



Frequent Flyers

Treat returning psychiatric patients like valued customers

By Linda Paradiso, RN, MSN, NPP, NEA-BC

As a psychiatric nursing administrator in a large city hospital, I hear the term “frequent flyer” almost hourly. Staff use it to describe the patients who are admitted often to our psychiatric units. As the daughter of a travel agent, I have been accustomed to this term since its inception in the late 1970s. What troubles me is the mutation of its definition in healthcare.

The frequent flyer program originally developed to lure travelers to use the same carrier every time they needed to purchase an airline ticket. It is a loyalty program, rewarding flyers for multiple trips. The more times a traveler uses the same carrier, the higher the elite status. Rewards such as discounts and upgrades depend upon this status. Frequent flyers receive special treatment with private airport lounges, priority boarding and free baggage.

Imagine if our psychiatric patients were treated like frequent flyers in the true sense of the term, instead of experiencing the negative connotation created by healthcare.

In my practice I bristle at the mention of this label. It is neither because of recidivism nor the label itself. It is because of the reality that these psychiatric “frequent flyers” don’t get an enhanced level of care. In fact, they probably get less care and attention.

Most often when staff speak of frequent flyers, their eyes roll, they are exasperated and there is an air of helplessness. It is very difficult to acknowledge that we, the experts, somehow have failed these patients, so we distort their continued need for care as their own fault: They didn’t take their medication, didn’t attend outpatient appointments or programs regularly and somehow caused themselves to return to our facility. Some staff even imagine that patients like being admitted to the hospital and intentionally cause their own decompensation. We have preset ideas of what the patient needs, so we resurrect the same treatment plan as before and expect that this time it will work if only they would listen.



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Imagine if we created a frequent flyer program for returning psychiatric patients. These patients are our loyal customers. We are familiar with their needs from previous admissions, and because of this special relationship their elite status can be identified immediately.

We could begin by welcoming them back to our facility and wrapping known successful treatments around these patients. We would collaborate with them, identifying their continued strengths and also what caused them to return to the hospital. Basic preferences such as clinicians, medications, diet likes and dislikes and individualized psycho-educational groups could be initiated immediately to gently ease this patient back into recovery-oriented care.

Instead of focusing on what the patient did wrong, we would intensely try to identify what our treatment team could do differently. We would reverse the assumption that each person was “noncompliant” with our plan and would use the returning opportunity to refine treatment to the patient’s satisfaction.

Imagine this “frequent flyer” status as a challenge to succeed by creating an enhanced or higher level of care, instead of the avoidance and disinterest created by the helplessness we feel. Through these positive rewards, our patient will develop a lasting loyalty and will want to use our facility throughout our continuum of services.

Lately, I have been reading about the “hotel-like” accommodations hospitals are providing to the wealthy to lure them as loyal and returning customers. Through my commitment to education and customer service, I know that someday soon my hospital’s psychiatric “frequent flyers” will receive that same attitude of care.

We want all of our patients to come back to us for all of their needs. We will treat them very specially. •

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