

Psychiatric Inpatient Access to Personal Electronic Devices: Clinical Staff Perceptions

Carla Davis, NP-BC, RN; Anvi Ciripili, DNP; Laura Jarosmich, MSN, RN-PMH-BC; Katelyn Vaughn, MSN, RN; Connie Hare, MSN, RN-PMH-BC; Jennifer Barut PhD, MSN, RN



Introduction

Topic

- The 21st Century Cures Act, effective April 5th, 2021, requires patients have access to their electronic medical record (EMR) without delay.
- Concerning personal electronic devices (PEDs):
 - Majority patients own cell phones and access internet
 - Over half of patients access health information and their EMR
 - Patients admitted to psychiatric units compare to general population concerning PED ownership

Location: Vanderbilt Psychiatric Hospital substance use disorder inpatient unit (16 beds)

Population: Adults (≥ 18 y/o); involuntary and voluntary inpatient

Problem

- Relates to IHI Triple Aims Initiative to improve patient experience of care
- Currently, many psychiatric inpatient units do not allow patients unrestricted access to cell phones
- May be out of compliance with regulations within the 21st Century Cures Act
- Can feel authoritarian and punitive
- May detract from patient care experience

Aim: To identify perceptions of clinical staff of personal electronic device (PED) access before and after implementation of inpatient's PED access on the unit, implemented September 2022 to December 2022.

Methods

- This project explored clinical staff perceptions of patient access to personal electronic devices on a 16-bed adult inpatient substance use disorder unit, Adult 2, at Vanderbilt Psychiatric Hospital.
- Clinical staff perceptions were obtained through a descriptive survey using a convenience sample.
- The pre- and post-implementation perceptions survey was developed consisting of six demographic questions, 18 close-ended questions using a five-point Likert scale, and one free text question.
- Twenty-three full-time and float pool staff members were invited to participate in the anonymous survey through VUMC email.
- The perceptions questionnaire invitation was emailed to the clinical staff prior to implementation of the personal electronic device inpatient access policy.
- The same perceptions questionnaire invitation was emailed five weeks after the policy had been in place.

Figure 1

Staff perceptions before and after implementation of inpatient cell phone use

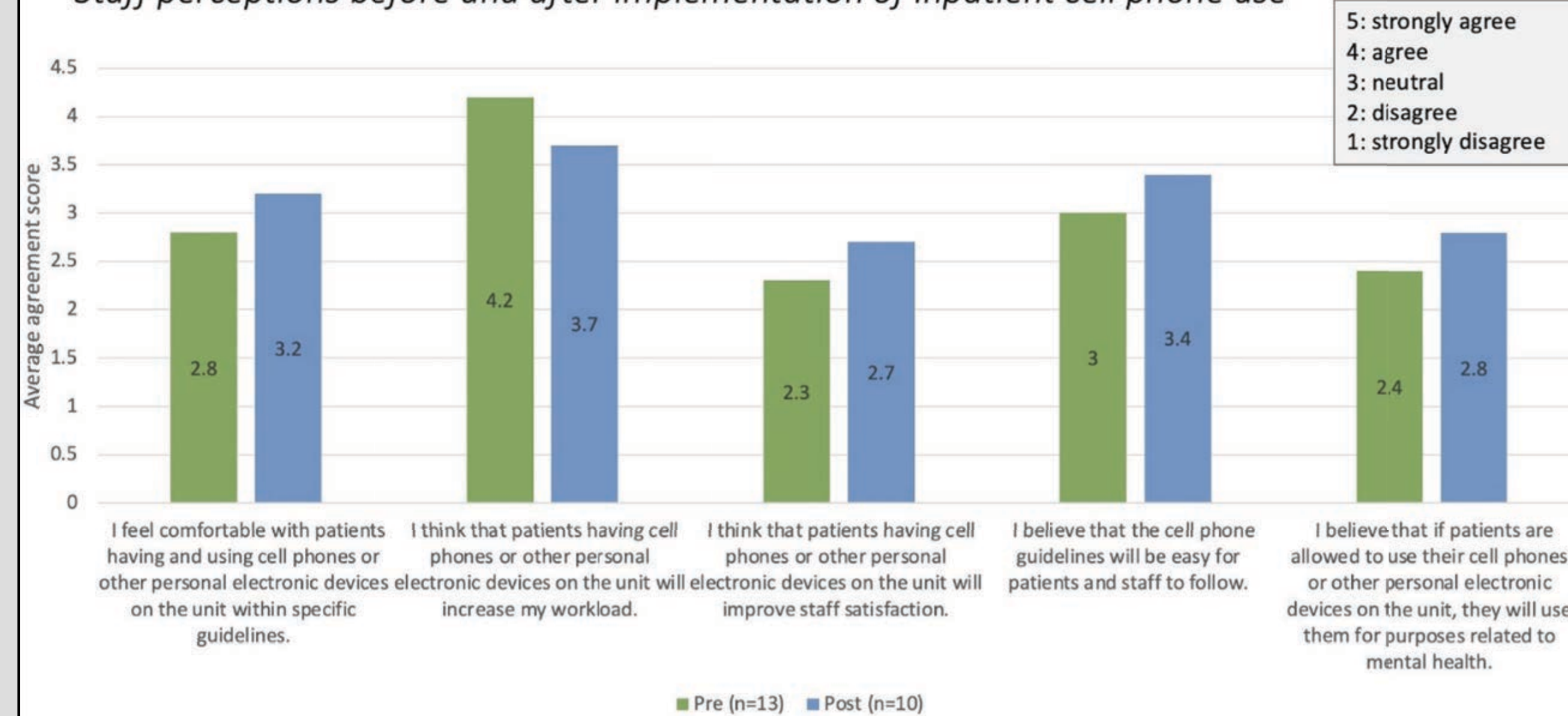


Table 1: Demographic Characteristics of Respondents, pre-implementation survey, n=13

Characteristics	n (%)
Age (in years)	
18 - 24	2 (15.4)
25 - 34	6 (46.1)
45 - 54	4 (30.8)
55 - 64	1 (7.7)
Gender	
Male	0 (0.0)
Female	13 (100.0)
Race	
Black or African American	3 (23.1)
Caucasian	7 (53.8)
Middle Eastern	1 (7.7)
Prefer not to say	2 (15.4)
Education	
Bachelor's degree	10 (76.9)
Master's degree	3 (23.1)
Position	
BHS	4 (30.8)
CSL	1 (7.7)
RN	8 (61.5)
Work Experience (in years)	
0 - 1	1 (7.7)
1 - 5	10 (76.9)
6 - 10	1 (7.7)
26 or above	1 (7.7)

Survey



References



Results

- Total response rates were 13 respondents (56.5%) for the pre-implementation perceptions survey and 10 respondents (43.5%) for the post-implementation perceptions survey.
- Data collected from the five-point Likert scale (1 = strongly disagree to 5 = strongly agree) responses were evaluated using descriptive statistics.
- Figure 1 provides a visual representation of the responses to the 5 survey questions with the greatest change in average agreement scores.
- Table 1 provides a summary of the demographic survey of the pre-implementation respondents.
- Of the 18 close-ended questions, six questions included perceptions concerning safety issues, staff comfort level, and potential of HIPAA violations. The average agreement score for these questions showed a slight improvement from pre-implementation of 3.5 to post-implementation of 3.6.
- Eight questions concerned therapeutic/treatment benefits. There was no appreciable difference in the pre- and post-implementation average agreement scores.
- Two questions involved perceptions of staff and patient satisfaction. The average agreement scores of perceptions of staff satisfaction slightly improved (2.3 to 2.7) while the perception of patient satisfaction showed a slight decrease (3.8 to 3.7).
- Perceptions concerning possible increased workload of staff and ease of use of the guidelines showed the greatest improvement.
- The respondents commented that patient access to their cell phones is beneficial at designated times but is also detrimental depending on the patient's condition (co-occurring disorder).

Implications for Practice

Strengths: the project was conducted on an inpatient unit within a psychiatric hospital with leadership buy-in and CNO support. Faculty lead had experience in the environment.

Limitations: The project was conducted on one unit with limited number of consistent full-time staff resulting in the use of prn and float staff during the pre-implementation and post-implementation phases.

Future Study: There is a need for ongoing evaluation of clinical staff perceptions regarding psychiatric inpatient access to personal electronic devices. Subsequently, it would be beneficial to gain insights and perceptions from staff on other inpatient units within the psychiatric hospital to provide results that could be beneficial to other psychiatric hospitals seeking similar implementation.