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Performance Improvement Abstract

Access to Personal Electronic Devices on an Inpatient Psychiatry Unit: A Recovery-oriented Approach

Keywords: Inpatient psychiatry, technology, recovery

Purpose: The purpose of this performance improvement project was to evaluate an enhanced provision of recovery-oriented care practices that allowed psychiatric inpatients to regularly access their personal electronic devices for use of the internet and other device capabilities within a structured group intervention. **Background:** Inpatient psychiatric treatment typically is associated with a highly-limited and restrictive environment of care to promote safety and confidentiality of all patients within the unit. These practices may include an inability of the patient to utilize their own personal electronic devices including laptop computers, tablets, cell phones and other portable electronic devices. There are a number of concerns that these devices may present on an inpatient psychiatry unit including: risk of harm to others by using the device as a weapon, risk of harm to the self given power cords and other sharp objects, privacy concerns associated with unknown recording of information on the unit including other patients (Derbyshire & Burgess, 2006), as well as increased emotional distress associated with communication on social media sites and other portals. At the same time, a majority of individuals utilize personal electronic devices to access to their recovery communities including family, friends, and other supports including those with serious mental illness (Miller et al., 2015). Personal electronic devices store content that may also enhance recovery from an acute episode of a mental illness including pictures and videos of supportive persons, soothing music for self-care, as well as a method of communication that may be most frequently used by the patient (text messaging). Inpatient psychiatry units may allow access to cell phones with staff member presence in order to allow the patient to access important telephone numbers, although this can be burdensome and disruptive to duties for nursing and allied staff members. Additionally, providing access to personal electronic devices may be appropriate for many inpatients who would use the devices as needed for recovery-oriented purposes such as paying online bills, messaging with employers, peers and family, and using the device to provide self-soothing sensory engagement through a personal library of music. In sum, traditional restrictive policies that fully restrict access to personal electronic devices are not consistent with recovery-oriented care and there is a dearth of research on how to use these devices in hospital settings. In our performance improvement project, we examined the experiences of patients with and without regular access to personal electronic devices on an inpatient psychiatric unit. **Setting/Population:** This project was completed on a secure acute inpatient psychiatry unit (24-bed) within a community hospital set within the greater Boston area. The unit provides treatment for diverse adult patients with an average length of stay of 7.0 days. All adult patients were invited to participate in this project as the standard of care was changed within the unit for all patients. **Methodology/Process:** Key stakeholders were solicited by the Unit Council of the inpatient psychiatry unit regarding this performance improvement project

including within nursing, psychiatry, psychology, occupational therapy and social work.

Recommendations included development of a circumscribed period of time whereby patients would utilize their personal electronic devices with certain provisions. Evaluation of this initiative included inquiring with patients about their experiences associated with cell phone use access on two occasions including between March-April 2017 when access was limited to brief usage with staff to obtain phone numbers (Time 1) and during a second period between August-September 2017 when access was increased to a daily supervised 30-minute period. The 30-minute period was conducted in a group setting and required patients to agree to place a tape cover over the phone's camera (Time 2). A self-report questionnaire was developed for this project, which focused specifically on cell phone technology use and access on the unit. The questions utilized 5-point Likert scales and included inquiry regarding cell phone ownership, whether the patient had brought the phone to the unit, importance of cell phone access on the unit, degree of closeness with family and supports on the unit, connection between recovery and cell phone access, frequency of cell phone use sought, and overall satisfaction with the cell phone policy. Patients also provided information about what features of the phone were important to them to use while on the unit. The questionnaire was developed in both English and Spanish. Patients were encouraged to complete the anonymous questionnaire as part of this performance improvement project. Outcome Measures/Results: A total of 71 inpatients provided feedback about their experiences using the questionnaire developed for this project. Across Time 1 and Time 2, the majority (97.2%) of patients owned a cell phone and most patients (79.2%) brought their cell phone to the hospital, which is noteworthy given that this unit provides treatment to economically disadvantaged and homeless persons. Chi square tests indicate that patients during Time 1 (38.2%), who did not have regular access to their cell phone, were significantly more likely to want to have constant access to their cell phone compared with those during Time 2 (6.1%) who were regularly using their cell phones, $\chi^2 (2, N = 67) = 11.05, p < .01$. Patients in the Time 2, compared with Time 2, condition reported greater importance of cell phone access, greater closeness with family and friends, greater belief that cell phones improved their recovery and were overall more satisfied with the cell phone access policy, although these comparisons were not statistically significant. Across conditions, patients reported moderate to high importance of cell phone access, relationship of cell phone access to improve recovery, and closeness with family and friends. Regarding features of the cell phone, patients reported the following features as important for their recovery including telephone calls (81.2%), text messaging (78.3%), email (63.8%), social media (56.5%), pictures/videos (56.5%), and games (47.8%). The highest ranked features included telephone calls, text messaging and email. Qualitative data over the course of the 6-month period indicated no breaches of confidentiality by patients and that the personal electronic device use was well-received by staff and patients. Practice Implications: Psychiatric inpatients, including those with limited financial and housing resources, own cell phones and want to use these devices to connect with social supports and manage life needs while in the hospital. While inpatients who do not have regular use of their personal electronic devices want unrestricted access to their phones, circumscribed and daily periods to use these devices are sufficient to address recovery-oriented goals. Psychiatric inpatient facilities are encouraged to develop policies and procedures to allow patients to have access to and utilize their personal electronic devices in order to provide improved recovery of personal goals.

Selected Resources:

Derbyshire, S. & Burgess, A. **Use of mobile phones in hospitals:** New guidelines are less restrictive but still overcautious. *BMJ* 2006 Oct 14; 333(7572): 767–768. retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1601977/> on April 18, 2017

Miller, B.J., Stewart, A., Schrimsher, J., Peebles, D. & Buckley, P.F. (2015). **How connected are people with schizophrenia? Cell phone, computer, email and social media use.** *Psychiatry Research*, 225, 458-463.

Wagner, J. (2016, Oct 20). **Using Electronic Devices to Improve the Patient Care Experience on an Inpatient Behavioral Health Unit.** *APNA Annual Conference Podcast*. Podcast retrieved from <http://elearning.apna.org/signin.php?ft=s&id=26582&pw=fA2Ha6vA&wc=1>