



AT A GLANCE

ORGANIZATIONAL PROFILE

The University of Rochester Medical Center (URMC) in New York is anchored by the 800-bed Strong Memorial Hospital. Strong Behavioral Health provides comprehensive emergency, ambulatory, and inpatient psychiatric services.

USE OF UHC DATA AND RESOURCES

URMC participates in UHC databases and the Imperatives for Quality (IQ) program. A URMC patient/family advisor serves on UHC's Behavioral Health Advisory Council.

CONTACT INFORMATION

University of Rochester Medical Center:
 Caroline Nestro, RN, MS
 Associate Director, Office of Mental Health Promotion
 (585) 275-6895
caroline_nestro@urmc.rochester.edu

UHC:
 Kathy Vermoch, MPH
 Imperative Leader and Project Manager
 (312) 775-4364
vermoch@uhc.edu

KEY TAKEAWAYS

- Use a specific, time-limited project to test the waters and launch your patient and family advisory council.
- Follow through on suggestions and be transparent about funding limitations.
- Create a welcoming, respectful, and safe forum for sharing ideas.

Relying on Patient and Family Input to Enhance Mental Health Services at University of Rochester Medical Center

Innovation

The University of Rochester Medical Center (Strong Memorial Hospital) has built a successful patient and family advisory council—the Department of Psychiatry Advisory Council of Consumers (DPACC)—to elicit input on improving mental health services. Consumer-driven ideas proposed by the DPACC are now relied on by staff and serve as a resource for increasing the quality of care.

Background

With strong leadership support, the DPACC was established in 2009 to obtain consumer input on revisions to the psychiatric inpatient visitor policy. From this “testing the waters” start-up, the council solidified into a sustainable mechanism for change in both inpatient and outpatient settings and is now one of seven actively engaged patient/family advisory councils at URMC. It is formally linked to URMC's patient/family-centered care initiatives through the Strong Commitment Office. Facilitating the DPACC via the department's Office of Mental Health Promotion, an extension of the chair's office, allows for a broad reach across all department areas.

Structure and Process

Staff representation. The DPACC includes six or more representatives of the psychiatry department, including a senior clinical nurse specialist (facilitator), a nurse manager, a staff nurse, the addictions program director, and an administrative assistant, plus secretarial support and trainees from all disciplines. Guest facilitators from the department and other areas of the medical center participate when seeking patient/family input or at the invitation of the DPACC.

Involvement of patients and family members. The current DPACC includes nine consumers and five family members. Consumers are 18 years of age or older, present or past recipients of URMC's psychiatric services, and recommended by a treatment provider or DPACC member. Some are peer specialists or patient advocates. Some are active with the National Alliance on Mental Illness (NAMI), and/or the county's Office of Mental Health, affiliations that are not required by DPACC for membership but are helpful. Family members are also 18 or older, have a family member who

has used URM's psychiatric services, and are interested in advocacy or concerned with the quality of care. Some are active with NAMI or the Family Advocacy Program.

Use of subcommittees. DPACC manages a child/adolescent subcommittee and an addictions subcommittee to address targeted issues.

Multipronged recruitment. Staff representatives were recruited through e-mail invitations. Patient/family representatives were identified through requests for recommendations from psychiatry treatment teams; explanations about the DPACC in orientations for psychiatry residents, fellows, and staff; recommendations from other DPACC members; and recruitment of individuals who had already expressed concerns to leadership on specific issues. URM determined that all DPACC members must be able to:

- Share personal experiences in ways that allow others to learn from them
- See the bigger picture
- Show an interest in more than one issue
- Speak candidly in a group
- Listen and hear other points of view
- Connect with people

Potential members complete a brief application (Figure 1) after communicating with the DPACC facilitator by phone or e-mail to ensure that expectations are aligned. Recruits attend a trial meeting to make sure they are willing to commit, but no formal training occurs.

Regular meetings. Average attendance at monthly meetings is 16 to 20 individuals. The council has never canceled a meeting, even in inclement weather. Meetings are held from 4:30 PM to 6:00 PM and include dinner paid for by the department as an expression of gratitude to the volunteers. Free parking is also provided. A celebratory "year in review" annual meeting attracts top-level leaders who take the opportunity to thank DPACC members.

Minutes of the meetings are distributed to DPACC members and placed on a shared drive within the department's computer system so that leaders can review them.

Results

Solutions generated by the DPACC benefit patients and family members, council members, the Department of Psychiatry, and the medical center. Results have touched all 4 mission areas:

Clinical care. Several improvements have been made in the care environment. Patients who require handicapped parking are now given monthly passes instead of having to secure a pass for each visit. Notices that comfort items, such as blankets and reading materials, are available are now posted in the psychiatric emergency waiting areas, and tissues are consistently provided in group therapy rooms. Healthier snacks were added to inpatient menus and pedestrian traffic mirrors were installed to prevent collisions with carts.

"I truly appreciate the perspective that members of DPACC shared with us. The feedback was thoughtful and constructive, but I also appreciate how direct people were. Everything was very clear—what the issues/problems are and precisely what needs to happen to improve the experience for patients, families, and visitors."

Comment from a URM leader

Education. DPACC members provide insights to nursing students, medical students, and psychology trainees and participate in orientation of new staff members. They consult with librarians on strategies to help patients and family members access library resources and services.

Community. DPACC members have suggested guest speakers for a community lecture series, participated in local NAMI events and fund-raisers, and served on a community partnership panel to highlight the importance of patient, family, and community engagement in public health.

Research. Researchers attend DPACC meetings to get input from committee members on tool development and testing. At the request of the vice president of marketing, a focus group of DPACC members explored options for marketing URM's mental health services.

Win/win. A patient serving on the DPACC reported that she had become a better listener, more confident, and less symptomatic, and had bloomed as a leader. A parent of children who received mental health services joined the

DPACC and is now completing her master's degree in mental health counseling.

Lessons Learned

Initially convening around a specific, time-limited project (visitation policy) helped DPACC members get a feel for the structure and collaboration opportunities.

The DPACC is a work group, not a support group, and an advisory council, not an advocacy group (although its

members may advocate for positive changes). It is a welcoming, respectful, and safe forum for sharing ideas.

It is important to follow through on suggestions and be transparent about funding limitations. Celebrate successes to build momentum and sustain the council's activities.

New and diverse members are sought. Initial term limits were 3 years; now term limits are 5 years but outgoing members have the option to serve as emeritus members.

Figure 1. DPACC Application

Department of Psychiatry Advisory Council of Consumers Application	
Date: _____	
Name: _____	
Street: _____	
City: _____ State: _____ Zip Code: _____	
Telephone: _____ E-mail address: _____	
**You or a family member/significant other must have had or has experiences at Strong Behavioral Health	
1. Have you or a family member/significant other ever had services at Strong Behavioral Health? <input type="checkbox"/> Myself <input type="checkbox"/> Family member/significant other	
2. Why would you like to be on the council? _____ _____	
3. What issues would you like to see the council address? _____ _____	
4. What special interest or experiences would you like to offer to the council? _____ _____	
5. What is your preferred way of receiving communication about the council? <input type="checkbox"/> E-mail <input type="checkbox"/> Postal mail <input type="checkbox"/> Phone	
6. Is it okay to share your contact information with other members of the council? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Do you have any dietary needs we should be aware of (e.g., vegetarian)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____	
8. Do you have any special needs we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____	
**Note. There is a two-year member commitment	

Strong Behavioral Health, 300 Crittenden Blvd, Box Psych., Rochester, NY 14642 • Tel. (585) 275-3571 • Fax (585) 275-6666

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