

**Implementing Mental Health Passports to Enhance Communication: A Quality-Improvement Initiative
in Psychiatric Care**

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Submitted to: Tara O'Connor

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Abstract

Background: Effective provider-to-patient communication is fundamental in psychiatric care, yet systemic barriers such as high patient-to-staff ratios, shift-based staffing, and fragmented documentation hinder meaningful interactions. A needs assessment at a 98-bed inpatient psychiatric hospital identified a lack of a structured, patient-held communication tool to document communication preferences, psychosocial safety needs, and individualized care priorities.

Methods: A Mental Health Passport (MHP) was developed as a one-page, patient-driven communication tool to address these challenges. The project followed the Institute for Healthcare Improvement's Model for Improvement (IHI MFI) and used Plan-Do-Study-Act (PDSA) cycles to refine implementation. Staff training sessions, educational materials, and workflow integration strategies were developed and implemented to support adoption. A pre- and post-implementation survey assessed staff perceptions of the MHP's impact on communication quality, ease of use, and relevance to psychiatric care. MHP completion rates were tracked throughout the one-month implementation period.

Results: A total of 25 post-survey responses were collected, with 70% of direct patient care staff reporting improved communication after using the MHP. Completion rates varied throughout implementation, with an overall increasing trend. Staff feedback highlighted benefits in enhancing therapeutic engagement, continuity of care, and communication efficiency.

Conclusion: The MHP is a feasible and scalable intervention to improve communication in inpatient psychiatric settings. Future studies should explore long-term adoption, sustainability, and potential expansion to other psychiatric care environments.

Problem Description

Effective provider-to-patient communication is critical to ensure patient safety and enhance the overall quality of care provision in mental health treatment settings— thus, inadequate communication practices can significantly impact patient outcomes. This sentiment was highlighted by a comprehensive needs assessment conducted at a 98-bed inpatient mental health hospital providing care to adults in need of acute crisis stabilization. A common theme among healthcare providers at inpatient psychiatric facilities identifies a pervasive issue across all departments: a high volume of patient grievances stemming primarily from insufficient communication with their healthcare providers. These grievances highlight not only immediate concerns with provider-patient interactions but also suggest deeper systemic gaps in communication strategies. Patients frequently report frustration and grievances regarding critical aspects of their care, such as medication management, treatment plans, diagnostic clarity, discharge planning and communication with staff throughout their hospitalization. For example, staff confusion about patient medication needs can lead to increased patient anxiety, a delay in treatment, and subsequently, a prolonged hospital stay. Data-gathering processes are often significantly impacted by high patient-to-staff ratios, staffing shortages, and staff burnout, resulting in insufficient time for staff to collect detailed information about each patient’s individual preferences, communication styles, triggers, coping strategies, and unique psychosocial needs. Important patient information may be inconsistently known among staff members, as individual staff often hold unique details without effectively communicating or sharing them with colleagues, creating a risk that critical information may be overlooked when it’s needed most. These inconsistencies can negatively impact patient trust, which is fundamental in the psychiatric setting for promoting adherence to treatment and facilitating positive therapeutic outcomes. These observed challenges underscore an immediate need for targeted interventions designed to improve communication practices and protocols.

Available Knowledge

Clear and consistent communication between providers and patients has been widely recognized in the literature as a cornerstone of high-quality mental health care, influencing patient safety, satisfaction, and overall clinical outcomes (Priebe et al., 2020). However, many individuals admitted for acute psychiatric stabilization encounter significant communication disparities, leading to heightened distress, fragmented care, and erosion of patient trust (Storm et al., 2019). According to Salzmänn-Erikson & Yifter (2020), inadequate communication and perceived lack of empathy from healthcare providers can leave patients feeling disregarded, stigmatized, and disrespected, potentially increasing their frustration and risk of dangerous behaviors towards themselves or others. Pelto-Piri et al. (2019) reinforce this point, asserting that predictable, supportive, and empathetic communication is crucial for patients' psychological safety within psychiatric hospitals. Furthermore, Sweeney et al. (2018) emphasize that compassionate, trauma-informed, and culturally sensitive communication is central to the provision of holistic psychiatric care. However, achieving such effective communication is complicated by systemic and organizational barriers that disrupt continuity of care, such as shift-based staffing arrangements that repeatedly place patients in interactions with unfamiliar staff, thereby impeding trust-building and therapeutic rapport (Bolsinger et al., 2020). Additionally, limited staff availability, heightened unit acuity, elevated patient-to-staff ratios, and staffing shortages frequently limit opportunities for meaningful patient-provider communication, a reality echoed by local staff who reported significant burnout and operational strain (Raphael et al., 2021). Evidence suggests that structured communication interventions can effectively bridge these gaps by ensuring consistent sharing of critical patient information among healthcare providers, thereby enhancing patient engagement, reducing grievances, and promoting continuity of care (Burgener, 2020; Gibson et al., 2021; Godier-McBard & Fossey, 2022; Leavey et al., 2020; Lequin et al., 2021; Rixe et al., 2023; Tuan Soh et al., 2022). Evidence suggests that patient-held communication tools can empower patients by providing them a

meaningful opportunity to express, in their own words, precisely how healthcare providers can best tailor psychiatric care to align with their individual needs, preferences, and lived experiences, thereby directly addressing communication deficiencies (Myklebust & Bjørkly, 2019).

Rationale

The absence of a structured, patient-driven method for clearly articulating psychological needs, communication preferences, and individualized care priorities can be identified as a critical gap and potential entry point for a targeted intervention to mitigate ongoing communication deficiencies. Integrating a patient-held communication tool into existing care pathways at psychiatric hospitals can streamline the collection and sharing of essential patient information among the treatment team, thereby enhancing provider-patient communication and positively impact the quality of psychiatric care received by the patients. The rationale for implementing a communication tool is grounded in established communication theory and evidence-based QI frameworks that emphasize patient empowerment, person-centered care, and continuous process refinement. Fragmentation theory highlights how critical patient information often remains siloed, while communication theory posits that clear, structured, and patient-driven information sharing significantly enhances therapeutic relationships and patient engagement, contributing directly to improved care outcomes (Kern et al., 2024). Patient-held communication tools operationalize this concept by empowering patients to articulate and advocate for their psychological needs, treatment preferences, and individualized care priorities. Such tools have been shown to foster patient autonomy, reduce power imbalances in provider-patient interactions, and facilitate a deeper mutual understanding among healthcare staff and patients (Gibson et al., 2021; Godier-McBard & Fossey, 2022; Leavey et al., 2020). The underlying theoretical assumption is that patient-held communication tools will reduce misunderstandings and enhance care quality. This assumption is supported by literature demonstrating that structured communication tools have been associated with reductions in coercive practices— such as forced

medication administration or physical restraint and seclusion use— by providing clear communication of individualized coping strategies and crisis management preferences (Rixe et al., 2023; Tuan Soh et al., 2022). This aligns with the principles of trauma-informed and person-centered care models, both of which highlight the importance of understanding and respecting patients' lived experiences, individual preferences, and honoring neurodivergence in individual communication styles. This QI initiative leveraged the Institute for Healthcare Improvement's Model for Improvement (IHI MFI), an evidence-based framework designed to facilitate meaningful, sustainable change within healthcare settings and promote iterative improvement through structured Plan-Do-Study-Act (PDSA) cycles. Use of the IHI MFI framework enabled real-time feedback integration and adaptive refinements of the intervention to ensure responsiveness to the evolving needs of both patients and providers.

Specific Aims

The primary aim of this QI project is to enhance communication between healthcare providers and patients by ensuring at least 80% of incoming admissions to the hospital complete a Mental Health Passport (MHP) upon transitioning from the intake department to their admitting unit, and that a copy of the completed MHP is integrated into the unit report binder starting February 1st, 2025, until February 28th, 2025. In a secondary aim to evaluate the impact on communication, a post-survey will be conducted among hospital providers and intake staff one month post-implementation with a target of at least 70% of respondents reporting enhanced communication quality with patients based on utilizing the MHP to augment their care.

Context

This quality improvement initiative takes place at a 98-bed inpatient mental health facility located in a major city serving the Pacific Northwest region. The facility provides comprehensive psychiatric care to adults experiencing acute behavioral crises related to mental health, substance use, and co-occurring psychiatric disorders. Patients are admitted through scheduled appointments,

community referrals, or walk-ins. The hospital consists of four operating units offering 24/7 psychiatric care supported by a multidisciplinary team of over 300 staff members. At the outset of this initiative, communication challenges between interdisciplinary staff and patients were identified as a systemic issue impacting patient experience and care quality. A comprehensive needs assessment conducted with healthcare staff revealed that information about patient preferences, communication styles, triggers, coping skills, psychosocial and medical needs was often inconsistently collected and not systematically shared across shifts. Frustration from the effects of these deficiencies were reflected in a review of patient grievances.

Several contextual factors may influence the success of efforts to improve communication within this setting. First, staffing shortages, high patient-to-staff ratios, and shift-based workflows create a fast-paced environment where providers have limited time to gather and document individualized patient information. Secondly, the diverse psychological states of patients, including those in acute crisis, intoxication, or under involuntary legal status, require flexible communication approaches that account for variations in cognitive and emotional capacity at the time of admission. Additionally, factors such as language barriers, literacy levels, and patient willingness to engage in care planning may impact the feasibility and effectiveness of new communication strategies. While these challenges are specific to this facility's operational structure and patient population, they reflect broader issues common in inpatient psychiatric settings.

Interventions

To address the identified gap at the facility, this quality improvement (QI) initiative developed and introduced a uniquely curated communication tool referred to as a "Mental Health Passport" (MHP) (Appendix 2-3). Prior to this QI initiative, the hospital lacked any structured tool for documenting patient communication preferences and psychosocial safety needs during the intake process. The MHP was curated as a one-page document, formatted with clear, simple language to accommodate varying

literacy levels, and multiple language options to ensure accessibility. The document is structured into ten sections, prompting patients to share information about their communication preferences, personal coping strategies, warning signs of distress, treatment goals, and medical needs. The front side of the document contains these structured prompts, while the back side includes a disclosure statement providing information on the QI initiative and informed consent for voluntary participation. The existing 90-minute ‘door-to-floor’ period— the time from patient arrival to the intake department and unit admission— provided an opportunity to introduce the MHP, leveraging this waiting period to facilitate the collection of critical patient information without disrupting the efficiency of the existing workflow processes. The MHP was integrated into the standard patient intake forms upon arrival to the intake department. During the intake process, staff introduced the MHP alongside standard admission documents. Intake staff directed and assisted patients to complete the MHP in the waiting period prior to unit admission. Once completed, a copy of the MHP is made by the admitting nurse for placement in on the admitting unit’s report binder for use by staff throughout the patient’s hospitalization, while the original remains with the patient to serve as a reference for their care.

Implementation of the MHP was integrated into the hospital’s intake process through collaboration with the intake team, which consists of seven registered nurses, two counselors, three mental health technicians, and 21 psychiatrists. The rollout of the MHP was overseen by the QI project lead, in collaboration with administrative staff and the patient intake team. To support successful implementation, a comprehensive training packet was developed and provided by the QI lead for all direct patient care staff (Appendix 4-5). Training materials included handouts explaining the purpose and benefits of the MHP, a standard operating procedure (SOP) for the intake department staff (Appendix 11), and a training flowsheet detailing proper usage of the MHP and workflow integration (Appendix 5). Additionally, five large poster boards were placed in each unit’s nurses’ station, providing

unit staff with an easily accessible visual reference of the training materials (Appendix 7). The development, training, and rollout of the MHP was overseen by the QI project lead.

Study of the Interventions

The impact of the MHP implementation was evaluated using a pre- and post-survey design to evaluate changes in provider-patient communication, perceived utility, and ease of integration into clinical workflows. A pre-survey gathering baseline data was administered prior to implementation of the MHP (Appendix 10). A post-survey was conducted one month post-implementation (Appendix 11). Open-ended questions allowed participants to provide qualitative feedback on specific benefits, challenges, and recommendations for improving the tool's efficacy. Additionally, stakeholders were asked whether they would support permanent adoption of the MHP within the intake department and its potential expansion to other units. The process of the interventions was structured to minimize external confounding variables, ensuring that observed improvements in communication could be reasonably linked to the implementation of the MHP.

Measures

The evaluation of the MHP intervention utilized process and outcome measures to assess its implementation and impact on communication. The primary process measure was the percentage of daily admitting patients who completed the MHP during intake. To monitor the completeness and accuracy of data, the QI project lead tracked the number of MHPs completed and integrated into shift reports based on the number of daily admissions to the facility throughout the period of implementation. The primary outcome measure was the percentage of direct patient care staff reporting improved communication with patients post-implementation of the MHP, as measured by post-survey responses compared to baseline pre-survey data collection. To ensure the validity and reliability, pre- and post-surveys incorporated Likert-scale rating questions to quantify staff perceptions of the MHP's effectiveness, ease of use, and relevance to patient care. The pre-survey captured baseline

expectations, while the post-survey measured outcomes after one month of implementation. Pre- and post-survey questions incorporated the use of open-ended responses to capture qualitative insights from stakeholders regarding the perceived benefits, limitations, and suggestions for refining the MHP. The QI project lead conducted ongoing contextual assessments through daily informal meetings with stakeholders during the period of implementation, which allowed for real-time refinements based on staff feedback.

Analysis

The impact of the MHP was analyzed using both quantitative and qualitative methods to assess its impact on provider-patient communication, ease of use, and integration into existing clinical workflows. MHP completion rates were maintained daily by the QI project lead and tracked in a spreadsheet. Descriptive statistics, including mean scores and frequency distributions from Likert-scale responses, analyzed data from pre-surveys compared to post-surveys to identify shifts in staff-reported communication to determine whether changes were attributable to the intervention. To account for variation over time, pre-survey responses established a baseline, while post survey responses captured actual experiences after one month of MHP use. Open-ended survey responses underwent thematic analysis to identify recurring themes, such as perceived benefits, challenges, and suggestions for improvement. Informal meetings with staff facilitating the implementation of the MHP further contextualized the findings, allowing for an assessment of external factors that may have influenced implementation success or barriers. By integrating statistical comparisons with qualitative insights, the analysis provided a comprehensive understanding of the MHP's impact, highlighting measurable improvements in communication while identifying areas for refinement to enhance long-term feasibility (Appendix 15-16).

Ethical Considerations

This QI initiative prioritized ethical considerations to safeguard participant well-being and maintain trust. Transparent communication threaded through contextual elements to secure informed consent and clearly explain the MHP's purpose, usage, and the participants' right to opt-out of participation without compromising their care quality. Privacy and confidentiality was rigorously protected in accordance with HIPAA guidelines. MHP was data securely stored in the patient's private health record, and access was limited to authorized personnel only. Data analysis excluded identifying information from completed MHPs and staff surveys to ensure complete confidentiality and anonymity in the data handling process.. Ongoing evaluation will be in place by the QI project lead to monitor the implementation's impact, facilitating swift adjustments to address any unintended effects and ensure continuous ethical compliance. Ethical considerations will ensure that the MHP does not obstruct, but rather, enhances quality of care for patients.

Results

Implementation of this QI initiative followed a phased rollout informed by three PDSA cycles. The PDSA cycles involved the creation of the MHP, creating educational materials, holding 1-on-1 staff training sessions, distributing educational materials, and implementing the MHP into the standard operations of the intake process (Appendix 13). The MHP completion rate was 51% overall, marking 123 MHPs completed out of 241 total admissions during the implementation cycle (Appendix 14). Initial completion inconsistencies improved with targeted staff training in real time, achieving 100% compliance on some days (Appendix 14). However, ongoing variability indicated the need for consistent adoption. Post-implementation survey results showed that 80% of staff found the MHP useful in their interactions with patients and felt it improved communication. 88% of respondents reported that the MHP was easy to integrate into their routine practice. Nearly all respondents (96%) supported permanent adoption of the MHP into their workflow (Appendix 16). Qualitative feedback underscored

both strengths and areas for improvement. Staff perceived the MHP enhanced continuity of care, supported crisis management, and strengthened patient-provider rapport. Challenges included inconsistent patient engagement, limited utilization of the MHP beyond the intake department, and gaps in workflow integration. Suggestions for refinement included digitizing the MHP, expanding key sections, and securing broader buy-in from departments such as nursing and social work to promote sustained, organization-wide implementation (Appendix 15-16). Findings indicate that the MHP was widely regarded as an effective tool for enhancing provider-patient communication, feasible for routine use with targeted modifications, and positively received by staff—supporting its potential for broader, system-wide implementation and long-term integration into clinical practice.

Summary

This QI project successfully implemented the Mental Health Passport (MHP) to enhance provider-patient communication in an inpatient psychiatric setting. Findings indicated improved provider-reported communication effectiveness, aligning with the project's rationale and specific aims. The intervention addressed identified communication gaps and was well-received by staff, who reported increased understanding of patient preferences and care needs. Key strengths included structured implementation, integration into workflows, and targeted staff training. These results support the feasibility of patient-held communication tools in psychiatric settings to enhance care coordination and provider-patient rapport.

Interpretations

The introduction of the MHP was associated with improved communication between providers and patients, reinforcing the importance of structured communication tools in psychiatric care. Post-survey data indicated that staff found the MHP useful for understanding patient preferences, communication styles, and psychosocial needs. These findings align with prior studies demonstrating that patient-held communication tools improve provider engagement, care continuity, and patient

outcomes (Tuan Soh et al., 2022). Similar tools have been used in outpatient and long-term care settings, particularly in autism care, where communication passports enhance patient autonomy and reduce provider uncertainty (Jackson et al., 2024). This project demonstrated the adaptability of such tools to acute psychiatric settings, where high patient turnover and shift-based staffing often create barriers to effective communication. Staff training and engagement played a critical role in implementation success, though logistical challenges—such as time constraints and varying patient participation—affected completion rates. Contextual factors, including staff buy-in and existing hospital workflows, influenced the MHP's adoption. While the intervention streamlined information-sharing, its direct impact on clinical outcomes such as length of stay was not measured. Additionally, implementation required resource allocation for staff training, but long-term sustainability depends on continued engagement and integration into standard care procedures. Despite these challenges, the MHP demonstrated potential as an effective tool for improving psychiatric care communication. Future initiatives should focus on expanding MHP use, refining the tool based on patient feedback, and incorporating additional metrics to assess the MHP's long-term impact.

Limitations

This study's findings are constrained by its single-facility design, which limits generalizability and the ability to apply conclusions to broader settings. Additional limitations include potential response bias stemming from staff surveys, variability with individual staff application of training materials, and reliance on subjective outcome measures. Further, factors such as patient cognitive status, willingness to participate, staff shortages, hospital census fluctuations, and overall unit acuity were not systematically analyzed and likely introduced confounders affecting MHP completion rates and effectiveness. Although standardized training sessions and pre/post-surveys were implemented to mitigate these challenges, future initiatives should incorporate structured observational assessments, systematically collect patient feedback, and account for external influencing factors. Evaluating objective

clinical outcomes— such as patient satisfaction scores and the frequency of care related grievances— will further strengthen the evidence base. Together, these approaches would offer a more comprehensive validation of the MHP’s effectiveness and guide strategies for broader clinical integration.

Conclusions

This quality improvement project demonstrated the feasibility of implementing a structured, patient-held communication tool within an inpatient psychiatric setting. The Mental Health Passport (MHP) was associated with improved provider-reported communication and provided a standardized method for capturing patient preferences and psychosocial needs. Sustained integration will require ongoing staff trainings, increased institutional support, and routine evaluation. Next steps include refining the MHP based on stakeholder feedback and expanding its implementation across all hospital departments to support daily use by interdepartmental staff in guiding patient care interactions. Hospital-wide implementation of the MHP will embed a consistent communication framework into daily workflows, support patient-centered treatment planning, and strengthen interdisciplinary collaboration and continuity of care.

Funding

This quality improvement project received no external funding or institutional grants. The project lead was not financially compensated for the development, implementation, or evaluation of this initiative.

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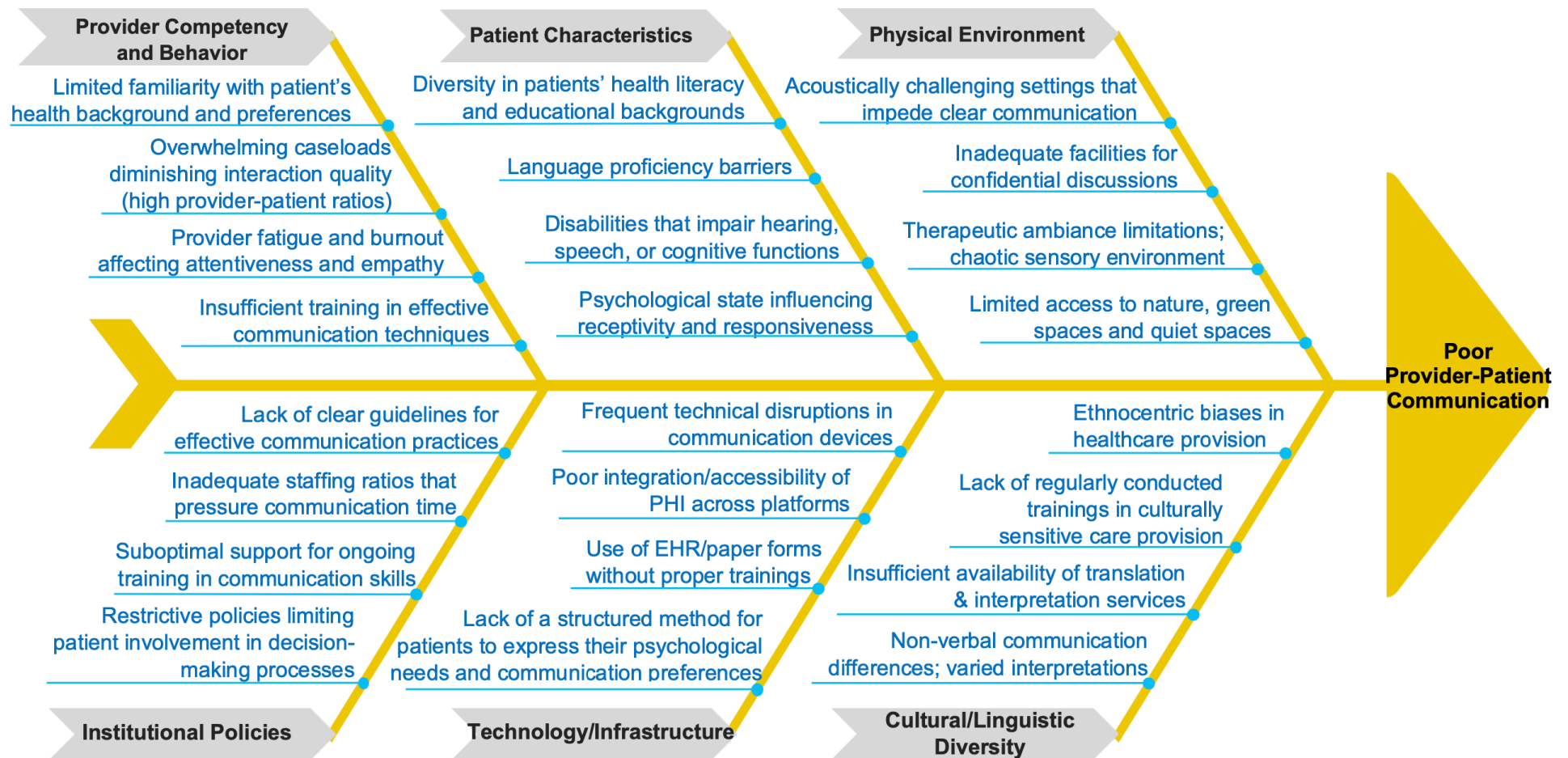
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Appendix 1: Root Cause Analysis

Root Cause Analysis at Psychiatric Hospital



Appendix 2: Mental Health Passport Front Page

Mental Health Passport	
My Preferred Name(s): _____	Pronouns: _____
<u>Important information to know about me:</u> <div></div>	<u>My medication and medical needs:</u> <div></div>
<u>How I would prefer to communicate during times of crisis or distress:</u> <div></div>	<u>My Health Goals:</u> <div></div>
<u>My observable warning signs of mental distress:</u> <div></div>	<u>My Coping Skills:</u> <div></div>
	<u>My Triggers:</u> <div></div>

Appendix 3: Mental Health Passport Back Page

This form is part of a quality improvement project led by staff at [REDACTED]

This project is about improving communication between patients and healthcare workers, using a new tool called the Mental Health Passport (MHP).

Your Choice to Join:

- Your participation in this project is completely your choice.
- You can decide not to join, or if you join and then change your mind, you can leave the project at any time. This will not affect your care here.

What Will Happen:

- If you decide to participate, we will ask you to complete the Mental Health Passport on the first day of your admission.
- Staff will make a copy of it to keep on the unit binder during your time here.
- This helps your healthcare team know more about you quickly and take care of you better.

Benefits:

- Your participation will help us learn how to provide better care for you while you are in our hospital and help improve care for other patients in the future.

Keeping Your Information Safe:

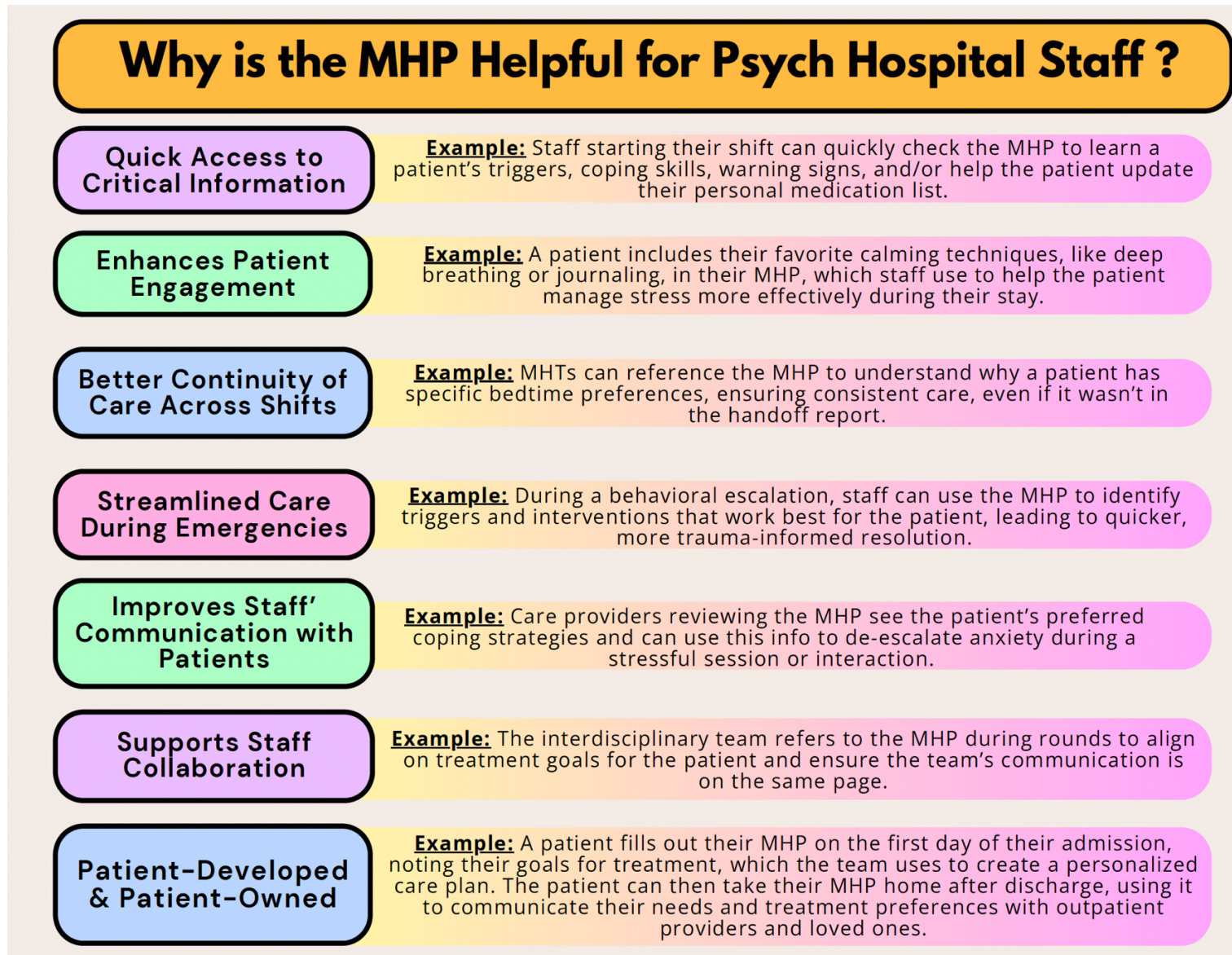
- All information you share with our staff will be kept private.
- We will not let anyone know who you are when we talk about this project to others.
- Your information is 100% protected; your safety and privacy are our priority.

Questions?

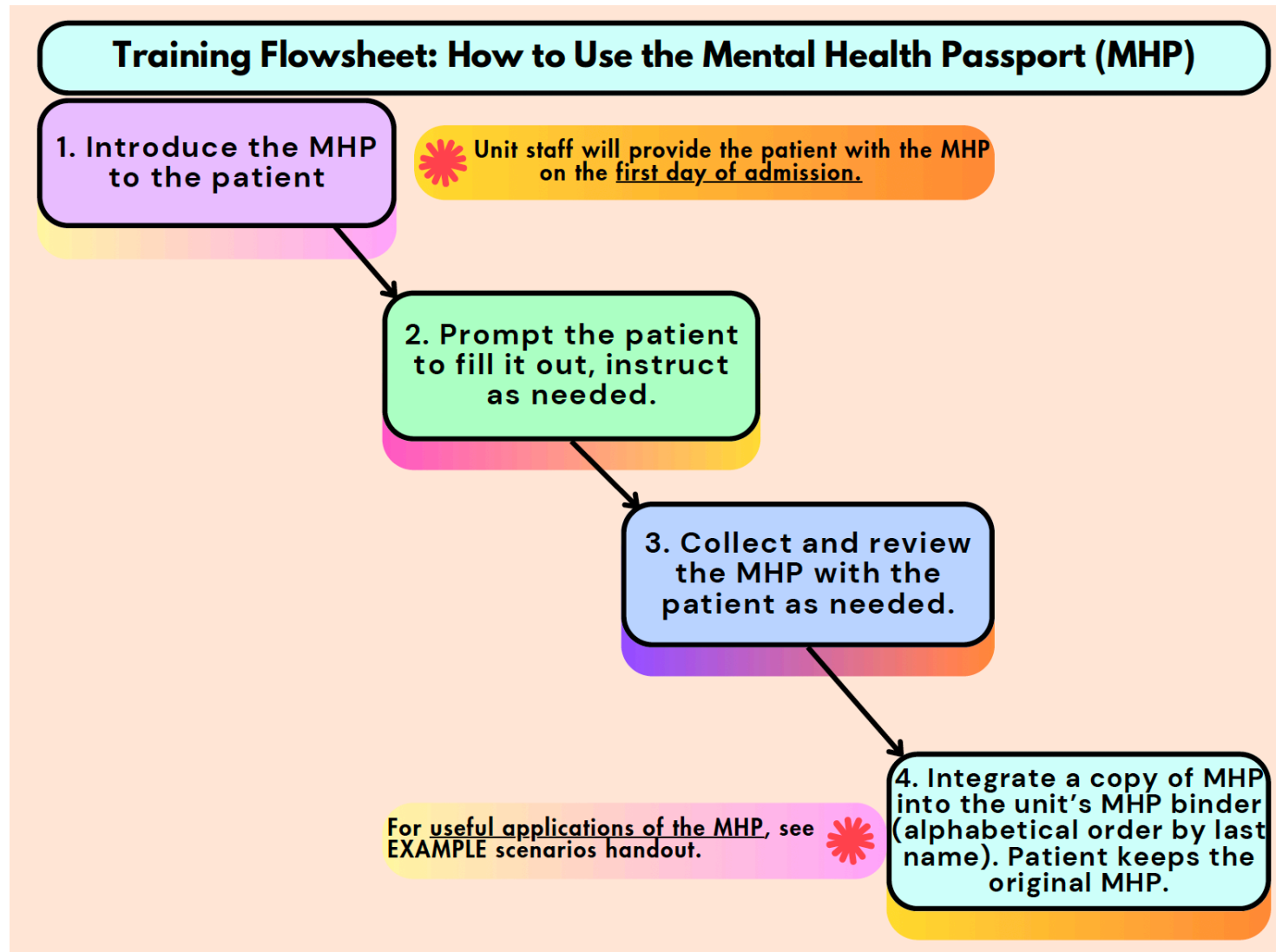
- If you have any questions about this project or what it means to join, please ask a staff member. We would be more than happy to help.

Thank you for participating in this important effort to improve care at our hospital.

Appendix 4: Staff Education Flowsheet



Appendix 5: Staff Training Flowsheet



Appendix 6: Project Purpose Statement and Pre-Survey Link

PURPOSE

We are excited to invite you to participate in a nurse-led Quality Improvement (QI) survey!

The purpose of this survey is to gather initial feedback from healthcare staff at [REDACTED] regarding their expectations and perceived needs for a **patient-owned communication tool**. This tool will be referred to as a **Mental Health Passport (MHP)**.



- ♦ **WHAT:** The Mental Health Passport (MHP) is designed as an evidence-based tool aimed at enhancing communication and care coordination between staff and patients, with the overall goal being to improve the quality of care patients receive at [REDACTED]
- ♦ **WHY:** By understanding your anticipations and concerns prior to rollout, your insight will help us optimize the MHP's design and functionality to better meet the needs of our staff and patients.
- ♦ This survey will take approximately **5 minutes** to complete. Please see [page 1](#) for a draft of the Mental Health Passport (MHP) prior to survey completion.

Individual responses will be confidential, de-identified, and used solely for the purpose of improving the tool's design and implementation.

Disclosure Statement: This QI project is conducted by Oregon Health & Science University (OHSU) and has approval from the Institutional Review Board (IRB). This project has undergone a thorough review process and adheres to all ethical guidelines and standards as required by the IRB. Participants in this projects are not entitled to any financial compensation. This survey is conducted solely for the purpose of quality improvement within our healthcare services.

For Questions or Further Information, Please Contact:

QI Project Lead: [REDACTED] DNP-PMHNP Student

Email: [REDACTED]


Appendix 7: Educational Posterboard for Units

HELP OUR PATIENTS BY HELPING ME HELP YOU! (say that three times)

PURPOSE

We are excited to invite you to participate in a nurse-led Quality Improvement (QI) survey!

The purpose of this survey is to gather initial feedback from healthcare staff at [redacted] regarding their expectations and perceived needs for a patient-owned communication tool. This tool will be referred to as a Mental Health Passport (MHP).



- WHAT:** The Mental Health Passport (MHP) is designed as an evidence-based tool aimed at enhancing communication and care coordination between staff and patients, with the overall goal being to improve the quality of care patients receive at [redacted].
- WHY:** By understanding your anticipations and concerns prior to rollout, your insight will help us optimize the MHP's design and functionality to better meet the needs of our staff and patients.
- This survey will take approximately 5 minutes to complete. Please see page 1 for a draft of the Mental Health Passport (MHP) prior to survey completion.

Individual responses will be confidential, de-identified, and used solely for the purpose of improving the tool's design and implementation.

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For Questions or Further Information, Please Contact:
QI Project Lead: Hadleen Hajj, RN, DNP/PMNP Student
Email: [redacted]

Training Flowsheet: How to Use the Mental Health Passport (MHP)

- 1. Introduce the MHP to the patient**
Unit staff will provide the patient with the MHP on the first day of admission.
- 2. Prompt the patient to fill it out, instruct as needed.**
- 3. Collect and review the MHP with the patient as needed.**
- 4. Integrate a copy of MHP into the unit's MHP binder (alphabetical order by last name). Patient keeps the original MHP.**

For useful applications of the MHP, see EXAMPLE scenarios handout.

EXAMPLE:

Mental Health Passport

My Preferred Name(s): _____

Pronouns: _____

Important information to know about me:

My medication and medical needs:

How I would prefer to communicate during times of crisis or distress:

My Health Goals:

My observable warning signs of mental distress:



My Coping Skills:

My Triggers:

My Triggers:

Why is the MHP Helpful for Psych Hospital Staff ?

Quick Access to Critical Information	Example: Staff starting their shift can quickly check the MHP to learn a patient's triggers, coping skills, warning signs, and/or help the patient update their personal medication list.
Enhances Patient Engagement	Example: A patient includes their favorite calming techniques, like deep breathing or journaling, in their MHP, which staff use to help the patient manage stress more effectively during their stay.
Better Continuity of Care Across Shifts	Example: MHPs can reference the MHP to understand why a patient has specific bedtime preferences, ensuring consistent care, even if it wasn't in the handoff report.
Streamlined Care During Emergencies	Example: During a behavioral escalation, staff can use the MHP to identify triggers and interventions that work best for the patient, leading to quicker, more trauma-informed resolution.
Improves Staff Communication with Patients	Example: Care providers reviewing the MHP see the patient's preferred coping strategies and can use this info to de-escalate anxiety during a stressful session or interaction.
Supports Staff Collaboration	Example: The interdisciplinary team refers to the MHP during rounds to align on treatment goals for the patient and ensure the team's communication is on the same page.
Patient-Developed & Patient-Owned	Example: A patient fills out their MHP on the first day of their admission, noting their goals for treatment, which the team uses to create a personalized care plan. The patient can then take their MHP home after discharge, using it to communicate their needs and treatment preferences with outpatient providers and loved ones.

Appendix 8: Project Site Letter of Support #1**Letter of Support from Clinical Agency**

Date: June 14, 2024

Dear [REDACTED]

This letter confirms that I, [REDACTED], allow [REDACTED] (OHSU Doctor of Nursing Practice Student) access to complete her DNP Final Project at our clinical site. The project will take place from approximately *July 2024 to February 2025*. This letter summarizes the core elements of the project proposal, already reviewed by the DNP Project Preceptor and clinical liaison (if applicable):

DNP Project Preceptor: [REDACTED] PMHNP-DNP • Phone: [REDACTED] • Email: [REDACTED]

Project Site(s): [REDACTED]

Project Plan:

- **Identified Clinical Problem:** The clinical problem addressed by this project is the need for enhanced communication between healthcare providers and patients within the inpatient psychiatric setting at [REDACTED]. Miscommunication or insufficient information sharing can impact the quality of care and the overall efficiency of healthcare delivery, leading to errors in patient care, decreased patient satisfaction, and potentially longer hospital stays.
- **Rationale:** The proposed intervention, the implementation of a Mental Health Passport (MHP), is expected to improve communication by providing a standardized document that captures critical patient information accessible throughout the patient's stay. This intervention is rooted in Communication Theory, which posits that effective communication is essential for optimal outcomes in healthcare settings. The assumption is that better-informed providers will deliver more targeted and efficient care, thus enhancing patient outcomes and satisfaction.
- **Specific Aims:** (1) To ensure that at least 80% of incoming patients are provided with a Mental Health Passport by their transition from the intake department to their admitting unit by October 1st, 2024. (2) To achieve a 70% positive response rate from healthcare providers (doctors, nurses, MHTs) regarding the enhancement of communication quality with patients, as measured one month post-implementation of the MHP.
- **Methods/Interventions/Measures:** The intervention aims to introduce the Mental Health Passport (MHP) document at patient intake. The project lead will track the completion rate of MHPs, inclusion of completed MHPs in patient charts, and survey healthcare providers for feedback on communication improvements. The MHP will be integrated into the patient admission workflow. Training sessions will be provided to staff on how to effectively use and integrate the MHP into their daily routines. The impact of the MHP will be evaluated using pre and post-intervention surveys and regular audits.
- **Data Management:** Data will be collected through staff surveys, electronic health records, and MHP completion rates. *All personal patient and employee data will be de-identified to maintain patient and staff confidentiality.* Data will be stored on encrypted, password-protected servers to ensure security and compliance with HIPAA regulations.
- **Site(s) Support:** [REDACTED] has agreed to support this project by providing necessary space for conducting the intervention activities, allowing staff to participate in project-related training, surveys, and facilitating access to patient records for data collection purposes. The site will assist in providing the MHP document to patients during intake as part of the implementation process.
- **Other:** Additionally, [REDACTED] and the project team have agreed on periodic reviews of the project's progress and adjustments to the implementation plan based on ongoing feedback from administrative staff and patients. This collaborative approach ensures the project's adaptability and sustained improvement over time.

During the project implementation and evaluation, [REDACTED] will provide regular updates and communicate any necessary changes to the DNP Project Preceptor. Our organization looks forward to working with this student to complete their DNP project. If we have any concerns related to this project, we will contact [REDACTED] and [REDACTED] PMHNP-DNP (student's DNP Project Chairperson).

Regards,

[REDACTED]

Signature

Date Signed 0

Appendix 9: Project Site Letter of Support #2**Letter of Support from Clinical Agency**

Date: January 31st, 2025

Dear [REDACTED]

This letter confirms that I, [REDACTED], allow [REDACTED] (OHSU Doctor of Nursing Practice Student) access to complete his/her DNP Final Project at our clinical site. The project will take place from approximately *July 2024* to *March 2025*. This letter summarizes the core elements of the project proposal, already reviewed by the DNP Project Preceptor and clinical liaison (if applicable):

DNP Project Preceptor: [REDACTED] PMHNP-DNP • Phone: [REDACTED] • Email: [REDACTED]

Project Site(s): [REDACTED]

Project Plan:

- **Identified Clinical Problem:** The clinical problem addressed by this project is the need for enhanced communication between healthcare providers and patients within the inpatient psychiatric setting at [REDACTED]. Miscommunication or insufficient information sharing can impact the quality of care and the overall efficiency of healthcare delivery, leading to errors in patient care, decreased patient satisfaction, and potentially longer hospital stays.
- **Rationale:** The proposed intervention, the implementation of a Mental Health Passport (MHP), is expected to improve communication by providing a standardized document that captures critical patient information accessible throughout the patient's stay. This intervention is rooted in Communication Theory, which posits that effective communication is essential for optimal outcomes in healthcare settings. The assumption is that better-informed providers will deliver more targeted and efficient care, thus enhancing patient outcomes and satisfaction.
- **Specific Aims:** (1) To ensure that at least 80% of incoming patients are provided with a Mental Health Passport by their transition from the intake department to their admitting unit by October 1st, 2024. (2) To achieve a 70% positive response rate from healthcare providers (doctors, nurses, MHTs) regarding the enhancement of communication quality with patients, as measured one month post-implementation of the MHP.
- **Methods/Interventions/Measures:** The intervention aims to introduce the Mental Health Passport (MHP) document at patient intake. The project lead will track the completion rate of MHPs, inclusion of completed MHPs in patient charts, and survey healthcare providers for feedback on communication improvements. The MHP will be integrated into the patient admission workflow. Training sessions will be provided to staff on how to effectively use and integrate the MHP into their daily routines. The impact of the MHP will be evaluated using pre and post-intervention surveys and regular audits.
- **Data Management:** Data will be collected through staff surveys, electronic health records, and MHP completion rates. *All personal patient and employee data will be de-identified to maintain patient and staff confidentiality.* Data will be stored on encrypted, password-protected servers to ensure security and compliance with HIPAA regulations.
- **Site(s) Support:** [REDACTED] has agreed to support this project by providing necessary space for conducting the intervention activities, allowing staff to participate in project-related training, surveys, and facilitating access to patient records for data collection purposes. The site will assist in providing the MHP document to patients during intake as part of the implementation process.
- **Other:** Additionally, [REDACTED] and the project team have agreed on periodic reviews of the project's progress and adjustments to the implementation plan based on ongoing feedback from administrative staff and patients. This collaborative approach ensures the project's adaptability and sustained improvement over time.

During the project implementation and evaluation, [REDACTED] will provide regular updates and communicate any necessary changes to the DNP Project Preceptor. Our organization looks forward to working with this student to complete their DNP project. If we have any concerns related to this project, we will contact [REDACTED] and [REDACTED] *PMHNP-DNP* (student's DNP Project Chairperson).

Regards,

[REDACTED]
[REDACTED]
[REDACTED]

Signature

Date Signed

Mental Health Passport (MHP) Pre-Implementation Feedback Survey

Instructions: Please answer the following questions based on your expectations for the Mental Health Passport. Your responses will be used to adjust and optimize the introduction of the MHP.

-
-
-

Thank you for your participation in this survey. Your feedback is vital to guide the upcoming implementation of the Mental Health Passport (MHP) at [REDACTED]. Your insights will help us ensure the MHP effectively meets the needs of both staff and patients in improving communication and care coordination.

Mental Health Passport (MHP) Post-Implementation Feedback Survey

Date: _____

1. After using the Mental Health Passport, how effective have you found it in improving communication between healthcare providers and patients?

2. How useful has the information provided by the Mental Health Passport been for your interactions with patients?

3. How easy has it been to incorporate the Mental Health Passport into your routine practice?

4. Would you like to see the Mental Health Passport permanently adopted by the intake department and potentially used as a tool in other departments? Check one.

5. Please elaborate on your response to question 4. If yes, how do you envision the MHP benefiting other departments? If no, what concerns do you have about its broader implementation?

6. Can you provide a specific example where the information collected on the MHP was beneficial, or fell short?

7. Based on your experiences with the Mental Health Passport so far, what changes or additions would you recommend to enhance its utility and effectiveness? Are there any features that you believe could be improved?

Thank you for your time and insights. Your responses will help us refine and improve the Mental Health Passport to better serve both our staff and our patients.

Appendix 12: Standard Operating Procedure

Standard Operating Procedure**Implementing the Mental Health Passport to Enhance Communication**

A Quality-Improvement Initiative at [REDACTED]

Effective February 1st, 2025, until February 28th, 2025

- 1. Ensure each patient coming into the hospital for assessment is provided a Mental Health Passport (MHP) form.**
 - a. To ensure the patient is provided the form, the MHP form will be integrated into folders all patients receive at the time of intake.
 - b. The MHP will be located specifically on the ***right*** side, the same side as the patient handbook.
 - c. The MHP form will be embedded into each patient folder by the Quality Improvement team lead.
 - i. If the MHP form is not in the patient folder, a printable form can be found in the S drive under Admissions → Purple Folders.
- 2. Prioritize the completion of patient demographics, admission consents, PHQ-9, and all other necessary intake forms PRIOR to filling out the MHP.**
 - a. The MHP is **voluntarily** completed by the patient; this can be done while they await admission to the unit.
 - b. If the patient is waiting for an extended period of time, completion of the MHP can complementarily fill the space of that time.
 - c. The patient should be *encouraged* to complete the MHP prior to their arrival on the unit.
 - i. A completed MHP is preferable, HOWEVER, in the case the patient cannot complete the MHP at the time of admission due to altered mental status, intoxication, incapacitation, etc., they can take it to their unit and continue its completion there.
- 3. Ensure the patient takes their original with them MHP to their unit of admission.**
 - a. This metric will be tracked by the Quality Improvement team lead.
- 4. The intake staff member escorting the patient to the unit will make a copy of the MHP and place it in the unit Kardex binder, in the patient's assigned room and bed number tab.**
 - a. This metric will be tracked by the Quality Improvement team lead.

Revised 01/31/2025

Appendix 13: Project Timeline and PDSA Cycles

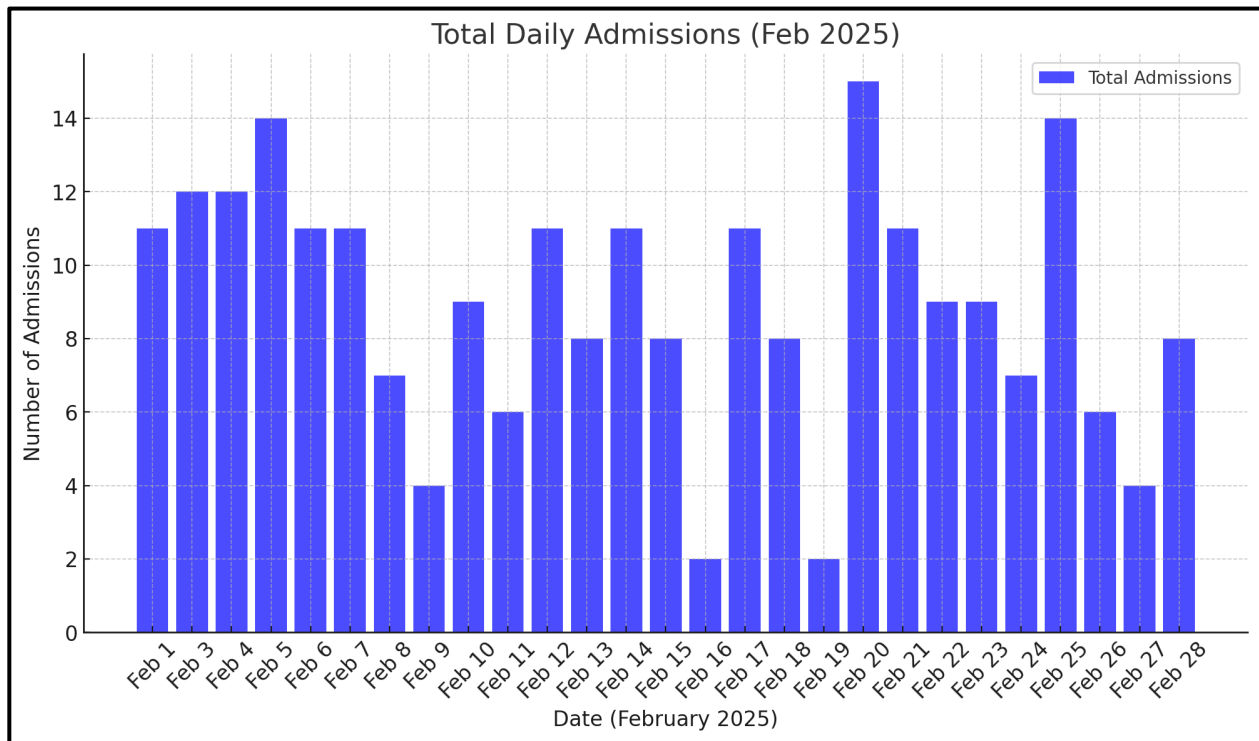
October 1 – October 31, 2024	Stakeholder Engagement and Securing Letters of Support from Project Sites
November 1 – November 20, 2024	Development and Refinement of the Mental Health Passport (MHP)
November 21 – December 5, 2024	Creation of Staff Education and Training Materials
December 6 – December 14, 2024	Design of Pre-Implementation and Post-Implementation Surveys
December 6 – December 14, 2024	Preparation of Educational Posterboards for Unit-Based Staff
December 15, 2024 – January 15, 2025	Conduct On-Site Training Sessions for Intake Staff and Providers on MHP Procedures
January 20, 2025	Deployment of Educational Posterboards Across Clinical Units
January 25 – January 31, 2025	Administration of Pre-Implementation Surveys
February 1 – February 28, 2025	Formal Implementation and Integration of the Mental Health Passport (MHP)
March 1 – March 8, 2025	Administration and Collection of Post-Implementation Surveys

PDSA Cycles

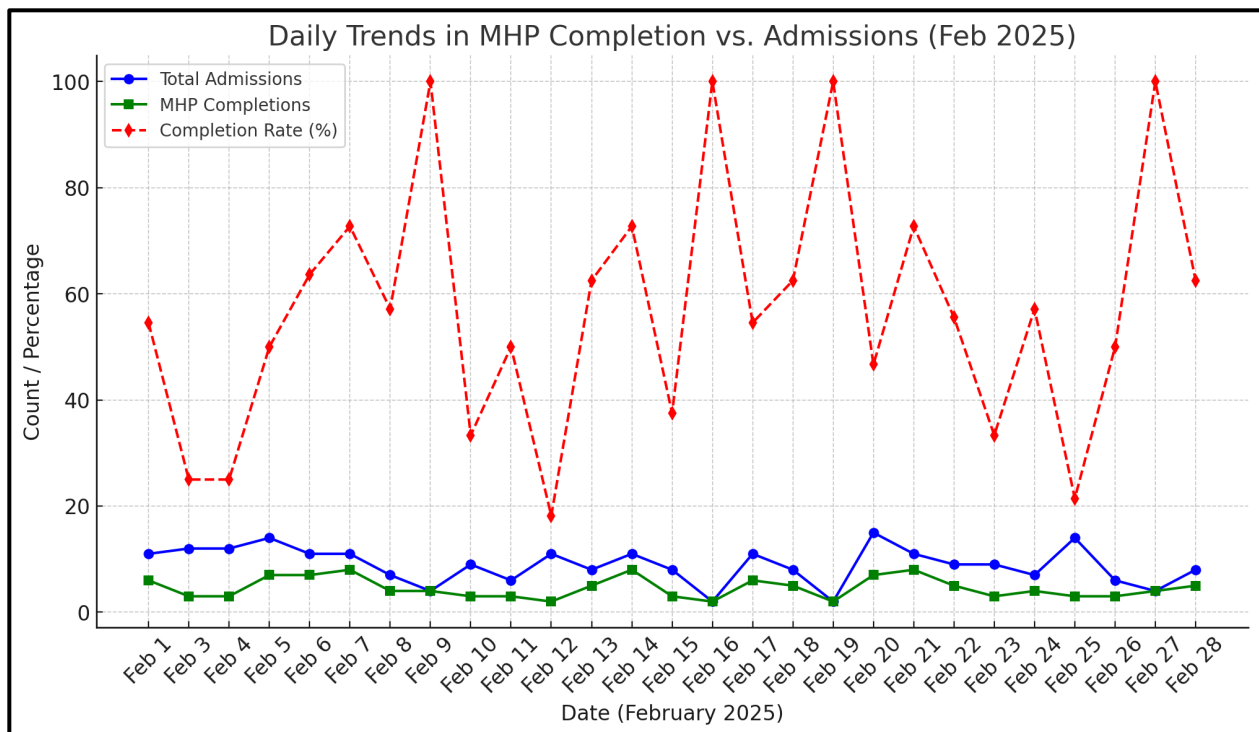
	PDSA Cycle	Plan	Do	Study	Act
1	Cycle 1: Initial Planning & Development	Stakeholder engagement, securing letters of support, refining the MHP.	Conduct staff training sessions. Deploy educational materials,	Pre-implementation survey administration to gather baseline data.	Adjustments made to materials or processes based on survey feedback before
2	Cycle 2: Full-Scale Implementation & Adaptation	Formal integration of the MHP within intake procedures.	Staff use the MHP in real-time patient interactions. MHPs completed and collected for	Ongoing observation of workflow integration. Collection of real-time feedback and informal provider	Mid-cycle adaptations made to enhance adoption (e.g., reinforcing
3	Cycle 3: Post-Implementation Evaluation & Refinement	Post-implementation survey administration.	Data collection on staff experiences and patient outcomes.	Comparing pre- and post-survey results. Analyzing process and outcome measures.	Identify refinements and areas for scaling the intervention.

Appendix 14:

Total Daily Admissions for February 2025



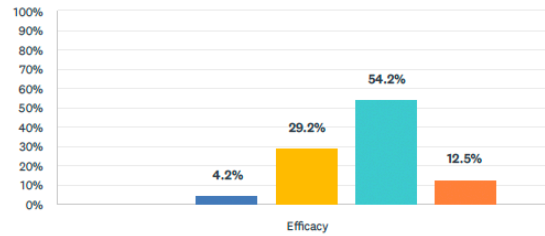
Trend Graph Visualizing MHP Completion Rates vs. Total Admissions for February 2025



Appendix 15: Pre-Survey Results

Q1 How effective do you anticipate the Mental Health Passport will be in improving communication between healthcare providers and patients?

Answered: 24 Skipped: 0

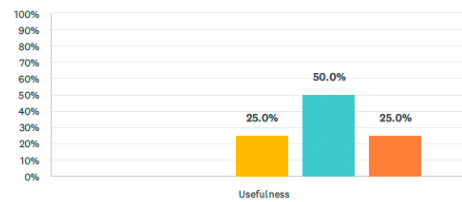


Not effective at all (1) Slightly effective (2) Moderately effective (3) Very effective (4) Extremely effective (5)

	NOT EFFECTIVE AT ALL (1)	SLIGHTLY EFFECTIVE (2)	MODERATELY EFFECTIVE (3)	VERY EFFECTIVE (4)	EXTREMELY EFFECTIVE (5)	TOTAL	WEIGHTED AVERAGE
Efficacy	0.0% 0	4.2% 1	29.2% 7	54.2% 13	12.5% 3	24	3.75

Q2 How useful do you find the information provided by the Mental Health Passport will be for your daily interactions with patients?

Answered: 24 Skipped: 0

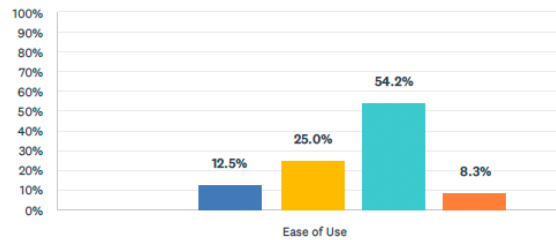


Not at all useful (1) Slightly useful (2) Moderately useful (3) Very useful (4) Extremely useful (5)

	NOT AT ALL USEFUL (1)	SLIGHTLY USEFUL (2)	MODERATELY USEFUL (3)	VERY USEFUL (4)	EXTREMELY USEFUL (5)	TOTAL	WEIGHTED AVERAGE
Usefulness	0.0% 0	0.0% 0	25.0% 6	50.0% 12	25.0% 6	24	4.00

Q3 How easy do you expect it will be to incorporate the Mental Health Passport into your routine practice?

Answered: 24 Skipped: 0



Extremely difficult (1) Somewhat difficult (2) Neither easy nor difficult (3) Somewhat easy (4) Extremely easy (5)

	EXTREMELY DIFFICULT (1)	SOMEWHAT DIFFICULT (2)	NEITHER EASY NOR DIFFICULT (3)	SOMEWHAT EASY (4)	EXTREMELY EASY (5)	TOTAL	WEIGHTED AVERAGE
Ease of Use	0.0% 0	12.5% 3	25.0% 6	54.2% 13	8.3% 2	24	3.58

Q4 Do you anticipate that the Mental Health Passport will help save time or make your job easier in any way? Please explain your expectations.

Answered: 21 Skipped: 3

#	RESPONSES	DATE
1	Yes. Be having all info in one spot	2/9/2025 4:57 PM
2	potential for post discharge impact, inpatient deescalation techniques	2/4/2025 7:44 PM
3	It sounds like the mental health passport will be an effective tool to alleviate the potential of crisis situations.	1/31/2025 7:22 PM
4	I believe the mental health passport will enhance my ability to build a stronger therapeutic alliance with patients by allowing me to tailor treatments to their specific needs.	1/29/2025 3:18 PM
5	Yes, getting additional information from patients that are missed in assessments	1/24/2025 11:18 AM
6	Yes!	1/24/2025 11:02 AM
7	I think the info is useful, like the de escalation screening is. Unfortunately, this info is often overlooked as being available for use.	1/19/2025 1:03 PM
8	would be great to have quick reference sheet made by pt themselves as so much gets lost in handoff	1/18/2025 11:15 PM
9	N/a	1/18/2025 5:38 AM
10	It is always nice to have a reference for pertinent patient information so I do believe it would help with de-escalation.	1/17/2025 8:25 PM
11	Usefulness likely would vary between staff based on clinical roles and time around patients. For direct providers, asking targeted questions of the MHP might be more efficient than tracking and knowing the information in the charts for each patient which could get complicated to keep sorted.	1/17/2025 1:40 PM
12	Yes - it will help with continuity of care and help patients feel heard.	1/16/2025 1:57 PM
13	it would be a great quick access tool that could mitigate time looking through chart notes to find the needed information.	1/16/2025 5:19 AM
14	Yes. Implementation of a new process always has its challenges, but overall this would be an extremely helpful tool for all members of the team.	1/15/2025 8:58 PM
15	I would anticipate it being helpful in a crisis management situation where we can refer to it for coping strategies and since it is written in their own words it will be a way to empower patients and engage on their terms	1/15/2025 5:39 PM
16	This will help approach Pt in more personalized care according to Pt's acuity, recovering level, and motivation for Tx.	1/15/2025 2:43 PM
17	Would allow for easier and more concise patient interactions as the patients needs are clearly stated.	1/15/2025 1:49 PM
18	I think it would be an easy tool to access important information quickly.	1/15/2025 12:07 PM
19	I think the information provided on the passport is very useful for patient care and behavioral management, thus making the job of de-escalation and building rapport easier. However, it does take time to review the forms therefore unit staff may grumble at the prospect of adding a task to their daily lists.	1/15/2025 12:00 PM
20	likely many people wont look at the binder before the shift starts to see it, but if people are able to do so, it would be helpful	1/15/2025 11:59 AM
21	When patients are more engaged in their care, everything works better and there is greater	1/15/2025 11:16 AM

Q5 What additional information or features would you suggest including in the Mental Health Passport to enhance its effectiveness?

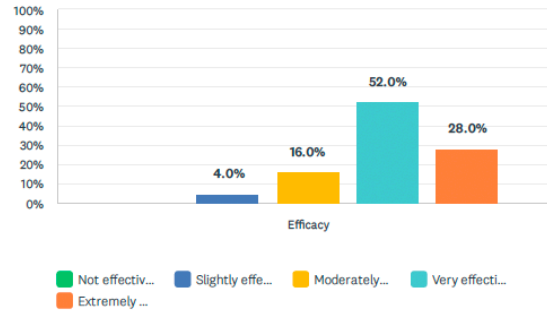
Answered: 17 Skipped: 7

#	RESPONSES	DATE
1	NA	2/9/2025 4:57 PM
2	Integrating vital information with rounds sheets to ensure it gets passed along in report	2/4/2025 7:44 PM
3	Once implemented I will try to provide constructive criticism.	1/31/2025 7:22 PM
4	N/A	1/29/2025 3:18 PM
5	No feedback	1/24/2025 11:18 AM
6	N/a	1/18/2025 5:38 AM
7	Emergency contact for de-escalation or after code events	1/17/2025 8:25 PM
8	Usefulness might vary trying to complete it on Day 1 depending on patient mental status, diagnosis, etc. . I could see it being particularly helpful for patients with longer lengths of stay.	1/17/2025 1:40 PM
9	None	1/16/2025 1:57 PM
10	none that comes to mind, but it could be revised as needed.	1/16/2025 5:19 AM
11	I like that it is clear, direct, and to the point. Perhaps consider if it would be beneficial to add an "additional information" section that the patients would be able to communicate other details.	1/15/2025 8:58 PM
12	This seems like a very comprehensive list. I would start with this tool in its current form and see how providers and patients can implement it in care.	1/15/2025 5:39 PM
13	Staff in charge is expected to have basic standardized knowledge of MHP and compassion to use it as a means to provide more personalized care, rather than focusing on time efficiency, or easier job etc.	1/15/2025 2:43 PM
14	I believe everything I can think of is already included in the MHP.	1/15/2025 1:49 PM
15	I suggest adding it to the kardex for ease of review during end of shift report.	1/15/2025 12:00 PM
16	it might make patients upset if staff hasnt viewed the sheet and they may say "i put it on my preference sheet why arent you abiding by it" and think it needs to be followed exactly, when at our facility it may not always be possible.	1/15/2025 11:59 AM
17	Any way to make it digital so patients can access it at future hospitalizations without needing to bring it with them or complete a new one?	1/15/2025 11:16 AM

Appendix 16: Post Survey Results

Q1 After using the Mental Health Passport, how effective have you found it in improving communication between healthcare providers and patients?

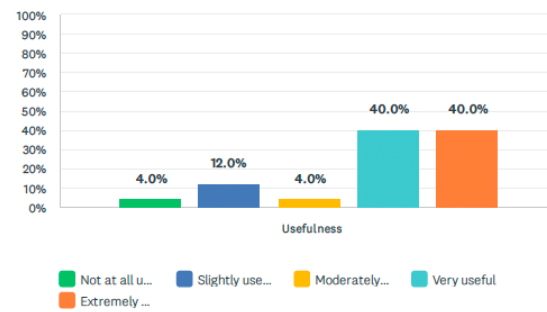
Answered: 25 Skipped: 0



	NOT EFFECTIVE AT ALL (1)	SLIGHTLY EFFECTIVE (2)	MODERATELY EFFECTIVE (3)	VERY EFFECTIVE (4)	EXTREMELY EFFECTIVE (5)	TOTAL	WEIGHTED AVERAGE
Efficacy	0.0% 0	4.0% 1	16.0% 4	52.0% 13	28.0% 7	25	4.04

Q2 How useful has the information provided by the Mental Health Passport been for your interactions with patients?

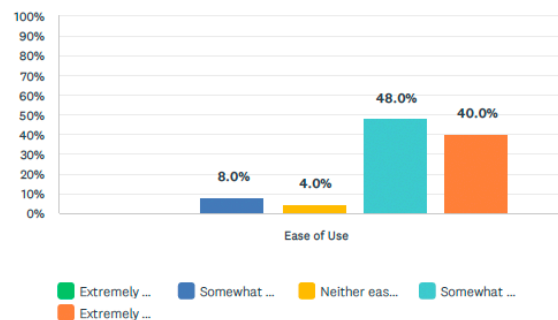
Answered: 25 Skipped: 0



	NOT AT ALL USEFUL (1)	SLIGHTLY USEFUL (2)	MODERATELY USEFUL (3)	VERY USEFUL (4)	EXTREMELY USEFUL (5)	TOTAL	WEIGHTED AVERAGE
Usefulness	4.0% 1	12.0% 3	4.0% 1	40.0% 10	40.0% 10	25	4.00

Q3 How easy has it been to incorporate the Mental Health Passport into your routine practice?

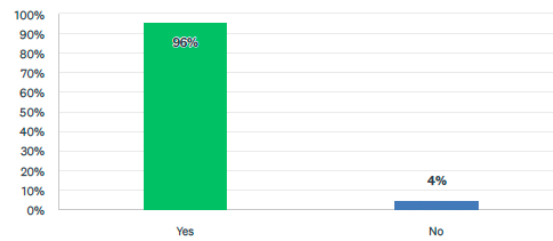
Answered: 25 Skipped: 0



	EXTREMELY DIFFICULT (1)	SOMEWHAT DIFFICULT (2)	NEITHER EASY NOR DIFFICULT (3)	SOMEWHAT EASY (4)	EXTREMELY EASY (5)	TOTAL	WEIGHTED AVERAGE
Ease of Use	0.0% 0	8.0% 2	4.0% 1	48.0% 12	40.0% 10	25	4.20

Q4 Would you like to see the Mental Health Passport permanently adopted by the intake department and potentially used as a tool in other departments?

Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	96%	24
No	4%	1
TOTAL		25

Q5 Please elaborate on your response. If yes, how do you envision the MHP benefiting other departments? If no, what concerns do you have about its broader implementation?

Answered: 22 Skipped: 3

#	RESPONSES	DATE
1	I feel like it could be a useful tool, but it seems a little juvenile in it's current presentation.	3/9/2025 9:06 PM
2	Good info, good resource for treatment team and for the patient.	3/6/2025 1:18 PM
3	My only concern is if the other departments (beside intake) will actually look at the MHP and utilize it. It has been helpful	3/6/2025 1:16 PM
4	It's hard to gauge fully when only Intake was aware of it and I feel it has to be fully explained to someone before they can see the use it can provide. I would love to see providers using it but doubt that would happen. I can see it having the best use in the social work and nursing department.	3/6/2025 8:36 AM
5	I think this would benefit the case managers, providers, and other therapists because they can look the at the MHP and have some idea about how to approach a patient and have an easier time building rapport with the patient.	3/4/2025 6:09 PM
6	Because I work in the Assessment dept, it is difficult for me to determine the effectiveness of the MHP. But looking at it I believe that it is an effective tool.	3/2/2025 7:22 PM
7	It paints a clear portrait of how to meet the patients needs.	3/1/2025 9:16 PM
8	I think it would benefit any person interacting with the patient and improving their trauma informed care and communication skills!	3/1/2025 7:57 AM
9	I think it would benefit pts and treatment team on the floor . It would be a great group activity for new pts to identify coping skills etc. I notice some people did not know their own coping skills or didn't know what that meant.	3/1/2025 7:29 AM
10	Creates additional report information for dealing with patients in crisis.	3/1/2025 6:22 AM
11	Improved communication, allows patient to be more active in treatment planning.	2/28/2025 9:32 PM
12	When a patient gets on the floor, we don't really know much about them other than their reason for admission until a nursing assessment is completed. The MHP is an effective tool to have and utilize while waiting for the more indepth nursing assessment to be completed. Additionally, having it, reviewing it and using it in our interactions with the patient, makes the patient feel like they are more involved in their care, even at this early point in their stay. It makes them feel like they, and the staff, are in and on the same book, chapter and page. Which is key in the process of building trust and rapport.	2/28/2025 4:12 PM
13	Other departments would benefit from the increased communication. The patient would feel better understood and would be more open to receiving therapy from staff that truly know them.	2/28/2025 4:10 PM
14	While the MHP doesn't affect the day to day operations or the care received by patients during their time in the Intake department, I can definitely see a benefit for providing patients with a tool to use their own words to describe their needs and expectations for their treatment while at [REDACTED]. As such I could see continuing to provide said form to them at Intake so long as the patients regular treatment teams starts to use it so they can tailor their care for the patient.	2/28/2025 3:46 PM
15	;lkjgnv yheathbp o	2/28/2025 3:30 PM
16	It allows a tangible connection between intake and the course of treatment.	2/28/2025 3:28 PM
17	Having the patient self identify own their own goals, coping skills, recognizing triggers, etc. is helpful for the staff to better understand them and help provide compassionate care to them.	2/28/2025 2:48 PM

18	I'd love to use it if our supervisors approve(d) it.	2/28/2025 2:27 PM
19	I envision the MHP benefiting other departments by providing insight into the patient's self-image, their needs, and using that information to provide better care. Specifically, I think it could be a great tool in de-escalating conflicts, treatment plans, and discharge planning.	2/28/2025 2:07 PM
20	Many patients have stated that this has been a useful tool in effectively communicating more needs with providers. They use it to journal their thoughts and experiences about their mental health and their needs.	2/28/2025 1:36 PM
21	It allows the staff to know and understand the patients better while allowing the patients to express themselves without the anxiety of "in the moment" stress	2/28/2025 1:33 PM
22	More transparency and broad information access is a rising tide! Especially in lieu of an EHR	2/28/2025 1:30 PM

Q6 Optional: Can you provide a specific example where the MHP information was beneficial, or fell short?

Answered: 10 Skipped: 15

#	RESPONSES	DATE
1	Was able to use the patient identified triggers and coping skills information on the patients MHP to help deescalate a patient who was having a rough day.	3/6/2025 1:18 PM
2	The information has been useful in having patients write down their medications for the intake assessment, and also has let us know how patients like to communicate and what things may cause patients to become activated.	3/6/2025 1:16 PM
3	I had some patients really wanting to fill it out. They get few opportunities to put in their words their needs and triggers.	3/6/2025 8:36 AM
4	Because I work in the Assessment dept, it is difficult for me to determine the effectiveness of the MHP.	3/2/2025 7:22 PM
5	Coping strategies for when a patient escalates and medications that are effective.	3/1/2025 9:16 PM
6	It was beneficial one day when I came in at a different start time and didn't get a full report! I got to read each patient's kardex as well as read my patients' MHPs so that I was able to avoid triggering patients and offer coping skills that I already knew they preferred!	3/1/2025 7:57 AM
7	MHP was beneficial when I was dealing with a patient who had a lot triggers. Because of the the MHP I was able to better navigate difficult topics with the patient without triggering them.	2/28/2025 4:10 PM
8	As said before, the MHP is a beneficial tool for enabling the patient to express their needs in an easy format and in their own words. Unfortunately, the lack of support for this form once the patient leaves the Intake department and goes to their unit is a bit disappointing.	2/28/2025 3:46 PM
9	I think it would be cool if the patient could use it as a way to interact with providers everywhere, like an app that providers can access with patient info on it. There's epic and MyChart which allow for providers to share info with patients. For a place like [REDACTED] if there was a QR code or link that we could access to see what info that patient has shared on their passport, which could include anything and everything from insurance cards, discharge summaries, med lists, and diagnoses, it would be so helpful.	2/28/2025 2:07 PM
10	Some patients were not comfortable with describing all of their mental health needs to intake coordinators. But this form allowed them some time and space to communicate other difficult things they wanted us to know but couldn't vocalize. I would say the process needs to be more thorough if we are going to adopt this long term in the intake department.	2/28/2025 1:36 PM

Q7 Optional: Based on your experiences with the Mental Health Passport so far, what changes or additions would you recommend to enhance its utility and effectiveness? Are there any features that you believe could be improved?

Answered: 11 Skipped: 14

#	RESPONSES	DATE
1	A QR code for [REDACTED] would make it even better...	3/6/2025 1:18 PM
2	It's fine as it is but sometimes patients don't want to fill it out or want to wait until they're on the unit to fill it out, which I let them know is okay. However, I think that means you aren't collecting data on those ones.	3/6/2025 1:16 PM
3	I think it would be best to have a few sentences at the top explaining what the form is for. So, in an instance where it's provided to a patient, they can clearly understand the purpose and what happens to the form just like any other documentation we provide to patients.	3/6/2025 8:36 AM
4	I am unsure that the MHP is best filled out during the intake process, as there is so much paperwork for the patient to fill out as it adds to the time needed before the patient can get to the unit.	3/2/2025 7:22 PM
5	Pretty straight forward with pertinent patient information.	3/1/2025 9:16 PM
6	I would love to have slightly more room for coping skills, and maybe a master list of ideas for each section for my patients who have difficulty with task initiation or brainstorming their own lists!	3/1/2025 7:57 AM
7	There was one thing I was going to suggest the next time I saw [REDACTED] Ask them what is the best way to wake them up. And what not to do when attempting to wake them up. Many of our patients have a history of trauma. Last thing we want to do is trigger them by trying to wake them up the wrong way.	2/28/2025 4:12 PM
8	I truly believe that MHP is perfectly adequate. I have no suggestions or improvements.	2/28/2025 4:10 PM
9	I believe it has been designed and implemented to the best extent given the lack of support and utilization for it amongst the other departments.	2/28/2025 3:46 PM
10	Like I said above, the process for implementing this project should be more thought out. [REDACTED] should not be the only one making sure this is done correctly. We should do a full implementation with providers, therapists, nurses, etc to fully get a buy-in from ALL providers that this tool can be helpful for. I think more communication hospital wide about what this is and how it can benefit patients and providers, and foster better relationships between them.	2/28/2025 1:36 PM
11	Digital if possible!	2/28/2025 1:30 PM