

**Inpatient Dual Diagnosis Units Aggregated
Consumer Satisfaction Report, 2003-2005**

Addendum to 2003-2005 Inpatient Aggregate Report

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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	SITE DESCRIPTION
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Hospital names have been kept confidential in this report. Hospitals throughout Massachusetts were included in our sample.

Program Type 1: Adult Inpatient Units

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.

Thirty-two (32) adult inpatient units in twenty-five (25) different hospitals were included in this analysis. The total N for all dual diagnosis units was N=644.

Program Type 2: Inpatient Dual Diagnosis Units

Hospitals that provide inpatient psychiatric care on multiple units sometimes designate certain units for the care of adults with both an addiction and a mental illness. Although treatment is offered for both addiction and mental illness on these units, protocols vary by hospital as to how that treatment is delivered and whether one aspect (addiction or mental illness) is given more attention.

Seven (7) dual diagnosis units in five (5) different hospitals were included in this analysis. The total N for all dual diagnosis units was N=119.

DEMOGRAPHICS DUAL DIAGNOSIS UNITS

The chart below shows the demographics of our inpatient dual diagnosis sample.

Age (N=114)		Primary Language (N=116)	
Mean	39 yrs	English	96%
Median	40 yrs	Spanish	3%
Range	16 - 80 yrs	Vietnamese	1%
Gender (N=117)		Housing Situation (N=116)	
Male	65%	Live alone	22%
Female	35%	Live with spouse/significant other	4%
Race (N=117)		Live with family	28%
African American/Black	5%	Live in group home/nursing home	3%
Asian/Pacific Islander	0%	Live in supported housing	2%
Caucasian/White	86%	Live with roommates	4%
Multiracial	3%	No stable address	35%
Native American	1%	Other	3%
Other	4%	Education Completed (N=115)	
Ethnicity (N=112)		8 th grade or less	5%
Hispanic/ Latino	11%	Some high school	17%
Physical Health (N=116)		High school graduate / GED	34%
Poor	20%	1-3 years of college	34%
Fair	34%	College graduate (4 years)	6%
Good	35%	Advanced degree	3%
Excellent	12%	Other	1%
¹Psychiatric Diagnoses (N=117)		Relationship Status (N=112)	
Adjustment disorder	1%	Single/ Never Married	60%
Bipolar disorder	42%	Married	7%
Major depression	36%	Divorced or Separated	30%
Schizoaffective disorder	4%	Widowed	3%
Schizophrenia	6%	Other	1%
Post traumatic stress disorder	18%	Respondents with Children (N=115)	
Personality Disorder	3%	Living with them at least part time	21%
Don't know	16%	DMH Client (N=115)	
Not mentally ill	4%	Yes	15%
Other	29%	No	82%
No Answer	9%	Unsure/ Don't Know	7%
Length of time in hospital (N=92)		Health Insurance (N=117)	
Mean	10 days	MassHealth: Partnership	52%
Median	7 days	MassHealth: HMO	8%
Range	1-75 days	MassHealth: Fee for Service	40%
Patient status (N=116)		²Physical Disabilities (N=117)	
Conditional voluntary – truly	90%	None	34%
Condtnl. voluntary –prefer not	5%	Mobility	10%
Committed	5%	Hearing	9%
Work Status (N=115)		Vision	9%
Working for pay: full-time	6%	Other	42%
Working for pay: part-time	2%		
Volunteering	1%		
Not working for pay	91%		

¹ 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.

	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
Overall care at facility	5%	17%	40%	38%	116
	No		Yes		
Recommend this program	16%		84%		113

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
Treatment Planning					
Staff efforts to involve respondent in making tx plan	12%	11%	36%	40%	114
Staff efforts to involve family in respondent's treatment	17%	19%	31%	33%	36
Informed Consent					
Info received about nature of psychiatric condition	22%	17%	35%	26%	112
Info received about benefits, risks, side effects of meds	24%	11%	37%	28%	111
	No		Yes		
Given information about rights as a patient		14%	86%		114
Staff Relationships					
	Never	Sometimes	Usually	Always	N
Treated with respect and courtesy by:					
Psychiatrists	6%	6%	7%	82%	108
Nurses	2%	17%	23%	59%	115
Mental Health workers	6%	15%	19%	60%	113
Human Rights Officer	10%	5%	5%	80%	20
Other patients	2%	15%	39%	45%	114

Able to talk to staff when having hard time/want help	10%	25%	17%	48%	109
Coercion					
Able to refuse unwanted services or treatment	14%	18%	14%	54%	57
		No	Yes		N
Given drugs, isolated, phys. restrained against will		93%	7%		117
	Poor	Fair	Good	Excellent	N
Involuntary treatment	57%	29%	0%	14%	7
Groups and Activities					
Groups	8%	18%	46%	28%	114
Daily Activities	20%	28%	39%	12%	113
Basic Amenities					
Food	20%	39%	37%	5%	117
Cleanliness	9%	21%	45%	24%	117
Ability to obtain clothing	25%	10%	30%	35%	80
Time spent outside	44%	25%	21%	10%	97
Concerns and Complaints					
		No	Yes		N
Resp. concerned about safety		90%	10%		117
	Never	Sometimes	Usually	Always	N
Staff take concerns about safety seriously	25%	31%	6%	38%	16
Resp. feels free to raise issues or concerns	9%	21%	23%	48%	102
Staff takes concerns seriously	14%	15%	17%	55%	88
Access to services/Privacy					
	Poor	Fair	Good	Excellent	N
Access to a private meeting room for visitors	33%	19%	33%	16%	80
Ability to make and receive phone calls in private	27%	14%	29%	29%	113
Privacy to use bathrooms and showers	6%	10%	40%	45%	116
Access to an attorney/other outside assistance	16%	8%	33%	43%	49
Medical/Other Issues/Special Need					
Resp. rating of medical care received for physical health	12%	14%	39%	35%	113
Staff efforts to meet needs related to physical disability	29%	0%	46%	25%	28
		No	Yes		N
Trauma history addressed		44%	56%		82
Substance Abuse issues addressed		7%	93%		95
Assistance with referrals/ services					

	Poor	Fair	Good	Excellent	N
Efforts to help get outpatient mental health services	10%	15%	36%	39%	88
Efforts to help get primary medical care	20%	10%	38%	32%	69
Efforts to help get housing	46%	6%	28%	20%	50

Appropriate Placement

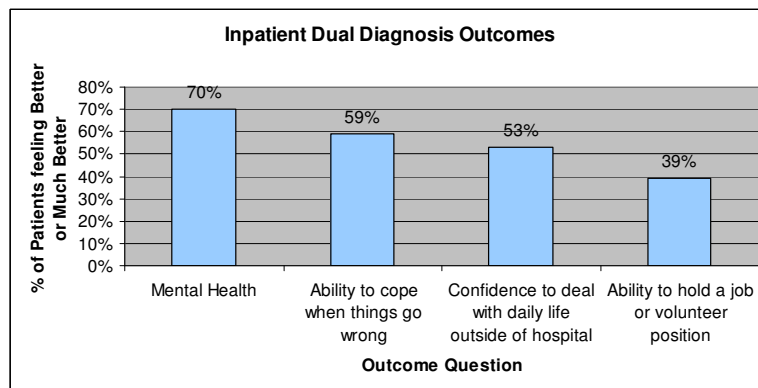
Respondents were also asked whether or not they believed they were in the right facility as well as if they were on the right unit.

	No	Yes	N
Believe you're in right facility	85%	15%	115
Believe you're on right unit	88%	12%	115

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
Mental Health	9%	21%	41%	29%	114
Ability to cope when things go wrong	9%	32%	40%	19%	112
Confidence to deal with daily life outside of hospital	9%	38%	34%	19%	109
Ability to hold a job or volunteer position	11%	51%	27%	12%	102



As demonstrated in the table and graph above, significant percentages of patients who felt better about their mental health did not experience improvement in their ability to cope when things go wrong, dealing with life outside of the hospital, and particularly, feeling more confident about their ability to work.

DEMOGRAPHIC COMPARISON: Inpatient Psychiatric and Dual Diagnosis

The chart below compares the demographics of our inpatient samples: acute psychiatric and dual diagnosis.

	Inpat. Psych (N=606)	Inpat. DD (N=114)
Age		
Mean	38 yrs	39 yrs
Median	38 yrs	40 yrs
Range	16 - 80 yrs	16 - 80 yrs
Gender	(N=636)	(N=117)
Male	45%	65%
Female	55%	35%
Race	(N=619)	(N=114)
African-American/Black	10%	5%
Asian/Pacific Islander	<1%	0%
Caucasian/White	75%	86%
Native American	4%	1%
Multiracial	2%	3%
Other	10%	4%
Ethnicity	(N=602)	(N=112)
Hispanic/ Latino	12%	11%
Health Insurance	(N=50)	(N=114)
MassHealth: Partnership	76%	52%
MassHealth: HMO	12%	8%
MassHealth: Fee for Service	12%	40%
¹Psychiatric Diagnoses	(N=636)	(N=117)
Adjustment Disorder	2%	1%
Bipolar disorder	29%	42%
Major depression	22%	36%
Schizoaffective disorder	7%	4%
Schizophrenia	10%	6%
Personality disorder	6%	3%
Post traumatic stress disorder	15%	18%
Don't know	8%	15%
Decline to Answer	2%	9%
Other	15%	29%
Not Mentally Ill	5%	4%
Physical Health	(N=612)	(N=116)
Poor	14%	20%
Fair	35%	34%
Good	37%	35%
Excellent	14%	12%
Physical Disabilities	(N=636)	(N=117)
None	46%	34%
Loss of mobility	17%	10%
Loss of sight	9%	9%
Loss of hearing	11%	9%
Any other disability	26%	42%
Primary Language	(N=625)	(N=116)
English	95%	96%
Spanish	3%	3%
Vietnamese, Portuguese, Polish, Creole, French, Other	4%	1%

	Inpat. Psych (N=617)	Inpat. DD (N=116)
Housing Situation		
Live alone	26%	22%
Live with spouse/significant other	9%	4%
Live with family	26%	28%
Live in group home/nursing home	11%	3%
Live in supported housing	2%	2%
Live with roommates	5%	4%
No stable address	20%	35%
Other	2%	3%
Education Completed	(N=613)	(N=115)
8 th Grade or less	5%	5%
Some high school	20%	17%
High school graduate / GED	38%	34%
1-3 years of college	26%	34%
College graduate (4 years)	9%	6%
Advanced degree	2%	3%
Other	4%	1%
Relationship Status	(N=613)	(N=112)
Single/ Never Married	60%	60%
Married	10%	7%
Divorced or Separated	25%	30%
Widowed	3%	3%
Other	3%	1%
Respondents with Children	(N=611)	(N=115)
Living with them at least part time	20%	21%
DMH Client	(N=611)	(N=115)
Yes	54%	15%
No	38%	82%
Unsure/ Don't Know	8%	7%
Work Status	(N=617)	(N=115)
Working for pay: full-time	5%	6%
Working for pay: part-time	9%	2%
Volunteer work	5%	1%
Not working for pay	82%	91%
Length of time in hospital	(N=555)	(N=92)
Mean	10 days	10 days
Median	6 days	7 days
Range	1-180 days	1-75 days
Patient status	(N=606)	(N=116)
Conditional voluntary – truly	72%	90%
Condtnl. voluntary –prefer not	17%	5%
Committed	11%	5%

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

Comments on Demographics

Patient demographics between the DD and Acute psychiatric units were similar in many respects, though there were a few significant differences.

DD patients were significantly more likely to be male and have no stable address.

Acute psychiatric patients were significantly more likely to not be a “truly” voluntary client (eg., committed), to be a DMH client, and to be an MBHP member.

SATISFACTION COMPARISON: Inpatient Psychiatric and Dual Diagnosis
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When comparing the satisfaction ratings for inpatient psychiatric units and dual diagnosis units, there were very few aspects of care that had significant differences in satisfaction.

The chart below includes aspects of care which had more than a 5% difference in satisfaction:

Description of Indicator	Inpatient Psychiatric		Inpatient Dual Diagnosis		Total N
	Percent Satisfied	N/N	Percent Satisfied	N/N	
Food	61%	388/631	42%	49/117	753
Access to an Attorney or Other Outside Assistance	57%	106/187	76%	37/49	236
Respect by Other Patients	76%	454/595	83%	95/114	709

Description of Indicator	Yes	N/N	Yes	N/N	Total N
Concerns about Safety	19%	121/631	10%	12/117	748
Drug or alcohol history addressed	73%	88/325	93%	88/95	420

Patients on the inpatient acute units were twice as likely to fear for their safety, which perhaps reflects the degree that patients did not feel respected by other patients. Whether there is more frequent and intense patient-patient disagreements, or other kinds of violence and agitation, on the acute units should be investigated. MBHP should review how the acute care units manage violent incidents and other patient incidents, in particular the follow-up for patients affected.

	DISCUSSION
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Satisfaction scores in and of themselves indicated little difference between dual and acute psychiatric hospital units.

Fifteen percent (15%) more dual diagnosis patients had no stable address, compared to inpatient acute patients. It is vital to take notice of the higher homeless rate within the dual diagnosis units. Dissatisfaction with housing assistance has a disproportionate impact on this group. We have learned that the barriers for helping dual clients in housing is high; many housing programs avoid working with the population and many group or aggregate housing complexes to not accept people with an “active” addiction issue. We recommend to MBHP and the Commonwealth as a whole to develop further investigate and develop a quality improvement intervention regarding this issue.