
ABC Inpatient Consumer Satisfaction Report, 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

Nineteen patients (N=19) at ABC unit were interviewed during 5 visits from February 23 to May 4, 2005.

Mean/Median length of time in hospital (at time of interview)	6 / 4 days
Mean/Median age of respondents	38 / 38 years
Percent male/female	44% / 56%

Summary of Findings

Key Areas of Highest Satisfaction

- **Treatment Planning** 89% of the respondents were satisfied with staff's efforts to involve them in treatment planning and 84% were satisfied with efforts to involve their family.
- **Staff Relationships/Interactions** A high majority of respondents felt that the various types of staff treated them with respect and courtesy either "usually" or "always", with 89% stating that the nurses did, 89% stated the mental health workers and 83% said the psychiatrists did. Additionally, 83% of respondents felt staff took their concerns seriously either "usually" or "always".
- **Medical Care** 82% of respondents were satisfied with the medical care they received and with staff's efforts to help set up medical care for them.
- **Coercion** 94% of respondents reported that they had not received any involuntary treatment, such as medications, restraints or seclusion. 86% felt they were able to refuse unwanted services or treatment "usually" or "always".

Key Areas of Lowest Satisfaction

- **Outside time** 8% of the respondents were satisfied with the amount of time they spent outside.
- **Privacy** 44% of the respondents were satisfied with the amount of privacy they had to use the phones and with their access to a private room to meet with visitors.
- **Activities** 42% of respondents were satisfied with the activities provided on the unit.
- **Able to Talk with Staff** 56% of respondents felt able to talk to staff when having a hard time either "usually" or "always".
- **Information about Medications** 55% of the respondents were satisfied with the information they received about their medications.

Recommendations

- Incorporate more daily activities and outside time into program schedule; review group schedule/content of groups- get feedback from patients around topics for groups.
- Improve privacy of phones/access to private space to meet with visitors
- Improve approachability of staff.
- Improve communication around medication information with patients.

Interviewing Protocol

Interviews were conducted at the hospital and in person. Specific dates for the interviews were arranged in advance. The approximate length of each interview was 20-30 minutes. Interviewers were given a list of all MassHealth patients on the unit and hospital staff and CQI interviewers approached patients to inquire about participating in the interview.

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).

SAMPLE TABLE

	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.

3	SITE DESCRIPTION
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Program Type: Adult Inpatient

Unit Capacity:

Overview of services offered: The adult mental health inpatient unit (unit) provides short-term intensive inpatient care, as well as partial hospitalization and acute observation services.

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DEMOGRAPHICS

Nineteen clients (N=19) at ABC Adult Inpatient Unit were interviewed during five visits from February 23 to May 4, 2005.

Age (N=18)		Primary Language (N=18)	
Mean	38 yrs	English	100%
Median	38 yrs	Housing Situation (N=18)	
Range	19-60 yrs	Live alone	39%
Gender (N=18)		Live with spouse/significant other	11%
Male	44%	Live with family	28%
Female	56%	Live in group home/nursing home	6%
Race (N=18)		Live in supported housing	6%
African American or Black	11%	Live with roommates	6%
Caucasian/White	78%	No stable address	6%
Native American	6%	Education Completed (N=18)	
Other	6%	8 th Grade or less	6%
Ethnicity (N=18)		Some high school	17%
Hispanic/ Latino	17%	High school graduate / GED	33%
Physical Health (N=18)		1-3 years of college	39%
Poor	17%	Advanced degree	6%
Fair	39%	Relationship Status (N=18)	
Good	28%	Single/ Never Married	67%
Excellent	17%	Married	6%
¹Psych. Diagnoses (N=24)		Divorced or Separated	28%
Bipolar disorder	28%	Respondents with Children (N=18)	
Major depression	33%	Living with them at least part time	11%
Schizophrenia	11%	DMH Client (N=18)	
Personality disorder	17%	Yes	50%
Post traumatic stress disorder	22%	No	50%
Don't know	17%	Health Insurance (N=18)	
² Other	6%	MassHealth: Partnership	33%
Length of stay (N=15)		MassHealth : HMO	11%
Mean	6 days	MassHealth: Fee for Service	56%
Median	4 days	Physical Disabilities (N=18)	
Range	1-30 days	None	89%
Work Status (N=18)		Loss of mobility	11%
Working for pay: part-time	6%	Patient status (N=18)	
Volunteer work	6%	Conditional voluntary – truly	67%
Not working for pay	83%	Condtnl. voluntary –prefer not	11%
Other	6%	Committed	22%

¹ Respondents could select more than one psychiatric diagnosis.

² One respondent included “other” as his/her psychiatric diagnosis. When asked to describe further, the following answer were given: Anxiety.

Comments on Demographics

One third of the respondents were either committed or did not truly want to be at the hospital. Half of the respondents received services through DMH.

5	QUANTITATIVE RESULTS
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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	11%	6%	39%	44%	18
	No		Yes		
Recommend this program		17%	83%		18

Access to and Appropriateness of Services

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

Treatment Planning	Poor	Fair	Good	Excellent	N
Staff efforts to involve respondent in making tx plan	11%	0%	56%	33%	18
Staff efforts to involve family in respondent’s treatment	8%	8%	46%	38%	13
Informed Consent					
Info received about nature of psychiatric condition	11%	11%	56%	22%	18
Info received about benefits, risks, side effects of meds	17%	28%	33%	22%	18
	No		Yes		
Given information about rights as a patient		11%	89%		18
Staff Relationships	Never	Sometimes	Usually	Always	N
Treated with respect and courtesy by:					
Psychiatrists	11%	6%	22%	61%	18
Nurses	6%	6%	33%	56%	18
Mental Health workers	6%	6%	33%	56%	18
Human Rights Officer	0%	0%	0%	0%	0

Other patients	0%	19%	50%	31%	16
Able to talk to staff when having hard time/want help	6%	39%	39%	17%	18
Coercion					
Able to refuse unwanted services or treatment	14%	0%	43%	43%	7
		No	Yes		N
Given drugs, isolated, phys. restrained against will		94%	6%		18
	Poor	Fair	Good	Excellent	N
Involuntary treatment	100%	0%	0%	0%	1
Groups and Activities					
Groups	11%	17%	33%	39%	18
Daily Activities	11%	47%	26%	16%	19
Basic Amenities					
Food	16%	42%	32%	11%	19
Cleanliness	11%	16%	42%	32%	19
Ability to obtain clothing	30%	30%	40%	0%	10
Time spent outside	62%	31%	8%	0%	13
Concerns and Complaints					
Resp. concerned about safety		72%	28%		18
	Never	Sometimes	Usually	Always	N
Staff take concerns about safety seriously	25%	0%	25%	50%	4
Resp. feels free to raise issues or concerns	18%	6%	41%	35%	17
Staff takes concerns seriously	12%	6%	24%	59%	17
Access to Services/Privacy					
Access to a private meeting room for visitors	38%	19%	31%	13%	16
Ability to make and receive phone calls in private	17%	39%	33%	11%	18
Privacy to use bathrooms and showers	16%	0%	58%	26%	19
Access to an attorney/other outside assistance	0%	0%	50%	50%	2
Medical Care/Special Needs					
Resp. rating of medical care received for physical health	6%	13%	44%	38%	16
Staff efforts to meet needs related to physical disability	50%	0%	25%	25%	4
		No	Yes		N

Trauma history addressed	38%	62%	13		
Substance Abuse issues addressed	25%	75%	8		
Referrals and Assistance	Poor	Fair	Good	Excellent	N
Efforts to help get outpatient mental health services	21%	0%	50%	29%	14
Efforts to help get primary medical care	9%	9%	55%	27%	11
Efforts to help get housing	80%	0%	20%	0%	5

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	6%	94%	17
Believe you're on right unit	6%	94%	16

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	6%	22%	50%	22%	18
Ability to cope when things go wrong	6%	28%	56%	11%	18
Confidence to deal with daily life outside of hospital	6%	17%	50%	28%	18
Ability to hold a job or volunteer position	7%	50%	21%	21%	14

6 QUALITATIVE FEEDBACK

A. Comments in Response to Quantitative Questions

Respondents sometimes provided comments in support of their quantitative response. This kind of information allows us to better interpret the hard data and provide more specific explanations of why a certain trend is taking place.

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”.

Respondents also offered comments spontaneously, without prompting from the interviewer, and these comments were noted.

Food

Nearly half (43%) of respondents were dissatisfied with the food. The majority of respondents who commented on food said they did not like the taste, or the food was cold.

They have no taste in their food. Other hospitals make better food.

It's cold and gross.

It's always cold when it comes up, and it tastes nasty.

The food comes from downstairs and by the time it gets here it's not as good.

Groups

Seventy-two percent (72%) of respondents were satisfied with the groups. Two themes emerged from the comments about groups. One key theme respondents identified was that the staff running groups were quite good.

The staff is uniformly excellent.

The person that runs them is good.

The staff is highly qualified. Leading psychologist leads groups and is very qualified.

Several respondents commented about the content of the groups, stating that the groups were not interesting or informative.

They could be more interesting, with better topics.

They should have more to say. They are not very informative. I want more contact with the people who are helping me.

There's no purpose to them for me.

Activities

Over half of the respondents (58%) were dissatisfied with the activities on the unit. Most of the respondents who commented expressed a desire for more activities to be offered on the unit.

They should have more, occupational therapy or ceramics.

There should be more staff to do more things.

There could be more to do.

I don't know what that would be- there's not much here but TV.

Private Room to Meet with Visitors

Over half of the respondents (56%) were dissatisfied with their access to a private room to meet with visitors. A theme that emerged was that there is no privacy to meet with visitors because all visits occur in public space.

The places where we can meet visitors are the main community rooms, where other people are usually around.

Everything is so out in the open.

They don't allow visitors in your room.

Privacy with Phones

Fifty six percent (56%) of respondents were dissatisfied with their ability to make and receive phone calls in private. A predominant theme was that there wasn't any privacy to use the phone as the phone is in the hallway and therefore prevents them from making phone calls in private.

There are only public phones. There are no rooms with phones in them. There's no opportunity for confidentiality.

There's no privacy. There are two phones, but they're out in the public.

Everything is so out in the open.

Outside Time

Almost all respondents (92%) were dissatisfied with the amount of time they were given to spend outside. Almost all of those who commented said they had not been outside at all.

We don't go outside.

I don't get to spend any time outside.

There's no outside time. It's like jail to me... not even to smoke. There's no fresh air. It's kind of rude.

I have not gone out at all.

Information about Medications

Almost half (45%) of respondents were dissatisfied with information given to them about the benefits, risks and side effects of the medications. About two-thirds of those who commented said that they had been given little or no information about their medications.

There hardly is any.

They have not given me much information about what I can take.

I didn't get as much as I'd like, especially around side effects.

Availability of Staff

Almost half (44%) of respondents were dissatisfied with their ability to talk with a counselor or staff person when they were having a hard time and wanted some help. About half of those who commented said that staff was too busy or unavailable.

There's hardly someone ever available.

Sometimes they're so busy running around back there they just ignore you.

They're quite busy.

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.

Services which have been helpful

Improvement in Symptoms and Coping Skills

Many respondents noted improvements in the symptoms they had previously been experiencing and improvements in their ability to cope as a result of their experience at the hospital.

Primarily the ECT has helped me with my depression. It has lifted a weight off my shoulders.

They have helped me with some psychological problems here. They have helped me take things slower.

I think being here has helped me rethink that I should be taking care of myself. I have to be more careful about what I eat and do. I need to find more support groups. I have to accept that there are issues that I am dealing with.

They gave me strategies to cope with my mental illness, depression and substance abuse problems.

They helped me cope with my illness . . .

Medications

Several respondents stated that the assistance they received with their medications had been helpful.

They got me on new medications. When I take the medications it helps with my depression a little.

They've made me feel better through my medications . . .

My doctor prescribed a really helpful medication. It's great help for me.

I had my medications adjusted and this has helped stabilize me.

Opportunities to Share/Talk with Others

Several respondents noted that the opportunities to talk to someone were particularly helpful in their ability to get their feelings out, gain clarity about their illness and situation, and regain a sense of stability.

The groups are good. They get me to talk. Listening to other people's issues help you with your own.

The services have helped me by having people to talk with and having some time to think, away from all the pressure.

They've made me feel better through . . . the care they show me. It helps to talk things out with people.

... talking to staff when I need to, and getting what I need from them. It keeps your mind occupied and not thinking about going into depression.

The groups have been good for me- talking with other people and getting feedback on what I think and getting good suggestions for how to handle my anxiety.

Groups

A few respondents commented that the groups were helpful to them. Respondents mentioned that the groups were therapeutic, gave them an opportunity to talk through things and learn new ideas.

The groups are good. They get me to talk. Listening to other people's issues help you with your own.

I have been helped by going to groups...it keeps your mind occupied and not thinking about going into depression.

The groups have been good for me- talking with other people and getting feedback on what I think and getting good suggestions for how to handle my anxiety.

How else staff could be helping

Respondents were asked “*what else could the hospital’s staff do to help you feel better and/or reach your goals?*”

Almost all of the respondents answered this question and over three-quarters of respondents (82%) mentioned one or more ways in which staff and/or the hospital could be helping them. The following themes emerged from the input respondents gave regarding ways in which staff could be helping them.

Staff Attention

Several respondents expressed a desire for staff to spend more time with them, citing that they would benefit from more one-on-one attention from staff and more availability of staff to respond to their needs.

The staff could spend more time talking to me.

They could watch me more often since I'm suicidal.

They could check in with me a little bit more. At least twice a shift (which lasts for 8 hours), they told me who my contact person is but I'd rather sit down with someone and talk with them for a few minutes.

Suggestions for improvements

Respondents were also asked “*if you were in charge of this hospital, what is the first thing you would change?*” The following themes emerged from the responses to this question.

Outside Time

Several respondents said the first thing they would change about the hospital would be to make adjustments to the outside time policy.

Be able to have patients go outdoors like they did before.

You should be allowed to go outside, to at least smoke. They should hire someone to watch patients.

Outside time- maybe even have activities or groups outside, now that the weather is getting better.

Smoke Breaks

Several respondents commented that they would like to have the ability to smoke while at the hospital.

The smoking policy. They could give you at least a couple of cigarette breaks a day. This is torture.

You should be allowed to go outside, to at least smoke. They should hire someone to watch patients.

There would be a smoking room.

7

DISCUSSION

Responses from the question measuring overall care received at ABC inpatient unit indicated that over three-quarters (83%) of the respondents were satisfied with their care overall and would recommend the hospital to someone else in need of psychiatric hospitalization. Most respondents reported that the various staff treated them with respect and courtesy either “usually” or “always”. Respondents were also quite satisfied with staff’s efforts to involve them and their family in their treatment planning. A large majority (82%) were satisfied with the medical care they had received on the unit.

On the other hand, some aspects of care had significantly lower satisfaction rates than the overall satisfaction rate. Below are the components of care and the percentage of respondents who rated these satisfactory:

- Time spent outside (8%)
- Efforts to help get housing (20%) [N=5]
- Ability to obtain clothing (40%)
- Daily Activities (42%)
- Food (43%)
- Privacy of Phones (53%)
- Access to private room for visitors (44%)
- Information about medications (55%)
- Ability to talk to staff when having hard time (56%)
- Hospital addressed trauma history (62%)

Responses to the open ended questions further illustrate that respondents feel they've been helped by talking with staff yet feel they could use more time with staff. In general, it seems patients find staff helpful to them and feel they treat them with respect, but are not always available or accessible to them.

Provider Meeting Notes

CQI met with ABC staff along with MBHP on [date] to review the findings of our interviewing. We discussed the mixed responses regarding the groups on the unit. Some respondents stated that they found the groups to be well run while others noted they would like the content of the groups to be more relevant or interesting to them. ABC staff noted that it is very difficult to offer groups that are of interest to all of the patients as their patients are a very diverse group. They do have a two-tier system in which patients are placed in one of the two tiers based on their level of functioning. The unit offers groups that tend to be more concrete and action oriented for those patients who are lower functioning. They offer more discussion oriented groups for patients who are higher functioning. Patients are interviewed on their first day by the OT staff so they can determine group placement immediately. The unit does offer the same group schedule on the weekends as it does on the weekdays. The OT and PHD meet to review the themes that emerged in group each morning and try to maintain that theme throughout the day. Groups are offered throughout the day although there is a break in the late afternoon.

CQI inquired about the activities that are offered on the unit and staff informed us that they do not offer any structured activities. They run a full group schedule each day and this does not allow time for structured activities. Staff feel it is important for the patients to have down time in between groups. CQI suggested staff consider mixing in some structured activities into the daily schedule and seek patient feedback about what types of activities would be of interest to them.

ABC staff informed CQI that the unit stopped providing outside time to patients about nine months ago and also stopped smoking privileges. They had patients take off while outside (they were unsupervised) and upon MBHP's suggestion they discontinued outside time as they didn't feel they would be able to do this safely. There is no enclosed area. CQI inquired about the possibility of having staff supervise outside time, possibly based on a privilege system, but unit staff stated that they did not feel their staff could manage this. They stated that staff couldn't be expected to chase after people if they took off. Staff does discuss the outside time/smoking policy with people prior to admittance.

CQI addressed the issue of privacy with the phones on the unit. Currently the phones are in public places where staff can observe patients while they are using the phone. CQI suggested the unit consider alternative options for improving the privacy of the phones. Staff were resistant to this as they see this as a potential safety concern and feel it is important to be able to monitor conversations as they can lead to problems. They felt having phones in patient rooms would be problematic as people could lose the equipment or patients would spend too much time in their room on the phone. CQI suggested that staff could retain the ability to have times during the day

when the phones were turned on, just as they currently do with the phone on the unit, but again staff felt it was more important to monitor calls and ensure safety for their patients.

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CQI RECOMMENDATIONS

Based on a review of the data, CQI recommends that ABC Unit target the following for specific quality improvement planning:

Improve Staff Availability/Accessibility to Patients

Although patients found staff courteous and respectful, many found them unavailable when patients had a problem that needed to be discussed. Some people felt uncomfortable raising complaints or concerns with staff, even when they were treated well, noting that staff appeared busy or distracted. We recommend that the hospital review this issue and respond with a plan for quality improvement.

Suggestions include, but are not limited to the following:

- At each shift, ensure that patients know who their point person is and that that staff checks in with those patients.
- Set up procedures on the unit and train staff to be pro-active about finding out what patients need at the present moment.

Improve and Provide more Information about Medications

Only 55% of respondents were satisfied with the information they received about their medications with 17% rating the information as “poor”. Along with ongoing staff engagement and communication, making alternative forms of media available to patients is critical for success. We suggest the following as possible action plans:

- **Find medication information** that is understandable, updated regularly and easy to get to for patients and for staff. The National Library of Medicine’s Medline Plus provides health & medication information that is easy to find at <http://www.nlm.nih.gov/medlineplus/druginformation.html>
- **Make the Internet available** for patients to visit relevant websites.
- **Hand out and post** medication sheets that are easy for people to find and to understand. Include information about potential benefits and side effects.

- **Find videos** that provide well balanced medication information and show them at scheduled times on the unit.
- **Offer regular medication groups** led by a nurse, occupational therapist and/or a peer.
- **Make audio cassettes** of medication information for people that prefer to listen or can not read what is available in print. This is especially important for those patients who are functionally illiterate.
- **Determine and document what information individual patients needs** by maintaining an ongoing dialogue with them. Listen for their beliefs and understanding of their diagnosis and treatment. Listen for their learning style and find out if information needs to be offered in a language other than English or if the patient can read in their primary language.

Improved Privacy for Patients' Visits and Use of Telephone

Efforts to give patients more privacy, while ensuring safety, during their visits will improve people's sense of empowerment and connection with their community-based supports. Some suggestions for increasing privacy include:

Review the use of space and the policy for visits.

- It was not clear from respondents that there is a policy for where to visit with people, including the appropriate circumstances for visiting in people's room.
- Review and clarify phone use practices.
- Make clear to patients how to access a private place to use the phone and talk with visitors.
- Expand visiting hours.
- Make clear to visitors that if they can't make regular hours, they can come at another time.
- Ensure that all patients have money to use the payphone, or, provide a phone with a long-distance block for patient use.
- Consider making cell phones/cordless phones available for patients to use.
- Consider allowing patients to bring their own cell phones.
- Consider installing phones in patient's rooms.

Groups/Daily Activities

Patients expressed a desire for groups to be more pertinent to their needs and more interesting and engaging. It may be useful to consider how the topics are chosen and to involve patients in the process whenever possible. Reviewing the group schedule in an effort to ensure high participation rates may also help.

Additionally, many respondents felt there was not enough to do on the unit and would like additional activities.

Too much idle and unoccupied time can be a source of frustration for some people. The unit could work toward incorporating a larger number and variety of daily activities and make time

outside available to patients. The best way to be responsive to patient needs is to give them the opportunity to suggest activities that they would like to do while at the hospital. This could be done in creative ways, including in writing, individually, when people are together for a meal, or in some other group situation. People's suggestions should be evaluated promptly by staff and incorporated into the daily schedule whenever they are feasible

Improve Access to the Outdoors

Time spent outside can be a source of stress relief and daily opportunities to get fresh air can be very helpful to patients. Contact with sunlight, fresh air and the natural environment is essential to mental health and stability. It is important that hospital staff and administrators work together to ensure that patients have an opportunity to leave the hospital building during their stay. There may be other hospitals that can offer their experience about how they have worked out the staffing and other requirements that allow people to go outside safely.

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APPENDIX

- A. Blank Inpatient Survey**
- B. Comments to close ended questions**
- C. Comments to open ended questions**