public health requirements under 105 CMR 130. Patient centered care was a focus of the IOM report in 2001. Our Annual Operating plan at BIDMC identifies improvement of the patient and family experience as a high priority value. A sub-group of the PFAC Council at BIDMC met with Psychiatry Leadership in 2011 to hear from members about their experiences in mental health care, and to identify areas of improvement in treatment of patients with psychiatric illness. Based on the initial feedback, a PFAC for Inpatient Psychiatry was established and met in 2012 and 2013.

## Aim/Goal

Our goals included: identification of a charge and scope for the committee; establishment of a regular meeting schedule, identification of improvement projects that could be completed in a short period of time; and measurement of patient satisfaction data to evaluate changes.

## The Team

Tina Gosselin, APRN, Nurse Manager, Co-Chair	Bruce McWhorter, LICSW, Social Work Leader, Co-Chair
Antoinette Chabilal, RN	Marie Pierson, RN, Case Manager
Jonathan Hyde, OTRL	Cynthia Tsao, Advisor
Elizabeth LaSalvia, MD	Kathleen Moriarty, Advisor
Greg Ludlow, Ed.D	Wes Narron, Advisor

## The Interventions

- Established a Charter for PFAC for Inpatient Psychiatry;
- Established monthly and then bi-monthly meeting schedule;
- Reviewed baseline patient satisfaction data with feedback from council
- Made suggestions on how to create a more healing environment, with renovations to entry areas of unit;
- Improved communication processes through revision of patient handbook;
- Provided feedback on role and function of new Patient Rights Clinician
- Initiated the review of policies on patient searches and use of electronics on the unit;
- Developed staff photograph poster;
- Hired of a volunteer greeter;

## The Interventions (continued)

- Made improvements to Group Therapy Program,
- Discussed Improvements in psychiatric care for geriatric patients
- Reviewed role of Public Safety staff on the unit
- Reviewed admissions process for patients.

## The Results/Progress to Date

- Painted & renovated entry-way, including addition of lamp and reading materials;
- Added staff poster;
- Drafted an electronics use policy & purchased new computers for patients to use in day room;
- Hired Patient Rights Clinician who meets with every patient to review handbook and who runs a weekly patient rights group;
- Recruited volunteer greeter to greet visitors to unit in the afternoon and to assist with projects;
- Revised group therapy program with addition of RN led groups in afternoons and weekends

## Lessons Learned

- Feedback from the Council has lead to significant changes in environment of care.
- Challenges continue related to mixed patient population and limited space, but committee has very concrete suggestions for working within those limitations, including ideas for improving space in patient rooms.
- Safety concerns are top priority for the environment of care and have become a part of all discussions related to change on unit.
- Spreading the work to all members of the interdisciplinary team is important to sustain the progress made.

## Next Steps/What Should Happen Next

- Continue to measure improvements through review of results for key questions on patient satisfaction survey.
- Develop new charter and review membership for 2014.
- Develop strategies to include all frontline clinical staff in improvement projects.
- Coordinate visits to outside facilities with Advisors, to explore best practices and optimal environments of care.