

My experience at ECMC begins with a call to crisis services where they suggested I go to the ECMC Help Center, at 462 Grider Street. Having never been to this address before, I went to the main entrance of the main building. Had the person at the front desk been better trained, the default greeting may not have been, "follow the red line to the ER". Had ER staff been better trained, I probably wouldn't have been checked into the waiting room. Had nursing staff been better trained, I probably could have been discharged when I asked to leave, instead of peer pressured into "sticking it out". Or it at least would have been documented in my record that I DID ask to leave. I question if I would have been allowed to leave sooner had the CPEP employee not grabbed an insurance card at random from a previous employer out of my wallet (without my knowledge) and it would have been found out sooner that I have a high deductible insurance plan and make too much money to qualify for state aid. Just because I don't qualify for government assistance doesn't mean I have money to burn, or that my mental health needs are any less valid. (Which makes me question how many people on state aid are being taken advantage of?) Maybe if adequate programs were in place, I could have been discharged with enrollment into something that actually could have helped me, instead of the suggested 2-week long, \$1k PER DAY co-pay program they wanted me to go in. How does that help anyone besides those profiting from insurance fraud?

Other general observations:

- 1) How can a person convince staff they don't belong there when literally everyone is trying to convince staff that they need to leave? I walked myself in the door, I recognized I needed help, I wanted help, I asked for help. They didn't help.
- 2) From 1st hand observations and conversations with staff members during my waiting room stay - staff frequently remove patients from the ER waiting room without telling those keeping the headcounts.
- 3) When my husband came to visit me the first time, with an apt, staff had him sent around the building for ~20 min because no one knew where I was.
- 4) As my support family member, he was not given any direction in help or support he could provide to me at this troubling time. Conversations heard between other CPEP admittees and

their visitors would support that ECMC does not make it standard practice to enable family to best support those in the middle of a crisis.

- 5) The social worker on my 2nd day in CPEP was the one who questioned why I didn't fill out any goals on the chalk board in my room - turns out that's a condition of discharge; showing that you recognize where you need to improve or something. I still don't know; no one ever explained it. I had no idea why there was a board in the room, and no chalk was voluntarily provided.
- 6) I have heard repeatedly of personal possessions going missing, and in my multiple attempts to give ECMC feedback, the first response has been to ask if I am reporting stolen possessions.
- 7) The experience of being in a psych ward ER waiting room has been negatively memorable. Perhaps there is not much ECMC could have done about the guy banging his head on the wall, threatening to split other people's heads open to get attention; the woman refusing to keep her clothes on; or the multiple people who tried to break through the locked doors and were moved to other waiting rooms, but if the staffing experience was better, those who violently needed help could have gotten it sooner.
- 8) To reiterate other public stores I have heard, the waiting room seating arrangements are not acceptable if a person is staying multiple days. I stayed overnight. If it is standard practice to anticipate an 8+ hour stay in a waiting room, the organization should provide proper accommodations.
- 9) Obtaining a copy of my medical record was troublesome and problematic; it required 3 form submittals (1 via mail, 1 from a CIOX employee, 1 in person) and multiple phone calls to ensure the form was filled out right. The feedback letter from the first submittal did not adequately state what was wrong, and even after calling the number on that letter, the person I spoke with did not know how to fill the form out right; she thought she knew what was wrong, corrected & resubmitted it, but that too was incorrect.

I was finally discharged with a labeled "Appointment Card"- a written time & date at the downtown ECMC clinic during the following week. Crisis Services had a follow up phone call with me

after discharge. They suggested an alternate resource to the ECMC ER; "Go to the Help Center next time". I thought that's where I went. I had the hard-hitting revelation that I was held against my will for 4 days because I walked into the wrong building. Recognizing I still needed assistance, I wanted to keep the follow up appointment at the downtown clinic but called ahead this time. I was told they did not have any appointments for anyone with my identification information, and the written time was outside their walk-in hours. I was further told that if I showed up at the designated time, I'd be turned away. I instead showed up during walk-in hours on the written date- the employees at the desk were confused about how I had a discharge card for an appointment that didn't exist.

Other peoples' stories are not mine to tell, but my observed treatment of other patients supports the statement that the mental health dept at ECMC has poor policies and training practices. Perhaps if level 1 employees were better trained to direct patients to receive proper assistance, the level 2+ employees wouldn't be overburdened and stressed beyond the capacity to properly do their job.

While in CPEP, there were volunteer visitors every day who spoke about alternate resources available to the WNY community, and not once was the Help Center mentioned. The general consensus was to stay away from ECMC if you could help it.

The policies of the organization do not provide adequate training resources to empower their own employees with knowledge of the range of services said organization offers. The only benefit I got from ECMC was a list of counseling companies from the downtown clinic during my follow up visit. Horizons was on the list. They have helped when ECMC wasn't capable. I am currently getting the help I need. I have also received a psych eval at Horizons and it has been suggested that I have PTSD now. I left ECMC in a worse state than when I walked in.

Many people I have spoken to who deal with ECMC; employees, 3rd party, and both medical & non-medical alike agree that the surgical depts at ECMC are world class, but the mental health dept leaves much to be desired, to use less vulgar words.

What lessons learned database does ECMC have? What cross departmental communication exists? Does anybody in upper management have any idea (or care) that the mental health department is not properly serving its community the way it could/should be? What improvement programs does ECMC currently have underway? How are they engaging in soliciting real observations and feedback? How are they following up with patients after discharge? (An anonymous survey is completed at point of discharge, but what about afterwards to see the effects or follow through of treatment prescribed?) How are they measuring the success of their department?

Immediately after filing a grievance with my insurance carrier, I started writing down as much as I could remember of my stay, but even recalling that week is traumatic.

I have reached out to various resources I thought could help make a difference in the organizational structure of ECMC, all to be sent in a circle, or given lip service. As a process engineer, I'm an auditor by trade; I only accept evidence. I want ECMC to be held accountable. I want to see evidence that they have evaluated their department with real statistics and have set realistic goals with achievable deadlines. I want to know that someone outside the organization's payroll is holding them accountable to being a real resource for the WNY community. I want to know that if my friends, neighbors, or my children are ever in a situation of Mental Crisis, that the supposed resource center will actually help them. I want to be kept up to date of their progress.

How about getting some industrial engineers in there? I.E. partner with UB for green belt training. I have a Lean Six Sigma black belt certification from Kent State University and multiple employees of Cleveland Clinic were in my course. I personally know multiple employees of UB's engineering program who have experience in Healthcare from other regions and would love to help upgrade WNY's services. The director of the Engineering Management Program, Cecilia Martinez,

has a background in Healthcare. Employees I have spoken with tell me about students in the Engineering Program who work for Healthcare organizations out of state, but don't know of any local. Why? ECMC needs some Continuous Improvement initiatives.

I would like feedback about how I can be an active participant to improve the Mental Health services available to my community.