
**All Inpatient Facilities Aggregated
Consumer Satisfaction Report, 2003-2005**

Consumer Quality Initiatives, Inc.

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CQI's mission is to "give consumers a greater voice and an integral role in evaluating the effectiveness of their [our] treatment" through "fair, honest and balanced" reports on consumer perception of quality and satisfaction. CQI provides a forum for that voice through confidential interviews with Mass Health clients. In addition to providing valuable information to the Partnership and providers, CQI hopes to initiate changes that will improve the system for all; consumers and providers alike. Through these interviews and small group discussions among consumers, providers and health care authorities, CQI is beginning to bridge information gaps to establish a common understanding of quality and mental health.

CQI interviewers are consumers or family members of consumers of mental health services who have received extensive training in interviewing with this population. Because of their personal experiences with mental illnesses, these interviewers are able to build a rapport with respondents that appears to help the individuals who are interviewed speak openly and honestly about their treatment experiences.

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Sample Demographics

Seven hundred and sixty-two patients (N=762) at 41 Hospital Units were interviewed during from October 16, 2003 through June 28, 2005.

Mean/Median length of time in hospital (at time of interview)	10/6 days
Mean/Median age of respondents	39/39 years
Percent male/female	48%/52%

Summary of Findings

Key Areas of Highest Satisfaction

- **Staff** A majority of respondents felt that staff treated them with respect and courtesy either “usually” or “always”, with 86% satisfied with their psychiatrist, 83% satisfied with the nurses and 83% with the mental health workers.
- **Hospital's Efforts to Get Outpatient Mental Health Care and Primary Care** 80% were satisfied with efforts to help them get outpatient mental health services. 77% were satisfied with efforts to help them get primary medical care.
- **Groups** 74% of respondents were satisfied with therapy groups.
- **Privacy with Bathrooms/Showers** 82% were satisfied with their access to privacy with the bathrooms and showers.

Key Areas of Lowest Satisfaction

- **Time Outside** 35% were satisfied with access to time outside.
- **Efforts to Obtain Housing** 50% were satisfied with staff's efforts to help them get housing.
- **Daily Activities** 54% were satisfied with the daily activities offered.
- **Privacy** 62% of respondents were satisfied with their access to a private room to meet with visitors. 64% were satisfied with their ability to make and receive phone calls in private.
- **Information received about Medications and Psychiatric Condition** 61% were satisfied with information about their psychiatric condition and 60% were satisfied with information on the benefits, risks, and side effects of their medications.

Recommendation

MBHP to develop methodology to assess patient continuity of care from hospital admission to discharge, involving unannounced visits, record reviews and interviews with consumers whose records have been reviewed. There should be a special focus here on patients who come in with no stable address.

Interviewing Protocol

Interviews were conducted at the hospital and in person. The approximate length of each interview was 30 minutes.

Survey Instrument

The inpatient survey instrument consists of 46 quantitative and 4 qualitative questions, as well as 23 demographic questions (Appendix A). Most quantitative questions allow individuals to respond using a four point scale; three variations of the scale are shown below. (Some scales also contained an additional point with a “not applicable” (“n/a”) or “not sure” option.) Nine questions had a two-point, yes or no, response options. Interviewers also recorded respondent’s comments to some of the quantitative questions to allow for better interpretation of these variables.

1	2	3	4
Poor	Fair	Good	Excellent
Never	Sometimes	Usually	Always
Worse	Same	Better	Much Better

In addition to the quantitative questions, four open-ended questions were asked at the conclusion of the interview. Interviewers recorded responses to open-ended questions using respondents’ own words as much as possible, though longer responses were sometimes paraphrased.

Reporting Data

Below is an example of how responses are reported for the quantitative section of the survey instrument. We have included a discussion section following, which describes the comments respondents gave in this section of the survey.

The percentages for each response category are listed under the variable label. The total number of respondents for this question is 14 (N).



	1	2	3	4	N
	Poor	Fair	Good	Excellent	
Care at facility since admission	7%	7%	57%	29%	14

It is important to note that the N (total number of respondents for a question) varies from question to question as some questions do not apply to a respondent or a respondent may choose not to answer a particular question.

Program Type: Adult Inpatient

According to the Partnership Network Manual, Volume I, section 4.3.2, "Inpatient Services" are described as follows:

The goal of acute inpatient mental health care is to stabilize individuals who display acute psychiatric conditions associated with a relatively sudden onset and a short severe course. Typically such individuals pose a significant danger to self or others or display severe psychosocial dysfunction. Acute inpatient care represents the most intensive level of psychiatric treatment. Treatment encompasses multi-disciplinary assessments and multi-modal interventions. Twenty-four hour skilled nursing care, daily medical care and a structured treatment milieu are required. Special treatment may include chemical, physical and mechanical restraint, seclusion and/or the security of a locked unit.

The hospitals we visited were either stand-alone psychiatric facilities or general hospitals with psychiatric inpatient units. General hospitals generally had one or two psychiatric units, and we would interview patients from both units. At some of the larger hospitals we visited, we interviewed at only one or two of the many units. Below is a chart which lists each hospital and unit at which we interviewed with the number of respondents at each unit.

Hospital names have been kept confidential in this report.

SUBTOTAL 2003-2004	435	SUBTOTAL 2004-2005	327
TOTAL 2003-2004			762

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DEMOGRAPHICS

Age (N=720)		Primary Language (N=741)	
Mean	39 yrs	English	95%
Median	39 yrs	Spanish	3%
Range	16-80 yrs	Portuguese, Vietnamese, Polish, Creole, French, or Other	< 1%
Gender (N=753)		Housing Situation (N=722)	
Male	48%	Live alone	26%
Female	52%	Live with spouse/significant other	8%
Race (N=736)		Live with family	26%
African American/Black	9%	Live in group home/nursing home	9%
Asian/Pacific Islander	<1%	Live in supported housing	2%
Caucasian/White	77%	Live with roommates	5%
Multiracial	4%	No stable address	22%
Native American	2%	Other	2%
Other	9%	Education Completed (N=728)	
Ethnicity (N=714)		8 th grade or less	5%
Hispanic/ Latino	11%	Some high school	19%
Physical Health (N=728)		High school graduate / GED	37%
Poor	15%	1-3 years of college	27%
Fair	34%	College graduate (4 years)	9%
Good	37%	Advanced degree	3%
Excellent	14%	Relationship Status (N=725)	
¹Psychiatric Diagnoses (N=762)		Single/ Never Married	60%
Adjustment disorder	2%	Married	9%
Bipolar disorder	31%	Divorced or Separated	25%
Major depression	24%	Widowed	3%
Schizoaffective disorder	7%	Other	3%
Schizophrenia	9%	Respondents with Children (N=726)	
Post traumatic stress disorder	15%	Living with them at least part time	20%
Personality Disorder	5%	DMH Client (N=726)	
Don't know	9%	Yes	34%
Not mentally ill	5%	No	58%
Other	17%	Unsure/ Don't Know	7%
No Answer	3%	Health Insurance (N=435)	
Length of time in hospital (N=647)		MassHealth: Partnership	47%
Mean	10 days	MassHealth: HMO	12%
Median	6 days	MassHealth: Fee for Service	41%
Range	1-180 days	²Physical Disabilities (N=765)	
Patient status (N=725)		None	66%
Conditional voluntary – truly	75%	Mobility	16%
Condtnl. voluntary –prefer not	15%	Hearing	9%
Committed	10%	Vision	10%
Work Status (N=732)		Other	29%
Working for pay: full-time	5%		
Working for pay: part-time	8%		
Volunteering	4%		
Not working for pay	83%		

¹ ² Respondents could select more than one psychiatric diagnosis or physical disability.

Comments on Demographics

The majority of patients were Caucasian, unmarried, not currently working for pay, spoke English as their first language and had conditional voluntary status at the hospital.

5	RESULTS: QUANTITATIVE SECTION
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Overall Satisfaction

Interviewers asked respondents to rate the overall care they received at the hospital as well as whether or not they would recommend the hospital:

	Poor	Fair	Good	Excellent	N	Mean Score/ Points on Scale
Overall care at facility	5%	16%	43%	36%	729	3.1 / 4
	No		Yes			
Recommend this program	18%		82%		714	

Perception of Quality of Services

Interviewers also asked respondents to rate their experience in the following aspects of care and services offered by the hospital:

	Poor	Fair	Good	Excellent	N	Mean Score/ Points on Scale
Treatment Planning						
Staff efforts to involve respondent in making tx plan	13%	13%	42%	32%	730	2.9 / 4
Staff efforts to involve family in respondent's treatment	14%	16%	41%	29%	347	2.9 / 4
Informed Consent						
Info received about nature of psychiatric condition	21%	18%	40%	21%	703	2.6 / 4
Info received about benefits, risks, side effects of meds	22%	18%	37%	23%	699	2.6 / 4
	No		Yes			
Given information about rights as a patient		16%	85%		728	
Staff Relationships						
	Never	Sometimes	Usually	Always	N	Mean Score/ Points on Scale
Treated with respect and courtesy by:						
Psychiatrists	5%	8%	14%	72%	696	3.5 / 4

Nurses	2%	15%	23%	60%	735	3.4 / 4
Mental Health workers	3%	13%	23%	60%	710	3.4 / 4
Human Rights Officer	7%	5%	8%	80%	84	3.6 / 4
Other patients	2%	20%	38%	40%	709	3.2 / 4
Able to talk to staff when having hard time/want help	6%	23%	26%	45%	711	3.1 / 4
Coercion						
Able to refuse unwanted services or treatment	12%	22%	13%	52%	378	3.1 / 4
		No	Yes		N	
Given drugs, isolated, phys. restrained against will		90%	10%		748	
	Poor	Fair	Good	Excellent	N	Mean Score/ Points on Scale
Involuntary treatment	49%	35%	11%	5%	65	1.7 / 4
Groups and Activities						
Groups	9%	18%	47%	27%	720	2.9 / 4
Daily Activities	18%	28%	39%	15%	707	2.5 / 4
Basic Amenities						
Food	11%	31%	40%	18%	753	2.7 / 4
Cleanliness	7%	21%	48%	24%	758	2.9 / 4
Ability to obtain clothing	19%	12%	42%	27%	516	2.8 / 4
Time spent outside	42%	22%	26%	9%	625	2.0 / 4
Concerns and Complaints						
		No	Yes		N	
Resp. concerned about safety		82%	18%		748	
	Never	Sometimes	Usually	Always	N	
Staff take concerns about safety seriously	16%	24%	11%	49%	110	2.9 / 4
Resp. feels free to raise issues or concerns	11%	20%	23%	46%	639	3.0 / 4
Staff takes concerns seriously	10%	18%	22%	50%	585	3.1 / 4
Access to services/Privacy						
	Poor	Fair	Good	Excellent	N	Mean Score/ Points on Scale
Access to a private meeting room for visitors	21%	17%	38%	24%	522	2.7 / 4
Ability to make and receive phone calls in private	19%	17%	38%	26%	705	2.7 / 4

Privacy to use bathrooms and showers	8%	11%	42%	40%	759	3.1 / 4
Access to an attorney/other outside assistance	25%	15%	33%	28%	237	2.6 / 4
Medical/Other Issues/Special Need						
Resp. rating of medical care received for physical health	12%	12%	41%	35%	691	3.0 / 4
Staff efforts to meet needs related to physical disability	21%	13%	38%	29%	136	2.7 / 4
		No	Yes		N	
Trauma history addressed		42%	58%		504	
Substance Abuse issues addressed		23%	77%		420	
Assistance with referrals/ services						
	Poor	Fair	Good	Excellent	N	
Efforts to help get outpatient mental health services	10%	10%	43%	37%	534	3.1 / 4
Efforts to help get primary medical care	14%	10%	43%	34%	400	3.0 / 4
Efforts to help get housing	34%	17%	29%	21%	285	2.4 / 4

Appropriate Placement

Respondents were also asked whether or not they believed they were in the right facility as well as if they were on the right unit.

	No	Yes	N
Believe you're in right facility	19%	81%	723
Believe you're on right unit	17%	83%	681

Outcomes of Services

Respondents rated the degree of improvement in certain areas of their lives since entering the hospital for their most recent hospitalization.

Outcome	Worse	Same	Better	Much Better	N	Mean Score/ Points on Scale
Mental Health	6%	25%	41%	28%	716	2.9 / 4
Ability to cope when things go wrong	7%	33%	40%	20%	699	2.7 / 4
Confidence to deal with daily life outside of hospital	8%	35%	36%	21%	694	2.7 / 4
Ability to hold a job or volunteer position	12%	46%	27%	15%	629	2.5 / 4

AGGREGATE THEME IDENTIFICATION

For the purposes of this aggregate report, we determined that a theme is *significant* on an aggregate level (i.e. an **aggregate theme**) when a theme was identified in twelve (12) or more of the reports (29% of all reports). See appendices A and B for charts of all the themes identified for sites included in this aggregate report.

A. Comments in Response to Quantitative Questions

Respondents were asked for an explanation when they provided a response indicating **dissatisfaction**. In order to determine satisfaction or dissatisfaction, we collapse the four point scales used in the interviews into two categories of “dissatisfied” and “satisfied.” The highest two points on the answer scales were merged and labeled “satisfied,” and the lowest two points on the answer scales were merged and labeled “dissatisfied.”

Some respondents also offered comments spontaneously, without prompting from the interviewer, and these comments were noted. Comments in this report were selected from all the comments included in inpatient reports from 2003-2005.

QUANTITATIVE THEMES

Aggregate themes were determined by reading theme descriptions in the original provider reports and re-analyzing the comments. After each theme heading we note the number of sites where that theme emerged. In addition, illustrative comments are included. These comments are not inclusive of all comments that contributed to a theme. See appendix A for a chart outlining all the quantitative themes that emerged at each individual unit.

Positive Feedback

Respondents were prompted for further comment, no matter how they answered, for the groups and treatment planning questions; this explains why these were the only two quantitative questions which resulted in positive feedback.

Below is a chart outlining the positive themes:

QUESTION	THEMES
Treatment Planning	Involve the Consumer in Decision Making
Groups	Talking, Listening, Learning/Gaining Knowledge
	Skilled Leaders/Staff

Treatment Planning

At seventeen (17) out of forty-one (41) units surveyed, patient comments in response to the question about “treatment planning” elicited one positive theme. Patients saw treatment planning as helpful when staff were available, provided useful feedback, worked as a team with the patient, and most importantly, valued the consumer’s voice and choices in planning their treatment. Representative comments include:

They are always there when I need them. There is always a doctor around. The nurses are very aware of my needs - they notice how I am doing and they give feedback and communicate to the doctors all the time.

They don't make decisions for you. They consult with each patient and go through a chain of doctor, nurse, O.T. They have meetings and cooperate. They consult with me as many times as I ask. They are very patient and concerned.

They really want you to get involved, not just say OK...we sit down and discuss what you want done and how.

It's very comforting to know that they're willing to extend themselves like this. They've asked me how I feel about things and check in with me. They tell me they want everyone to speak their mind and be a part of planning.

Groups

At fourteen (14) out of forty-one (41) units surveyed, patient comments in response to the question about “groups” elicited two positive themes. Respondents reported that groups were helpful for talking about their issues, listening to others, and for learning about themselves. Groups were also helpful when the groups were run by leaders who were knowledgeable and empathetic. Below are the themes that emerged and representative comments:

- **Talking, Listening, Learning/Gaining Knowledge**

All the groups here keep your mind focused, living in the moment and not racing, worried about upcoming events. Listening to other people helps you put yourself in place. Helping other people gives them a reality check.

The dialectical behavior therapy - very intense behavioral therapy groups. It is a discussion group format, a lot of school-type material. Study materials, reading. It forces you to focus, forces you to focus your attention on the material and process the material. Once we are done it will do what it's supposed to do - which is teach us “how to” and “what to” skills.

I've been to goals group and community meeting and wrap up and some OT groups – they allow you to put your feelings into paper.

○ **Skilled Leaders/Staff**

I think the people who run them are very well trained and enthusiastic.

The people that run the groups are very informed, they are very patient oriented. They all seem necessary, the things you would want and need for someone who was in a crisis.

At first I didn't want to participate. I especially like the openness of staff to consumer input about group activities and process and to patient suggestions. It was really easy for me to jump in.

They're able to have a schedule program at hand but can move with that. It's not so rigid. They let people in the groups dictate the tempo and direction while still trying to get through the essence of the group.

Negative Feedback

If a respondent rated an aspect of care as “poor” or “fair”, they were prompted to explain why they were dissatisfied.

Below is a chart outlining the negative themes to the quantitative questions:

QUESTION	THEMES
Daily Activities	Not Enough/Would Like More Activities Lack of Structure Creates Anxiety/Conflicts More Materials Needed
Time Outside	Fresh Air/Not Enough Time
	Only Allowed Outside Time for Smoking
	More Time for Smoking
	Exercise
	Insurance Requirements
Information about Medications	Little or No Information on Medications
	Not Given Written Materials/Only if You Ask
	Risks and Side Effects Not Explained

Privacy to Use the Phone	No Private or Enclosed Phone to Use
Privacy to Meet with Visitors	No Private Space Available
Information on Psychiatric Condition	Little or No Information on Psychiatric Condition
Groups	More Addictions Groups Needed
	Not Enough
	Leaders Inexperienced
	Poor Facilitation by Leaders
	Not Interesting/Poor Content
Food	Not Appetizing/Portions Too Small

Daily Activities

At thirty-two (32) out of forty-one (41) units surveyed, patient comments in response to the question about “daily activities” elicited at least one theme. Patients felt that there were not enough activities to keep them busy and that more materials needed to be available. Also, at some hospitals the lack of structure in between groups created anxiety for patients, which sometimes lead to increased conflicts on the units. Below are the themes that emerged and some representative comments:

- **Not Enough/Would Like More Activities**

No daily activities. We hang around, watch TV. Sometimes read a book. There are not enough.

It should be more structured, especially on weekends. No visits. It drags, more activities on weekends.

There's not much to do. You are on your own. Reading or coloring or making calls.

...Only so many places you can walk to. It gets a little boring. No real recreation for adults. I can go in and color, do puzzles or play with clay.

- **Lack of Structure Creates Anxiety/Conflicts**

There is too much free time - too much time to think about things that brought you here in the first place.

There's spots of dead time and for people who are struggling with substance abuse and depression it can be hard. I've been able to handle it, but it can be dangerous for some. It's really understaffed here so you can't go grab someone to talk with if you need to.

Smoking is the only activity. There aren't any activities. People get antsy. You get a lot of face-to-face verbal contact. There's gonna be fights eventually.

Not as much structure as I would like. Too much play time in between, should have it go from one class to another. Have a lot more fun things, make it more interesting.

- **More Materials Needed**

Maybe they could set up a library for us to read and set up more activities. There's not much besides the T.V. room and occasionally a craft group.

The books and magazines are outdated and not interesting to read.

Time Outside

At twenty-eight (28) out of forty-one (41) units surveyed, patient comments in response to the question about "time outside" elicited at least one theme. Patients mentioned wanting more time outside for fresh air, for smoking, and for taking walks and getting exercise. At some hospitals, patients said that only smokers are allowed to go outside or that going outside is only allowed for smoke breaks. This makes it difficult for non-smokers to get fresh air. Several patients had been told by the hospital that outside time was not allowed because insurance companies are discouraging it. Below are the themes that emerged and representative comments:

- **Fresh Air/Not Enough Time**

We don't get out enough and that leads to people getting very agitated.

We only get 3 cigarette breaks and with the weather so nice, a couple more breaks would be nice- just to get the fresh air. We could use one at 5 PM.

They don't let you outside - it's a new policy - it is really hard. I feel cooped in, no one should be deprived of fresh air.

We don't go outside. I hate not having fresh air – it drives me insane – I think everyone should go outside at least once a day.

- **Only Allowed Outside Time for Smoking**

You can only go out when it's a cigarette break. I don't smoke - only 15 minutes at a time.

We only go out a few times a day to smoke- we need more fresh air.

- **More Time for Smoking**

We never get to go outside. I've been here 2 weeks and 3 days and haven't gone out, which means I can't smoke either.

We only go out 3 times a day—that's not enough, especially if you smoke.

- **Exercise**

Fair, but hopefully improving. There is something to be said for sunlight and fresh air. It would be good to have time to go for a walk to get exercise. Even children get this with recess. They did have a group outside which was fabulous.

You can't take walks anymore, new rules.

We go outside for like 15 minutes and stay in one spot. It would be nice to take walks three times a day.

- **Insurance Requirements**

They don't have smoking privileges or have passes to go outside because insurance feels if people are well enough to go outside alone they are well enough to be discharged.

We're never allowed to go outside. The insurance says that if you can go outside, you can go home. We used to be able to go outside AND have the security of the hospital. Now, if you ask to go out, you're discharged. They don't have enough help.

Information about Medications

At twenty-two (22) out of forty-one (41) units surveyed, patient comments in response to the question about “information about medications” elicited three themes. These patients commented generally that they got no or little information about their medications. More specifically they were either not given any written materials or only given additional information if they asked. Also, many patients felt that the risks and side effects of medications were not explained to them.

- **Little or No Information on Medications**

They haven't said anything yet [admitted 4 days ago].

I didn't get any information on what are the side effects of Zyprexa and this other pill that puts me to sleep all day. I don't know anything about the side effects or the benefits.

They didn't communicate anything – but they have tapes...

- **Not Given Written Materials/Only if You Ask**

Only if you ask, and even then I got the run around for three shifts. She read them to me instead of giving me a printout.

They haven't given me a lot of info on the side effects. No groups. I would like some paperwork. I worry about sexual side effects.

They will give people access to a drug guide, but only if they ask.

- **Risks and Side Effects Not Explained**

A lot of times the staff withholds information. They don't tell you what you need to hear, especially about side effects.

No information was given. They have not told me any benefits or side effects. They just tell me to take it. When I leave here, I'm not going to take it.

Privacy to Use the Phone

At twenty-one (21) out of forty-one (41) units surveyed, comments indicated that patients were dissatisfied with the amount of privacy they had to make and receive phone calls. Depending on the hospital, there were various reasons why patients felt they had little or no privacy to use the phone. There was often no privacy to use the phones because they were out in the hallway or near the nurse's station where others could hear their conversations. In addition, some patients wished that the phone was enclosed in a booth. At some units, patients had to make calls at the nurses' station. Representative comments include:

The only phone we use is a pay phone or the only other one that doesn't cost us is at the front desk - so it's in front of everybody - most of the time people are around. Privacy at a psych hospital is a joke.

The only phone is in the hallway, at the nurses' station, it's not really private.

Privacy is lacking. They should have a [phone] booth where you can close the door, behind glass so staff can see but personal things can be kept personal.

You really can't now because it's in the public. The music is on and people are talking. They moved the phone from a private room to the common room about three weeks ago.

Privacy to Meet with Visitors

At nineteen (19) out of forty-one (41) units surveyed, patient comments in response to the question about “privacy to meet with visitors” elicited one theme: not having a private space to meet with visitors. Comments include:

There's no private rooms - you have to be in the day room with other people.

There is never space. I get distracted when there are other people around. There is no space. You can't have visitors in the room here. I'd feel more comfortable if we could.

I had a visit yesterday – during the day you can't visit in your room – we had to be in the main area and people were disruptive. At night you can sometimes meet in your room.

They wouldn't let me [have privacy] when I had a visit from my son. It was in the cafeteria and everybody kept coming over and I wasn't able to really visit with him at all.

Information on Psychiatric Condition

At seventeen (17) out of forty-one (41) units surveyed, a theme emerged that patients were not getting the information they needed on their psychiatric condition. Patients commented that they were given little or no information about their psychiatric condition.

They don't tell you everything. What they can do for you or how they can help you. They seem to get upset when you have questions. The doctor is like, "This is just the way it is," but it is my body and I have a right to know what is going on.

He hasn't told me anything. They diagnosed me with schizophrenia and depression, but didn't give any information on it.

I have not been able to find out about my mental condition. Diagnosis, yes, but to find out about it and read about it, no.

Groups

At sixteen (16) out of forty-one (41) units surveyed, patient comments in response to the question about “groups” elicited at least one theme. Suggestions included that more addictions groups were needed, that there were not enough groups run during the day, that the leaders lacked experience, facilitation by the leaders was poor, and that the groups were not interesting. Below are the themes that emerged and representative comments:

○ More Addictions Groups Needed

Should be more AA/NA oriented groups.

More dual diagnosed groups to help people in mental illness to stay clean and sober.

- **Not Enough Groups**

They're not run on time – they're very short – one we had was just fill out a paper on our risks – we didn't discuss it or get any feedback. My first day here there were no groups.

They should have more group therapy, more classes about yourself and your illness.

- **Leaders Inexperienced**

It depends on who is running the group. Some are more thorough- get into in depth stuff- sometimes they'll have a staff run a dual diagnosis group who doesn't have experience with addiction and doesn't see it as a disease.

- **Poor Facilitation by Leaders**

...the control over the group isn't there- they get sidetracked...that's why they're not as effective as they could be.

Half of what we do is by ourselves. When we do stuff without staff, there's chaos.

- **Not Interesting/Poor Content**

I think they should come up with new ideas. They are boring and people don't come.

We talk about the same thing over and over.

They don't exist- they're not therapy. They're general meetings of a bunch of people who have nothing in common. They're not individualized – they have no meaning, they're like town hall meetings.

Food

At fifteen (15) out of forty-one (41) units surveyed, patient comments about food resulted in a theme. Issues with food were that it tasted bad, portions were too small, and the food was not nutritious.

It's not tasty and there are no selections; not enough balance and there's not always enough for all patients.

The scrambled eggs are the worst- breakfast is the worst. I've been losing weight here. They try to get fancy. They should keep it simple.

It doesn't taste that great, bland.

I don't eat sometimes because it does not look good.

B. Responses to Open-ended Questions

We included in the survey four open-ended questions to allow respondents to offer, in their own words, feedback on the services provided and suggestions for improvements.

For the qualitative comments, aggregate themes were identified with the same process as with the quantitative questions. If a theme emerged at twelve (12) or more sites, it was included here as an aggregate theme. Sub-themes were identified by reviewing descriptions of themes in each provider report, as well as by re-analyzing all of the comments in the original reports. Comments are included to illustrate the sub-themes. See appendix B for a chart outlining all the qualitative themes that emerged at each individual unit.

Services which have been helpful

Respondents were asked, "How have services you've received here helped you?" Below is a chart outlining the themes and sub-themes generated from the question:

THEME	SUB-THEME
Staff	Available
	Talk to Patients
	Attitude that Shows Caring, Encouragement, and Understanding
Medications	Administer Medications
	New Medications/Changes in Medications
	Reduced or Alleviated Symptoms
Groups	Getting Feedback and Listening to Other Patients
	Opening Up and Talking
	Developing Skills and Learning
	Help with Addictions
Gained Skills / Learning / Education / Insight	Coping Skills
	Changes in Perspective

Staff

At thirty-five (35) out of forty-one (41) units surveyed, staff was a theme. Patients' comments indicate that staff is helpful when it is available, talks to patients, and has an attitude that demonstrates caring, encouragement, and understanding, which works to give patients hope and lifts their spirits.

○ Available

Whenever I need to talk to someone they are always there to help me and encourage me. They help me build confidence. The doctors are in touch with my doctors outside, they communicate a plan. I feel that I matter to them.

Some staff have been helpful, making the transition into the hospital easier. Staff are always there to talk with me and listen to me. They do checks every 15 minutes so if I forget to tell them about something I do tell them the next time I see them.

There is one nurse I work with quite often who is available to talk and challenges me to think and work on my issues.

○ Talking to patients

They treat me like a person. They are always asking if things are OK. If I tell them no, they are more concerned about me than themselves. I'm a loner and sometimes I don't like talking, I keep stuff in, but they pull it out of me to talk about it a little bit.

A few MH workers take the time, talk to me, how I can help myself out - especially Dr. [...]. He is the man who started me on meds, giving me pamphlets - goes the extra mile to help you out.

They've helped me because I have people to talk to so I don't isolate so much. I can also take space when I need it. They let me have the freedom I need, too.

○ Attitude that demonstrates caring, encouragement, and understanding

It slowed me down to realize I do have an alcohol problem. They showed compassion, understanding and explained the problem to me that I wasn't alone and gave me confidence.

My nurse and contact person have let me know that they are open. Very caring - [...] is especially good. They inspire us about everything - they make you feel noticed - there is a trust that I can take advantage of - they make you feel safe.

They are very pleasant and welcoming here and it makes you feel safe so I've been able to disclose things. It's not a punishment hospital or a jail like other hospitals I've been in. The counselors are always available if you can't use yours, there's always another one.

Medications

At thirty-three (33) out of forty-one (41) units surveyed, medications emerged as a theme. Patients commented that getting new medications or having changes made to their medications was helpful. They appreciated when staff listened to their opinions and wishes regarding medications. Patients also commented that the medications helped to reduce or alleviate their symptoms.

- **Administer medications**

They helped me to take my meds right.

The med regime, staying on top of it.

- **New Medications/Changes in Medications**

They have monitored my blood pressure four times a day, monitored my medication. The psychiatrist has helped with medication adjustments.

The medicine just has to filtrate into my system. Each time I've brought up an issue with my doctor he has made a change to my meds the same day which has helped.

The psychiatrist is here daily which I think I need – they can monitor me more – it's more aggressive with medication changes.

- **Reduced or Alleviated Symptoms**

They got me medication that has helped me with my withdrawal and with my nerves.

My meds were adjusted which has helped with my anxiety and now I can think more clearly.

I came in here because my meds were no longer helping me sleep. They changed my meds and now I'm sleeping better.

Groups

At twenty-one (21) out of forty-one (41) units surveyed, group therapy was a theme, as far as what services had been helpful. Comments suggest that group therapy was particularly helpful

for learning from other patients, opening up and talking, developing skills, and receiving help with addictions.

- **Learning from Other Patients**

I like the groups... the people in groups give me a different perspective on things - being able to talk with other patients and get feedback.

The groups have allowed me to listen to different people and learn from their experiences. I find groups better than one on one counseling because things come out in groups that are more spontaneous and good.

- **Opening Up and Talking**

The groups have helped me to discuss my depression and understand how it hits me suddenly.

The one thing that was most helpful was DBT group...DBT Group helps with focusing your attention and talking about problems - things I haven't talked about in years - like [...]. I have never talked about that before, but I've talked about that here - to be able to open myself up that much - these people did an excellent job.

- **Developing Skills and Learning**

I've learned how to cope with anxiety and stress. I have learned how to say "no", to work on my self esteem. I was helped through the groups.

The services have helped me. The groups with coping skills, relaxation group, all the groups have helped me. I've learned coping skills to deal with my problems on the outside rather than just coming to a hospital and getting safety. I've learned a lot of skills and safety also.

- **Help with Addictions**

AA group that comes in three times a week and speaks to us.

The groups have been helpful with my addiction. Being with people with the same problems helps.

Gained Skills/Learning/Education/Insight

At twenty-one (21) out of forty-one (41) units surveyed, education and learning emerged as a theme. Comments suggested through the education and the learning that took place during hospitalization, patients developed better coping skills and experienced a positive change in perspective.

- **Coping Skills**

...techniques when you're having anxiety, such as deep breathing, shower, and reading.

Counseling has shown me coping skills and given me the ability to make proper decisions by not acting on impulse and reviewing my thought process before I make a decision.

- **Changes in Perspective**

The doctors here have helped me know more about my problems and medications.

They've helped me realize that I don't need to be in the hospital. I now realize that I can handle these issues by myself with my outside psychiatrist.

I've come to a realization about my problems. I've learned what my problems are and what I have to do about them—see a psychiatrist, get on an antidepressant and talk about my problems, not bottle them up.

Suggestions for Improvements

In order to understand how services could be improved for patients, respondents were asked, “What else could the hospital’s staff do to help you feel better and/or reach your goals?” In addition, respondents were asked, “If you were in charge of this hospital, what is the first thing you would change?”

Because there was overlap in responses to the questions, for the purposes of this report, we have conducted a collective analysis that covers both questions. Below is a chart outlining the themes and sub-themes generated from the questions:

THEME	SUB-THEME
Staff	More Time: One-on-One Time with Staff
	More Staff Training/Screening
	Negative Attitude/Lack of Sensitivity
	More Staff/More Available
Transitional Services	More Help to Obtain Housing
	Support Services: Outpatient Care, Addictions Services, & Employment Services
More Activities / Supplies / Exercise	
More Time Outside	
More Time for Smoking	Allow Patients to Smoke
	More or Longer Smoke Breaks
Food	Change Quality and Quantity of Food

Staff

At thirty-three (33) out of forty-one (41) units surveyed, staff was a theme as an area for improvement. Patients commented that they wanted more one-on-one time with staff, that there needs to be more screening and training of staff, that some have negative attitudes and lack sensitivity, and that staff should be more available.

- **More Time: One-on-One with Staff**

I think more one-on-one listening to the needs of patients instead of commenting on what they expect of patients.

That attitude that staff seem to have...the doctor seems very rushed. Staff should give more one-on-one time with the patient, not made to feel like a bother; everything should be explained.

People could be on-call. Sometimes the staff gets really, really busy and they don't have time if you need to talk. Because they're having a hard time with people.

It would be good to have a session with a staff person, one on one, whether doctor, nurse or mental health worker.

- **More Staff Training/Screening**

I wouldn't hire anyone who doesn't have alcohol or drug problems themselves so that they understand the patients.

I would screen the staff members a lot. They need more compassion than they have. They need to know that I and other patients are really down and don't have any self-esteem.

I would probably train the nurse manager to have more detailed association with the clients. I would have training on how to interact with clients. I would have more education about the illnesses that people are dealing with.

I would do a character check on the potential staff for criminal background, whether they are qualified, whether they are caring people, whether they are caring to help people rather than harming them. I would try to find non-prejudiced people to be staff people.

- **Negative Attitude/Lack of Sensitivity**

I think they [staff] need to learn to be a little more patient. It's a difficult job to work with people like us.

The way the staff treat the patients. They come off rude - they keep telling you to ask someone else.

Do not ignore us. They act like they are better than us because they don't have mental health issues. They try to take advantage of us because we are mentally ill. They try to pull stuff over on us.

...Not talking down to patients. The staff needs to stop scaring the patients and should be available other than hiding in the back. They should also realize that we all have different issues.

Staff needs to have sensitivity class and have patients talk with them. All they know is what they learn in books. I heard a patient say, "I'm sorry, I'm hearing voices." And staff said, "listen to THIS voice."

- **More Staff/More Available**

The way the staff operates. There's too much wasted time with their personal conversations that are overheard-- patients are waiting for help and get yelled at if they interrupt a personal conversation.

When the staff says, "You have a problem consult the doctor," but what doctor? There is none here - no staff doctors - they don't exist - where are they?

[I wish] when staff see people crying or down in the dumps, they would calm them down and cheer them up to a degree; take time out of their time to sit and talk with the patient.

Transitional Services

At seventeen (17) out of forty-one (41) units surveyed, the need for more attention to transitional services was a theme. Comments included that patients wanted more help finding housing, getting addictions services, and finding employment. Some also commented that they hoped to leave the hospital with a discharge plan.

- **More Help to Obtain Housing**

They could help me with my next placement - a halfway house.

By helping me find a house or apartment. They could take me seriously.

Help me find a place to live. I'm not sure where I'm going from here which causes me stress.

They should have more [phone] numbers for shelters for mothers and children. There is only substance abuse. There should be updates on stuff [resources] for the computers.

○ **Support Services: Outpatient Care, Addictions Services, Employment Services**

They should provide a list of referrals for future addictions treatment in the aftercare plan.

...Help with primary care doctor and antidepressants, with outpatient counseling, I know they'll schedule someone.

They could help me find a job.

It would be good if they could help me with parenting - maybe give me a class or help me find one in the area.

More Daily Activities

At sixteen (16) out of forty-one (41) units surveyed, providing more activities or materials was a theme. Patients commented that they would like more to do during the day and that this would help them to feel better.

More activities. Activities leaning more towards what is bothering you or things to keep you busy.

More activities - more things to keep people occupied - a lot of people just wander around or sleep.

More activities, besides coloring and stupid stuff like that. Music.

... It would be great if they had books to read and magazines, but they are out of date.

More Time Outside

At thirteen (13) out of forty-one (41) units surveyed, time outside was a theme. Patients commented that they would like more time outside for fresh air and exercise.

The rule about not going outside. I think it's very unhealthy to be locked in like this.

Outside policy- people need to be outside more – it makes you feel better. Everyone needs to be able to go outside. They should just fence in an area.

I'd make it so we could get outside at least for a walk or something.

The time outside. MassHealth is good for what you need. If you're not going to allow people to stay in a hospital because they can go outside, that's ridiculous. Getting exercise is important. It's necessary to getting well.

Smoking

At twelve (12) out of forty-one (41) units surveyed, smoking was a theme. At some hospitals, hospital policy did not allow patients to smoke. Patients wanted this policy to be changed to allow them to smoke. At other hospitals where smoking was allowed, patients wanted longer or more frequent smoke breaks.

- **Allow Patients to Smoke**

Wave the mental health unit's restriction on smoking. Having to quit cold-turkey is a MAJOR issue. People are already dealing with a lot of stress...

The smoking policy and outside policy. I'd allow them to go outside to smoke instead of giving them the patch and forcing them to quit.

The no smoking policy, and to be able to go outside for fresh air.

- **More or Longer Smoke Breaks**

I would increase the number of smoke breaks.

I would change the smoke breaks – more frequently and not behavior based.

Food

At twelve (12) out of forty-one (41) units surveyed, improving the food was a theme. Patients' comments indicate the quality and quantity of food could be improved on many units.

The food. Give you more options and portions.

I would change the food. It's the only thing that people have to look forward to so I would make it better.

Food. A lot of people are affected by the food. Good food would be able to help people. They're already in a crappy place, good food would help.

The food. I would try to make it more eatable. It's so bland. I don't think you're getting the right vitamins.

CQI offered three to eight quality improvement recommendations to each site based on data gathered and observations made. A greater number of recommendations did not necessarily reflect a lower rated facility.

Appendix C demonstrates how often each recommendation was made, and to which programs. The fact that a site did not receive a recommendation in a particular area did not necessarily mean that improvements were not needed in that area.

Below is a list of frequently occurring recommendation topics- those that were made to twelve or more providers.

RECOMMENDATION	# OF SITES	% OF SITES
Outside Time	26 sites	63%
Daily Activities	26 sites	63%
Information on Medications	23 sites	56%
Information on Psychiatric Condition	20 sites	49%
Privacy for Visitation	19 sites	46%
Privacy of Phone Calls	18 sites	44%
Improve Staff Relations	17 sites	41%

Of note, the frequency with which a recommendation was made generally corresponded with how low a relevant specific aggregate rating was. For instance, outside time was the lowest rated aspect of care, as well as the most frequently recommended improvement.

There are a couple of exceptions to this relationship. One exception was with provider efforts to obtain housing, which was rated particularly low yet it was only recommended as an area for improvement to six hospitals. Also, staff relationships rated relatively high overall, yet improvement in staff relationships was given as a recommendation at seventeen (17) sites. Often, staff relationships rated well at a hospital but themes emerged in the comments that indicated there were some concerns with staff, particularly with their availability, approachability, and understanding of individual patients' concerns.

A majority of respondents were satisfied with their care overall (79%) and would recommend the hospital to someone else in need of psychiatric hospitalization (82%). A large majority also felt that hospital staff, in particular the psychiatrist, treated them with respect and courtesy. Similar a majority also believed that they were at the right hospital and on the right unit. Most (90%) had not been restrained, isolated or given drugs against their will.

Satisfaction rates with regard to other process variables tended to fall below the general satisfaction rate, generally in the three-quarters range. Thus, about three-quarters were satisfied with their involvement in planning their treatment, their family's involvement in their treatment planning, their ability to talk to a staff person when having a hard time, the unit's cleanliness, and their medical care.

Satisfaction rates were significantly below the norm in the following areas, with 35-64% satisfied:

- Time spent outside (35%)
- Provider efforts to help get housing (50%)
- Daily activities (54%)
- Information received about medications (60%)
- Information received about psychiatric condition (61%)
- Trauma issues addressed (58%)
- Access to a private room to meet with visitors (62%)
- Privacy to use the telephones (64%)

One explanation for the existence of these outliers is that certain elements of care at a hospital are more important to patients than others, thus having a greater impact on their overall impression of the hospital. Another possible explanation is that the respondents may have a more favorable opinion of the hospital about which they were interviewed compared to other hospitals at which they have been treated, a number of which are represented in this data set. Rates of satisfaction are also highly connected to expectations, and patients' expectations may be relatively low based on past experiences with hospitals. It is likely that all these explanations contribute to the outlier phenomenon.

DISCUSSION OF KEY VARIABLES

Below are summaries of certain key variables (strong effect on general satisfaction and much information collected on them) that were rated by respondents. We combined the quantitative and qualitative information for these variables to help elucidate what consumers feel makes satisfactory or unsatisfactory care in these critical components of hospitalization: staff, groups, and aftercare.

Staff

Staff relationships were rated highly. A majority (83-88%) were satisfied that they were treated with respect and courtesy by psychiatrists, nurses, mental health workers, and human rights officers. Comments to the open-ended questions revealed that staff is helpful to patients when staff members:

- 1) Are available and accessible;
- 2) Talk and listen to patients;
- 3) Demonstrate caring, respect, encouragement, and understanding; and/or
- 4) Involve patients in treatment decisions.

The quantitative ratings indicate that patients are somewhat less satisfied with their ability to talk to staff when they are having a hard time and want some help (71%) and with staff efforts to involve them in making treatment decisions (74%).

We also received a significant amount of comments from people who were not satisfied with staff. Comments explain that patients are not satisfied with staff at a hospital when:

- 1) There is not enough one-to-one time with staff;
- 2) Staff is inexperienced;
- 3) Staff have negative or uncaring attitudes; and/or
- 4) The hospital is understaffed and therefore staff is not available or accessible.

Groups

Groups were a moderately rated aspect of care, with seventy-four percent (74%) of respondents satisfied. Comments demonstrate that the success of a group often depends on the knowledge, experience and understanding of the group leader. Consumers said that they benefited from groups when they had a chance to open up and talk, listen to the experiences of other patients, and gain useful information and knowledge. Consumers who expressed dissatisfaction often commented that the groups were not interesting or that they were not well run. A number of respondents said that there were not enough groups; others with addiction needs said that there were no or few addiction groups offered.

Aftercare

Patient satisfaction with staff's efforts to help them obtain outpatient mental health care (80%) and primary medical care (77%) were moderately rated as well. Neither of these areas emerged as aggregate themes in the comments.

On the other hand, less than half the respondents were satisfied with staff's efforts to help them find housing (50%). This figure is significant since twenty-two percent (22%) of the people we interviewed said they had no stable address. Comments indicate that patients would like to talk to staff about obtaining housing, would like more information available for them, and ultimately would like to have an appropriate place to go after hospitalization. We heard from providers that this continues to be a major challenge for them, given the limited number of resources in the community and short length of stays at the hospitals.

CQI has identified areas in need of improvement and made significant recommendations in individual reports. To further inform MBHP about improving the quality of care, CQI recommends that MBHP develop a methodology to follow certain patients through his or her stay. Our hypothesis is that not all of the time a patient spends in the hospital is used productively from a treatment perspective, particularly those patients who are homeless. This kind of methodology would allow MBHP to better understand how care is being delivered, e.g. how treatment decisions are made, how information is given about medications, and how aftercare is planned. While CQI's data is very useful in understanding the strengths and weaknesses of hospitals, questions remain with regard to **patients' continuity of care while in the hospital**. Such a methodology would involve answering the following questions:

- What happens upon admission? Is an individualized treatment plan being developed in collaboration with the patient? Does staff have information about how best the patient wants to be dealt with in acute distress (See attached DMH Safety tool?) Does staff know why the person is in the hospital? Is the hospital already beginning to plan for the person's discharge?
- Does every day count? Are treatment and activities taking place on the weekend? If the patient is admitted on a Thursday through Sunday, is s/he getting a thorough work-up and a thoughtful medication regimen from a prescribing psychiatrist?
- Is the patient being kept up to date on the medications being prescribed, and the potential benefits and side effects?
- Is the patient being effectively connected to housing and other aftercare?

Answering these questions for a particular hospital would involve a combination of unannounced visits to the unit, a review of patient records, and interviews with patients whose records are being reviewed.

- A. All Quantitative Themes by Site**
- B. All Qualitative Themes by Site**
- C. All Recommendations by Site**