

## Project Goal:

Implementation of a new sign-out form to be filled out by all visitors to the acute psychosis unit at University Medical Center New Orleans to improve communication and collateral, which will subsequently improve disposition and discharge planning for efficient throughput.

## Introduction & Background

- The acute and sometimes unreliable nature of patients admitted to an inpatient psychiatric unit requires close communication with outside sources of collateral information to provide high-quality, patient-focused care.
- The importance of collateral in providing excellent care and patient empowerment is well-documented. When a patient is involuntarily committed, as is often the case in the inpatient setting, outside collaterals can act as advocates for the patient, facilitating important procedural due process to protect the patient's rights and best interests, as well as inform decision-making.
- With stabilization as the goal of treatment on an inpatient unit, treatment teams have little time and resources to piece together the complex history of multiple hospitalizations, diverse drug regimens, and frequently inconsistent outpatient follow-up.
- Consolidated information from reliable collateral is imperative in delivering the most comprehensive psychiatric care.
- Few protocols are in place for collecting such collateral from family members, ACT/FACT teams, case management, and other valuable contributors to the care of the acutely psychotic patient.
- Finding an efficient process to synthesize collateral contributions is an important step in the cultural shift towards team-based care of the whole psychotic patient.

## Treatment Team Inside the Hospital

- Attending Physician(s)
- Resident Physician(s)
- Medical Students
- Nursing Staff
- Social Worker
- Inpatient Case Management
- Patient Techs

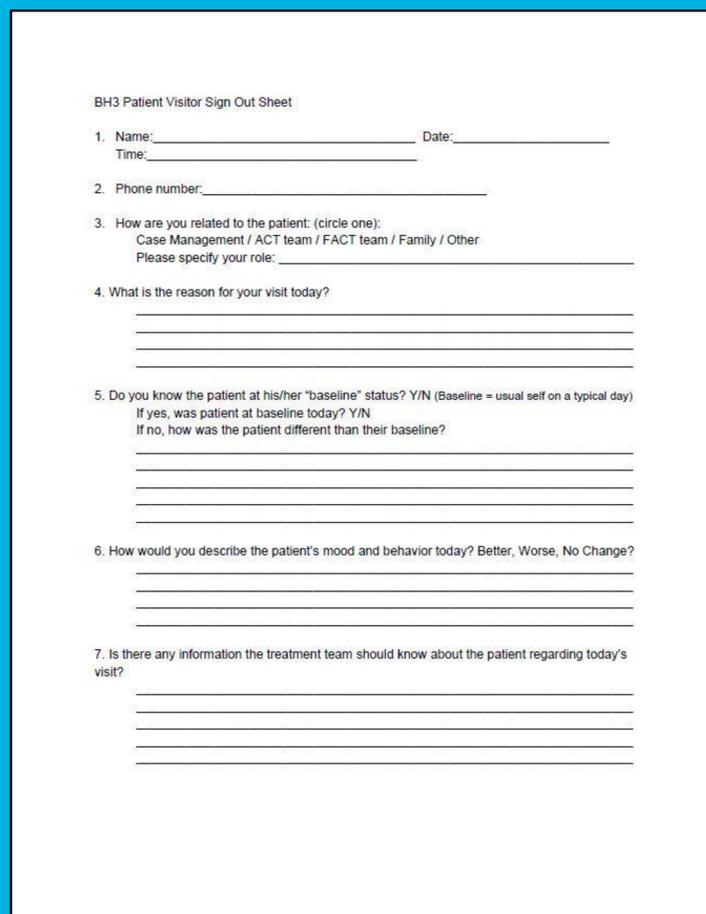
## Support System or Treatment Team Outside of the Hospital

- Outpatient Psychiatrist(s)
- ACT Team or FACT Team staff members
- Social support (family and friends)
- Outpatient Case Management
- Adult or Child Protective Services
- Law Enforcement

## Problem Statement

- The UMCNO Acute Psychosis Unit is frequently filled to its 15-bed capacity.
- Many patients require visits from outside support for necessary assessments, discharge planning, financial support, and emotional/spiritual support.
- Inpatient treatment team uses Epic EMR for patient documentation and guided care, but there is no current policy, system, or protocol for visitors to provide information to the treatment team.
- This new system of sign out for visitors allows the treatment team to more efficiently understand, evaluate, and plan for the care of the patients.

## New Sign Out Sheet for Visitors to Fill Out When Leaving the Locked Unit



BH3 Patient Visitor Sign Out Sheet

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Time: \_\_\_\_\_

2. Phone number: \_\_\_\_\_

3. How are you related to the patient: (circle one):  
Case Management / ACT team / FACT team / Family / Other  
Please specify your role: \_\_\_\_\_

4. What is the reason for your visit today?  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you know the patient at his/her "baseline" status? Y/N (Baseline = usual self on a typical day)  
If yes, was patient at baseline today? Y/N  
If no, how was the patient different than their baseline?  
\_\_\_\_\_  
\_\_\_\_\_

6. How would you describe the patient's mood and behavior today? Better, Worse, No Change?  
\_\_\_\_\_  
\_\_\_\_\_

7. Is there any information the treatment team should know about the patient regarding today's visit?  
\_\_\_\_\_  
\_\_\_\_\_

## New Process for Visiting the Locked Unit

### Sign In

Current process in place for sign in will remain unchanged. The visitor must stop at the security desk, sign in, leave all bags and belongings in a locker, pass a security check, then get escorted onto the unit by a member of the treatment team.

### Patient Visit

Visitors may be monitored when on the unit, but most often visitors are allowed to speak privately with the patients to preserve rapport, relationships, and comfort.

### Sign Out

New process for sign-out will include completing the sign out sheet listing reason for visit, baseline assessment, mood/behavior, and additional comments.

### Review

Members of the inpatient treatment team can review the sign out sheet for improved communication and collateral when determining disposition, discharge planning, and treatment goals.

## Data Capture

- Reducing time spent on finding and following-up with collateral information is the primary data point of implementing this sign-out protocol.
- Because the form is a uniform sign-out option with timestamp, past vs. present time-to-discharge is one useful piece of data for increasing patient throughput. Throughput improvement can also address potential financial goals for efficient discharge planning.
- Observable and qualitative data exists in implementing this sign out protocol because visitors may feel more involved in patient care, and treatment team members can have a more care-driven conversation with visitors instead of interrogative conversations.

## Future Directions

- In the age of electronic medical records, implementing a digital sign-out would potentially increase the efficiency and efficacy of this protocol further.
- Including interactive and specific questions for different visitor types could provide more precise and detailed visit information to influence decisions made by the treatment team.
- Creating an add-on application for electronic medical records would allow third-party patient interactions (like those described in this project) to become part of the medical record itself.

## References

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