

# Ancora Psychiatric Hospital Family Handbook



301 Spring Garden Road, Ancora, NJ 08037

609-561-1700

*A smoke and tobacco free hospital*

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## **Introduction**

We have created this book to familiarize you with Ancora Psychiatric Hospital (APH). Within these pages you will find a description of the hospital, the treatment and discharge process, and the treatment units within the facility.

We want to know about your experience with this hospital, so please tear off the questionnaire at the end of this booklet and mail it to the Office of the CEO. If you have any unanswered questions after reading this booklet, please note them on the questionnaire or call us using the telephone numbers provided. We thank you for your participation and value your contribution to the lives of the people we serve.

## **Mission Statement**

Ancora Psychiatric Hospital is dedicated to the care and support of each person's journey toward wellness and recovery within a culture of safety.

## **Vision Statement**

To be recognized as a trusted leader in the provision of Quality Inpatient Psychiatric Care.

## **Guiding Principles**

APH believes that people have strengths and can grow, change, and achieve recovery in part through exercising their rights and responsibilities to participate in making decisions about their own lives. As a recovery-oriented system, APH strives to be inclusive and collaborative as well as to instill hope. As expressed in the NJ Department of Mental Health Services Transformation Statement, each participant in the mental health system -- patients, primary support persons, hospital staff, and community providers -- is empowered and holds distinct and valuable knowledge and experience. APH incorporates recovery principles into every policy and program. As providers of inpatient mental health services, APH recognizes that we are one important step in the continuum of care towards the recovery of the individuals we serve. The goal of APH is to stabilize psychiatric symptoms, reduce harm, and link persons with mental illness to less restrictive settings in which recovery will continue. The discharge process begins upon admission so that discharge to an integrated community setting can occur in as expeditious a manner as possible.

APH utilizes the following guiding principles to support the treatment and recovery of persons with severe and persistent mental illness:

- Leadership provides structure, accountability, resources, and services to support staff and facilitate patient recovery through a foundation of a caring and therapeutic relationship;
- Planning, implementation and provision of integrated, patient driven, recovery-focused treatment;
- Provision of strengths based, individualized, person centered care, encouraging patient involvement and peer support;
- Provision of a culture of nonviolence and safety, focused on mutual patient and staff respect;
- Hope, empowerment, empathy, and compassion are central to APH achieving its mission.

APH fully supports the Substance Abuse and Mental Health Services Administration (SAMHSA) National Consensus Statement on Mental Health Recovery: “Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”

APH is dedicated to assisting persons with mental illness by facilitating intrapersonal and interpersonal growth through varied stages of change. Recovery, which begins upon admission, is facilitated by the caring, therapeutic relationships that develop between each patient and his/her Treatment Team.

### **Wellness and Recovery**

All aspects of daily treatment at APH reflect our principles of Wellness and Recovery. This approach considers patients' individual goals and interests as the doorway to effective treatment. Highlighted strengths help patients find their own motivation to work toward improved health. Symptom management constitutes one aspect of the overall reconstruction of life and community re-entry, but reclaiming a future includes other interests and needs as well. Your involvement enhances the process through advocacy and consultation.

APH recognizes that the most effective treatment planning occurs with the involvement of the patient in collaboration with various clinical disciplines, social supports, and community providers. Therefore effective multidisciplinary assessment and interdisciplinary treatment planning originate from the patient's stated problems and goals while recognizing the patient's strengths.

### **Who We Are and Who We Serve**

New Jersey State Laws organize and govern APH as a public state psychiatric hospital within the Division of Mental Health Services (DMHS), which operates under the auspices of the Department of Human Services (DHS). The hospital meets Joint Commission standards and Centers for Medicare and Medicaid Services (CMS) regulations. The hospital, in accordance with its objective, provides quality care and treatment for patients in the least restrictive setting and ensures that patient discharges are a seamless transition to the most clinically appropriate community setting.

APH provides inpatient psychiatric services for adults primarily from Atlantic, Camden, Cape May, Cumberland, Gloucester, Ocean, and Salem counties of New Jersey. The hospital community is comprised of patients and staff from a myriad of cultural, ethnic, and religious backgrounds, which adds to the richness of APH's shared diversity. APH serves several distinct patient populations:

- Adults who are civilly committed, including geriatric patients;
- Individuals on forensic status (NGRI: Not Guilty by Reason of Insanity, IST: Incompetent to Stand Trial, patients who fall under the provisions of Megan's Law, and individuals on a detainer from a county jail);
- Individuals with developmental disorders/neurological impairment who also have a mental illness;
- Individuals with co-occurring substance abuse disorders.

APH has two complexes -- one to provide acute care and one to provide extended care. The Acute Care complex includes three short stay Admission Units –and its own treatment mall specifically focused on the needs of recently admitted patients. In addition this complex includes 2 geriatric units and 3 transition units. Individuals

residing on the transition units attend the centralized treatment mall. The Extended Care complex is designed to facilitate treatment, programming, and discharge through community reintegration for patients who need extended care. Specialized treatment malls have been created for the Extended Care complex as well. APH provides many programs to promote recovery and community reintegration. Psychologists, psychiatrists, medical physicians, masters-level social workers, and advanced practice nurses provide therapy. Nursing, Social Services, Rehabilitation Services, Chaplaincy Services, Addiction Services, and Nutrition Services provide additional counseling and programs. APH offers a consumer-run Self-Help Center, which is the first of its kind operated on the grounds of a state psychiatric hospital in New Jersey.

### **Hospital Administration Phone Numbers**

APH Main Number: 609-561-1700

#### **Administration**

Office of the CEO: 609-567-7365

Office of the Chief Operating Officer: 609-567-7280

Office of the Medical Director: 609-567-7300

Office of the Chief Nursing Officer: 609-567-7285

Office of the Director or Quality Improvement: 609-567-7340

Building Administrator: Main Building: 609-567-7363

Building Administrator: Larch Hall: 609-567-7161

Building Administrator: Cedar Hall: 609-567-7212

Building Administrator: Holly Hall: 609-567-7208

#### **Plant**

Ancora Psychiatric Hospital (APH) is located on 650 acres about 5 miles from the town of Hammonton. This centralized location is approximately 30 miles west of Atlantic City and 30 miles east of Philadelphia. Nestled in the New Jersey Pinelands, the hospital currently consists of five patient occupied buildings (Main Building, Birch Hall, Cedar Hall, Holly Hall, and Larch Hall). There is a patient/employee cafeteria, a

gymnasium, a chapel, a self-help center, a commissary, swimming pool, and greenhouse on grounds.

### **Electronic Surveillance System**

In order to promote safety and protection of patients, visitors, and staff, a surveillance system has been installed. Cameras are not positioned in areas such as bedrooms or bathrooms.

### **Smoke Free Environment**

As we are a smoke and tobacco free facility, we provide our patients with a number of resources for support when quitting. There are programs available hospital-wide. Programs include support and relief of the physical and emotional symptoms that can be experienced while quitting. If you smoke, respect that others may be working towards quitting. Thank you for your support.

### **Admissions Process**

Patients are referred for Admission to APH through DMHAS Centralized Admissions. Upon arrival to the hospital, your loved one is greeted by staff and interviewed by the Admissions Treatment Team, which includes a physician and a registered nurse. In most cases, the newly admitted patient receives treatment on one of our admissions units. Patients admitted to APH are under commitment status and will have a court hearing scheduled within 21 days (see Commitment Hearing section on page 12).

### **Business Office**

Patients are required to pay for their hospital stay at APH if they can afford it. The amount depends on the ability to pay. Upon admission to APH, the County Adjuster sends a Charitable Care Worksheet to the next of kin or the patient. It is strongly suggested that this sheet is completed and returned so that it can be determined if a percentage of the cost of care can be lowered or negated altogether. Additionally, if your loved one has medical insurance, federal benefits such as Social Security, or his/her own money, the hospital's billing office will bill your loved one or the health insurance based on what your loved one can pay or what the insurance covers. If you have questions about the cost of care at APH or how much your loved one or

your insurance will be required to pay, contact the Supervisor of Patient Accounts at 609-567-7297.

### **Types of Treatment Provided**

#### **Therapeutic Programming**

Patients have individualized program schedules, offered by all clinical disciplines to maintain and enhance skills necessary for successful community living. The Treatment Team works with the patient to select groups and activities based on his/her self-stated goal. Most scheduled programs take place on treatment malls. Patients are encouraged and expected to attend programming on the treatment mall from Monday-Friday, 9:30am 11:00am and from 1:30pm to 3:00pm, Additional evening and weekend programs are also offered.

Groups address such topics as Medication Education, Health Education, Wellness, Illness Management and Recovery, Symptom Management, Discharge Preparation, and Diagnosis specific issues. Additional opportunities offered include Vocational Rehabilitation to assess and maintain work skills and Activity Therapy programs to help channel energy and interests in arts, crafts, music, dance, and sports. For patients under age 22, without a high school diploma, there is an Academic Education Program to assist with earning a high school diploma.

#### **Psychological Services**

Psychologists are experts in human emotions and behavior who work to help individuals find ways of functioning better by assessing and treating cognitive deficits (memory, thought problems), emotional trauma, and situational distress. A psychologist interviews a patient about his/her history and talk with patients to define problems and strengths, and determine the treatment approach that suits each patient's unique needs. The psychologist might also administer psychological tests to assist in the assessment process. Often, psychologists provide an opportunity for the patient to talk and think about things that are confusing or worrying, offering different ways of interpreting and understanding problems and situations. The psychologist might also recommend meeting with the patient's family or may suggest that the patient participate in psychotherapy groups, skills training, cognitive remediation,

individual meetings, or other forms of therapy. Psychologists can also help to identify, understand, and manage the risk factors in life to help ensure successful community integration for the patient.

### **Substance Abuse Services**

Addiction Services has Licensed Clinical Alcohol and Drug Counselors (LCADCs) or Certified Alcohol & Drug Counselors (CADCs). These Substance Abuse Counselors (SACs) provide services, under strict confidentiality and in accordance with federal laws and regulations, to patients who have a history of drug and/or alcohol abuse. Information is provided to motivate patients toward recovery. Group therapy, individual counseling, and co-dependency counseling are available as well as weekly Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Nicotine Anonymous (NicA) meetings, Dual Recovery Anonymous (DRA), and Gambler's Anonymous (GA) meetings. Patients can also be escorted to these meetings in the community as well as their level of supervision permits.

### **Medications**

Medication prescribed by psychiatrists helps patients with symptoms that interfere with or impede their ability to function. Below is a guide of the four major classes of medication used by psychiatrists.

Antipsychotics are used to treat psychotic symptoms, such as perceptual disorders (hallucinations), thought disorders (delusions), and severe agitation. Some Antipsychotics include: Thorazine, Prolixin, Trilafon, Haldol, Navane, Loxitane, Clozaril, Risperdal, Zyprexa, Seroquel, Geodon, and Abilify.

Antidepressants are used to treat symptoms of depression, such as increased sleepiness, decreased or increased appetite, weight gain or loss, social isolation, poor grooming, slowed movements, fearfulness, and suicidal feelings. Some Antidepressants include: Ludiomil, Elavil, Pamelor, Tofranil, Deseryl, Effexor, Wellbutrin, Serzone, Remeron, Luvox, Paxil, Celexa, Zoloft, and Prozac.

Mood Stabilizers and Anticonvulsants are used to treat symptoms of mania (which can be part of bipolar disorder) such as pressured speech, flight of ideas, hyperactivity, insomnia, grandiose ideas, distractibility, and agitation. Some Mood

Stabilizers and Anticonvulsants include: Lithium, Tegretol, Depakote, Lamictal, Neurontin, and Topamax.

Anxiolytics are used to treat symptoms of anxiety such as heart palpitations, sweating, trembling, or shaking, shortness of breath, dizziness, fear of losing control, fear of social situations, and nervousness. Some Anxiolytics include: Vistaril, Benadryl, Xanax, Klonopin, Valium, Ativan, and Buspar.

### **Treatment Teams**

Treatment is planned by an interdisciplinary team which consists of the patient, a psychiatrist, a nurse, nursing staff member, a social worker, a medical doctor, a psychologist, a rehabilitation staff member, and nutritionist. An advanced practice nurse may also be present as an additional resource. Treatment planning is person-centered and based on the patient's self-stated goals and strengths. Treatment needs are assessed and discussed with each patient.

The treatment plan is reviewed at Treatment Team meetings. The patient meets with their treatment team upon admission, at regular intervals throughout their hospitalization, and as needed. The team also meets to discuss significant events or can meet to see a family member.

Patients must grant family members permission to attend Treatment Team meetings before the team can extend an invitation to the family. If you are interested in attending a Treatment Team meeting, contact any team member. You may also participate via telephone. Treatment history, past experiences, and expectations will be discussed and questions will be answered.

### **Treatment Team Contact Numbers**

Dial the main number, 609-561-1700, and use the appropriate extension:

<b>Main Building</b>	<b>Cedar Hall</b>	<b>Holly Hall</b>	<b>Larch Hall</b>
F-1 #7737	CHA #7853	HHA #7711	LHA #7880
F-2 #7755	CHB #7999	HHB #7257	LHB #7309
F-3 #7659	CHC #7837	HHC #7679	LHC #7918
M-1 #7623	CHD #7996	HHD #7727	LHD #7905
M-2 #8635			

## **Levels of Supervision**

Levels of Supervision (LOS) refer to the Treatment Team's clinical decision regarding how much supervision a patient needs. Levels range from Level One to Level Four. Unless clinically contraindicated, patients on any level may receive visitors. Active treatment is provided for all patients regardless of their LOS.

Level of Supervision I: (Maximum Supervision) Patients on LOS I are those who may pose a risk of harm to themselves, others, or property if less supervision were provided.

Level of Supervision II: (Moderate Supervision) Patients on LOS II have begun to form a therapeutic alliance with staff, have shown signs of progress in self-management, exhibit improved mental status or reduction in symptoms, have improved behavioral controls, and increased level of functioning. Patients are escorted to appointments and programs. Brief home visits are permitted at the Treatment Team's discretion and if the family/support person is capable and willing to provide direct supervision for the duration of the visit.

Level of Supervision III: (Limited Supervision) Patients on LOS III generally are able to control dangerous impulses and thus require less supervision than at LOS II. Patients can go to on grounds appointments and programs unescorted. Team approved off-ground trips are permitted with supervision. Brief home visits are permitted after family/support person meets with the Treatment Team and the family/support person is capable and willing to provide supervision for the duration of the visit.

Level of Supervision IV: (Minimal Supervision) Patients on LOS IV pose no or minimal risk of harm to self, others, or property and may be discharged upon finalization of aftercare and housing plans. Team approved off-ground trips are permitted.

## **Discharge Planning**

- Discharge planning begins as soon as a patient is admitted to APH. Patients may be discharged as soon as they are stabilized and participating in their treatment. Patients must have an appropriate place to live, financial support, and aftercare arrangements. Discharge placement and aftercare decisions are made in collaboration with the patient.

- For those patients who cannot return home, residential programs are explored. The social worker collaborates with the patient and Treatment Team as the plan progresses. If you have questions about a patient's discharge plan, you may contact the Social Worker assigned to the care of your loved one.
- Where a patient wants to live in the community is the driving force behind patient discharge. Patients may be discharged to their families or to an independent living situation. Patients may also go to group homes, which can provide anywhere from 4 to 24 hours of daily supervision, depending on the facility. There are also housing programs that provide patients with their own apartment with support services. Other types of housing include boarding homes and/or residential health care facilities.
- Depending on the patient's treatment needs and health insurance coverage, aftercare can include a day program, outpatient psychiatric care, and case management services.

### **You Can Assist in Discharge Planning**

- Inform the team of how the patient has responded to past treatment and discharge arrangements. We are especially interested to learn what has worked, what has not worked, and why.
- If the patient has not given consent for you to attend Treatment Team meetings, you may send a letter to their Treatment Team or Complex Administrator to share information. Please refer to the section regarding Confidentiality.
- Encourage the patient to make responsible choices within the treatment and discharge process. We encourage patients to take responsibility for their recovery and play an active role in their treatment.

### **Patient Commitment Hearings**

Patients have their commitment status reviewed periodically at court hearings held at the hospital. Hearings are scheduled approximately 20 days after admission, and thereafter as ordered by the Judge. Patients are represented, at no cost, by

attorneys from the Office of the Public Defender, or as provided by their county of residence. Patients may retain a private attorney if they choose. The Judge may:

- order a patient discharged
- order a patient released with conditions (CR);
- order a Conditional Extension Pending Placement (CEPP) This status is for individuals who no longer meet the standard for involuntary commitment, but for whom there is no present appropriate placement in the community; or
- continue the patient's commitment.

If the Treatment Team feels that the patient is ready for discharge, the patient may be released prior to a hearing. The Judge also sets a review date for a future hearing, if needed. Families are notified of hearings by the County Adjuster's Office and they may attend. Patients admitted through the criminal justice system are assigned levels of privilege and/or discharge by court order only. They may be returned to jail or released to the community per the order of the Judge.

### **Use of Restraint**

APH strives to be a restraint free hospital. The use of psychiatric restraint (the restriction of movement using devices expressly for such purpose) is an accepted practice only to be used as a last resort -- when a patient is a significant threat to self or others and other measures such as the use of a Relaxation Room, supportive counseling, and/or medications are unsuccessful. A physician's order is required when a restraint is used. A restraint is used until the patient is able to regain control in the shortest time possible. During a restraint episode, staff monitors and counsels patients to ensure their safety. After a restraint episode, the Treatment Team meets with the patient to discuss ways the restraint could have been avoided. It is important for the patient and family to let staff know what has helped the patient calm down in the past. If authorized by the patient, and you consent, hospital staff will contact the family if a restraint is used.

### **Patients with Medical Problems**

In addition to treatment for psychiatric illnesses, patients also receive care to prevent and treat medical illnesses. There is a medical doctor assigned to each unit to

ensure that patients receive appropriate medical care. A physical assessment is completed upon admission and reviewed by the medical doctor. Necessary blood tests and diagnostic tests are ordered to screen and/or treat medical illnesses. A patient may be transferred to a general hospital for specialized tests or treatment, as necessary. Patients have the right to appropriate pain relief through APH's pain management protocol. Some tests and treatments require the patient's informed consent. If a problem is found, it is explained to the patient along with proposed procedures, benefits, risks, alternative procedures, and the prognosis if no treatment is provided. A patient may also execute an Advance Directive, also known as a Living Will.

### **Caffeinated Beverages**

As caffeine is a psychoactive substance and may effect behavior and interact with certain medications, caffeinated beverages at APH are limited. Patients who eat meals in the cafeteria are permitted one cup of caffeinated coffee with their meal. Additional cups of decaffeinated coffee are available. Physicians may further restrict a particular patient's access to caffeine if its use interferes with their clinical condition. Appropriate patient education is provided to reinforce the importance of caffeine restrictions.

### **Patient Safety**

Ancora Psychiatric Hospital is committed to promoting the safety and wellbeing of our patients, staff, and visitors. Violence in the workplace will not be tolerated and every effort will be made to prevent violent incidents through implementation of a Workplace Violence Prevention and Response Program.

APH has established a Patient Safety Committee whose mission is to reduce the occurrence and improve outcomes of preventable medical errors and near misses. APH endeavors to foster an interdisciplinary and collaborative approach to the delivery of safe care.

APH ensures that patients are cared for safely while maintaining a safe work environment for employees. The Safe Patient Handling Program operates with a "culture of safety" approach to safety in the work environment and includes

assessment of patient needs, provision for obtaining necessary assistive devices, and education of staff in the safe and appropriate operation of equipment and/or other approved patient handling aids used to replace manual lifting and handling of patients except when necessary as in a medical emergency.

### **Patient Meals**

Most patients eat in APH's centrally-located dining room. Patients, whose clinical condition prevents them from going to the dining room, eat on their unit. Special diets are provided for medical and/or religious reasons. Each patient is evaluated by a registered nutritionist who oversees their nutritional care.

### **Clothing, Valuables, and Money**

#### **Patient Clothing**

APH supplies patients with clothing including jackets and coats in the cooler months. Clothing that is brought to the hospital at admission is laundered and labeled with the patient's name before patient use. APH provides basic laundry services for patients. Each unit handles this process in accordance with a specified schedule whereby the clothing is gathered, marked for identification, laundered, and returned. Each patient is provided a storage space (closet/wardrobe, nightstand, or dresser) for a limited amount of clothing and belongings. APH must comply with safety, environmental, and fire regulations. Therefore, patients with items exceeding their assigned storage space must arrange to have some items sent home or downsize their belongings. The Treatment Team coordinates these arrangements with the patient and their family.

#### **Valuables**

Valuables should be taken home or kept in the Business Office safe. The hospital is legally responsible only for property in the safe. Patients are expected to care for their clothing and personal items to the best of their ability.

#### **Patient Access to Money**

APH operates through a cashless system. Each patient may maintain an account. The cost of items purchased from the snack cart or the Doo-Wop Shop or A-Mart at the Anchorage (commissary) are deducted from that account. The patient is

regularly given an accounting of their balance. There is a formal procedure for patients to access their account, such as to get spending money for an off-grounds trip. If you want your relative to receive funds from you, please make a deposit in their assigned account using a check or cash. If the Cashier's Office is closed, checks may be left with the security personnel in the Visitor Center. Cash is not accepted by security personnel. Items available for purchase by patients at the Anchorage include prepared food/snacks, toiletries, greeting cards, games, etc.

## **Visiting**

### **Visitor's Center**

Upon your arrival on hospital grounds, the security guard at the traffic post will direct you to the Visitor's Center. You will be greeted by a member of our security team, and asked to provide photo identification. A security check will be completed, your picture will be taken, and you will receive an identification sticker to be worn throughout your visit. APH provides a shuttle to patient buildings where you will be escorted to a visiting area. A staff member will monitor the visit and assist you as needed.

### **Visitation Policy**

The hospital encourages patients to have visitors for emotional support and to foster relationships and community connections. Visiting hours are Monday through Friday, from 6:00pm to 8:00pm. On weekends and State holidays, visiting hours are from 2:00pm to 4:00pm and from 6:00pm to 8:00pm. To facilitate check in of visitors and transport to visiting areas, visitors must arrive at least 30 minutes before the end of visiting hours in order to be able to visit with their loved one. To confirm that a patient is available to receive visitors, please call their unit prior to your intended visit. Please note that patients have the right to refuse visitors.

To maintain the security and safety of patients, visitors, and staff; your cooperation with the following is appreciated.

- Visitors are not permitted to bring in items for patients. This includes food brought in by visitors and items mailed to patients. Due to infection control

reasons, visitors are not permitted to take patient's clothing home to launder and return.

- Do not give money to the patient. For the safety of the patients, money must be deposited in an account at the Cashier's Office in Poplar Hall. The hospital operates on a 'cashless' system for purchases at the Anorage (commissary) and snack cart. Purchases are made via a computerized system from money in the patient's account.
- The hospital may limit the number of visitors in the visiting area.
- Visiting is restricted to individuals 18 years and older. Special arrangements may be made through the Complex Administrator for children under 18 years of age to visit in the Campus Brief Visit Home.
- Any visitors involved in a disturbance will be asked to leave immediately.
- The Treatment Team may restrict visitation at any time if there are clinical indications that have a negative effect on the patient.
- Any person acting disorderly, or appearing intoxicated or under the influence of drugs will be asked to leave immediately.
- You will not be permitted to visit if you are experiencing any of the following:
  - undiagnosed or contagious skin condition;
  - recent exposure to chicken pox, measles or other contagious illnesses;
  - fever, vomiting, or diarrhea;
  - cold/flu symptoms;
  - signs of a communicable infection or disease.
- Visitors are encouraged to wash their hands to prevent the spread of infection.

For the safety of patients, visitors, and staff the following items are not permitted on APH grounds:

- All tobacco products and paraphernalia, including electronic cigarettes
- Alcohol and controlled dangerous substances and related paraphernalia
- Liquid alcohol-based products such as aftershave, perfume, mouthwash, etc.
- Bar soap unless prescribed by a physician

- Any medications or over-the-counter drugs not provided by APH
- Syringes and intravenous equipment
- Lighters, matches, lighter fluid, candles
- Restricted food items, e.g. caffeinated beverages and peanut butter
- Glass containers and aluminum cans
- Potentially dangerous tools, such as knives, razor blades, needles, pins, nail clippers, metal eating utensils
- Inhalants, aerosol sprays, and toxic substances
- Pornographic material
- Electrical appliances with cords (battery-operated permitted)
- Wire (including wire hangers), rope, or twine
- Firearms, weapons, and explosives
- Plastic bags, including trash bags and dry cleaning bags
- Cameras, video and/or audio recording devices (these devices are not permitted without authorization from APH Administration)
- Communication devices, such as cellular phones, pagers, laptop computers, and/or electronic organizers

If you have any questions about what you are able to bring, please contact your loved one's treatment team.

### **Brief Visits**

APH considers Brief Visits (BVs) to be a great opportunity for patients to demonstrate the ability to succeed in the community and an important step toward reintegration. When appropriate, the Treatment Team can arrange for a patient to have BVs with their family. BVs are therapeutic and provide means of assessing progress and readiness for discharge. These visits can be several hours in the case of a daypass, or longer, overnight visits, lasting from one to three days, and occur once the patient has achieved the Level of Supervision III. BVs may be requested through the Treatment Team and require 48-hours notice in order to secure medications. When a patient is on a BV with their family, it is required that they be supervised at all times. Prescribed medication must be taken in accordance with doctor's orders and the

patient must refrain from ingesting alcohol or taking any non-prescribed drugs. The family member must also ensure that the patient is returned to the hospital by the time agreed. When a patient returns to the hospital, family members must complete a form describing the visit and the patient's behavior during the BV. If the family is unable to provide the necessary supervision required during the BV, they must inform the Treatment Team immediately.

### **Campus Brief Visit Home**

The Campus Brief Visit Home is located at 47 Fern Lane at APH and is designated for the use of Brief Visits by patients with their families. The home may be used for a few hours, to all day, overnight, and weekends. The Brief Visit Home is available to patients eligible for Brief Visits, but unable to go home for one of the following reasons:

- The family does not have the means to take the patient home due to lack of transportation or financial resources;
- The family lives too far away, making it inconvenient to transport the patient to and from the hospital;
- The family is bringing children under the age of 18 years old to visit with the patient; or
- The family and Treatment Team would like the patient to have a Brief Visit in a setting other than home.

The Campus Brief Visit Home offers the opportunity for children and disabled or elderly persons to visit with their hospitalized relatives, for a patient to visit with a favorite pet, for long distance relatives to visit the patient, or for special gatherings such as family reunions, birthdays, and holiday celebrations. For additional information contact your loved one's Treatment Team.

### **Patient Communication via Telephone and Mail**

Patients have the right to use telephones for outside calls. There are telephones for patient use on each unit. Contact telephone numbers are listed below. Patients also have the right to receive and send mail. For safety and security reasons, packages

are not accepted and will be returned to sender. Postage is provided by the hospital for patients. Only administrative and clinical personnel may officially deny these rights for a patient under special circumstances, such as when they lead to adverse clinical effects.

#### Patient Contact Numbers

<b>Main Building</b>	<b>Cedar Hall</b>	<b>Holly Hall</b>	<b>Larch Hall</b>
F-1 609-567-5276	CHA 609-567-5135	HHA 609-567-5246	LHA 609-567-5808
F-2 609-567-5277	CHB 609-567-5136	HHB 609-567-5247	LHB 609-567-5809
F-3 609-567-5278	CHC 609-567-5137	HHC 609-567-5248	LHC 609-567-5810
M-1 609-567-5262	CHD 609-567-5138	HHD 609-567-5249	LHD 609-567-5811
M-2 609-567-5263			

#### **Multicultural/Interpreter Services**

APH ensures all persons admitted have access to services that take their ethnicity, cultural, and linguistic needs into account. A Multicultural Screening is completed upon admission. When a patient is identified as unable to understand English, staff will secure services of an interpreter through the "AT&T Language Line," which provides 24-hour interpretation services via telephone; by use of an APH Language Facilitator; and/or provided by a qualified Interpreter. This will ensure that any verbal communication during Treatment Plan Meetings and therapeutic programming is relayed accurately. If you are not able to understand English and wish to participate in your family member's care please let us know so that we can provide interpretation services.

#### **Pastoral Services**

The Chaplaincy Department is available to meet patients' spiritual needs. Themes of hope, healing, trust, guilt, fear, and acceptance integrated into treatment. Each chaplain has:

- been approved by their denomination,
- received a Master's or Doctoral degree in practical theology,
- completed at least one unit of clinical pastoral education

Chaplains provide requested religious material from the patient's own faith tradition and help faith communities and local clergy work with their members who are

hospitalized to minimize feelings of isolation and estrangement. Chaplains do not proselytize, evangelize, or promote a religious system.

### **Addressing Ethical Concerns**

The Ethics Committee, chaired by the Medical Director, provides an advisory forum where clinical decisions are discussed, conflicts are resolved, and recommendations are made. The Ethics Committee protects dignity, privacy, and respect for patients, their families, and staff. The Ethics Committee also ensures that business relationships with the public and other health care providers are conducted in an ethical manner.

### **Medical Advance Directives**

Medical advance directives are documents created to describe the extent of medical treatment that an individual wants or does not want to receive if unable to communicate his or her wishes. Competent individuals have the right to make a medical advance directive, such as a living will or durable power of attorney for health care, and to appoint someone to make health care decisions for you if they are unable. For information about medical advance directives, patients are encouraged speak to their medical physician at Ancora.

### **Psychiatric Advance Directives**

Psychiatric advance directives are documents created by an individual to describe the types of psychiatric treatment the individual does or does not want to receive if unable to communicate his/her wishes. Any competent individual has the right to make a psychiatric advance directive and to appoint someone to make psychiatric health care decisions for them if they are unable. We recommend that current patients discuss psychiatric advance directive with family members, doctors, and nurses while feeling well. For information about psychiatric advance directives, patients are encouraged to speak to their psychiatrist at Ancora.

### **Organ and Tissue Donation**

Organ and tissue donations provide new hope to seriously ill or injured persons. The Ancora Psychiatric Hospital participates with the Gift of Life Donor Program to

manage organ and tissue donations. If your loved one has a donor card, it is important that we have a copy of it. If you have questions about the organ or tissue donation process you may call the Gift of Life Donor Program at 1 800 DONORS 1 (1 800 366 6771).

### **Ethical Interactions Between Patients and Employees**

Interactions between patients and staff are valuable to the psychiatric treatment process, and care must be taken to ensure that relationships developed are appropriate, ethical, and clinically-based. While patients may seek to form relationships with staff, staff must always maintain a consistent and professional demeanor. Staff members have ethical standards to which they must adhere as members of their profession or as a matter of regulation, law, and hospital policies. If patients or family members have questions regarding staff/patient interactions, please contact a Client Service Representative at 609-704-4972 or toll free at 1-800-613-3516, or speak with a Treatment Team member.

### **Family Programs**

#### **Concerned Family Meetings**

The Concerned Family Meeting and luncheon is held quarterly. Invitations are sent to all listed patient contacts and the National Association of Mental Illness (NAMI) affiliates in the region. The agenda includes information regarding new initiatives and changes occurring within the hospital as well as items of interest that were identified by families who attended previous meetings. Hospital leadership is present and there is a question and answer period to allow families the opportunity to convey specific concerns.

#### **Family Monitor Program**

APH welcomes the assistance of Family Monitors, who because of their unique viewpoint can provide valuable information about conditions observed during unannounced tours of the hospital. Family Monitors are trained family members/friends of mental health consumers who have elected to volunteer and make unannounced but prearranged tours of hospital areas in order to provide

constructive feedback to the administration. Family Monitors serve to improve living conditions and enhance the quality of life for patients at the hospital. Contacts between Family Monitors and hospital staff promote effective communication and understanding. As an additional but nonetheless important benefit, family members who participate as monitors become advocates for the hospital and for the improved treatment of the mentally ill. If you are interested in applying to become a Family Monitor please contact Extension 7339.

### **Client Council**

The Client Council, made up of patient representatives and hospital staff, meets monthly, and provides a forum for patients to give input into APH policies and learn the responsibilities of representing a group. General problems that may not be resolved through Life Management Meetings are brought to the Client Council. The minutes from these meetings are sent to APH Administration and posted on the units.

### **Concerns/Complaints/Grievances**

When problems arise over treatment or living arrangements, every effort is made to discuss and resolve them as quickly as possible. The patient should discuss individual problems with the Treatment Team and general problems at Life Management Meetings held daily on all units. A procedure for handling concerns/complaints/grievances is posted on each unit. A Treatment Team member can assist you in filing a formal grievance if your issue is not resolved.

This procedure includes telephone numbers for the following:

- Client Services Representatives (Rennie Advocate for medication-related issues and Patient Advocate for other issues). Client Services Representatives can be reached toll-free by calling 1-800-613-3516.
- Disability Rights New Jersey may be reached at 1-800-922-7233 regarding alleged abuse, neglect, or violations of rights.
- The Ombudsman for the Institutionalized Elderly receives/investigates complaints on behalf of patients 60 years of age and older. The Ombudsman may be reached at 1-877-582-6995.

- If you feel you have been discriminated against based on your race, color, national origin, disability, age, sex (gender), or religion, the Federal Office for Civil Rights can be contacted at 212-264 3313.
- The Patient Services Compliance Unit (1-888-490-8413) and APH's Risk Management Department (609-567-7210) both receive and investigate complaints of alleged patient abuse, neglect, and professional misconduct.
- The Public Defender's Office (1-856-346-8020) provides representation at court hearings. Information regarding these agencies is posted on each unit.
- APH also has a Risk Management Hot Line (extension 4460) for reporting patient care incidents after normal working hours.
- APH also has a Safety Hot Line (extension 4461) for reporting safety/environmental concerns after normal working hours.

When concerns about patient care and/or safety have not been addressed, APH Administration is available. If the concern cannot be resolved you may contact the Joint Commission's Office of Quality Monitoring (1-800-994-6610 or [complaint@jcaho.org](mailto:complaint@jcaho.org)) to report concerns or register complaints.

### **NAMI New Jersey**

NAMI (National Alliance on Mental Illness) NEW JERSEY is a statewide, non-profit organization focused on improving the lives of individuals and families affected by mental illness. NAMI also provides education, support, and advocacy to empower families and persons with mental illness. Local affiliate self-help and grassroots advocacy groups are available in each county. Some services (English and Spanish) offered include: emotional support, information, advice about treatment and community resources, and advocacy.

NAMI NEW JERSEY

1562 Route 130, North Brunswick, NJ 08902

Phone: (732) 940-0991 Fax (732) 940-0355

[www.naminj.org](http://www.naminj.org)

A link to your county NAMI affiliate can be found at <http://naminj.org/affiliates.html>

## **NJ Hopeline**

The New Jersey Hopeline is a Peer Support and Suicide Prevention Hotline, providing telephone counseling and support 24 hours a day, 7 days per week. Chats are anonymous and confidential. The Hopeline can be reached at 1-855-654-6735.

## **Confidentiality**

New Jersey Statutes 30:4-24.3 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.

## **Background**

Since 1965, New Jersey has required that all medical records of a person's treatment in a psychiatric facility be kept strictly confidential. Confidentially means that the patient, unless declared incompetent by a court and assigned a guardian, retains the right to control who has access to that information. The Privacy Rule defined under HIPAA applies to all health care across the United States. "Covered entities" under HIPAA include health plans, health care clearinghouses, and health care providers. The Department of Human Services, which oversees APH, is covered. APH must keep confidential any information about an individual that identifies them and is transmitted or maintained. APH is permitted to use or disclose information as needed to provide treatment, to receive payment, or for administrative operations. APH may disclose information if ordered by a court or if a patient so authorizes.

## **Patient Authorization to Disclose Health Information**

The HIPAA Privacy Rule states that a facility must obtain valid written authorization from the patient or guardian before use or disclosure of health information. If a family member or friend requests information, APH may release information regarding a patient's location and general medical condition if they are too sick to be consulted. Exceptions include ongoing investigations, national security, sharing with other parts of the mental health system, and government regulators. In general, APH must obtain authorization or court order for disclosures.

## **Obtaining Written Permission for Release of Patient Health Information**

Talk with the patient's Social Worker about obtaining written permission from the patient for the release of patient health information. If information is needed for an

ongoing legal case or dispute, speak to your attorney or the judge in the case about obtaining the information with a court order.

### **Privacy of Patient Information Disclosed**

Even though you are not a covered entity under HIPAA, you are expected to keep confidential anything you might know about the patient's medical or psychiatric treatment or condition. If you have copies of any papers generated at a hospital, you should not share them without the consent of the patient unless a court orders you to produce them. In general, information about psychiatric treatment should be kept private due to misperceptions and prejudices that affect patients. If you have access to information about a patient's hospitalization at APH, we recommend that you communicate it only to professionals who have legitimate reasons to have the information. However, if you have information that might help us treat your family member, you are free under federal and state law to share that information even if the patient objects, and we encourage you to do so.

### **Patients' Bill of Rights**

Title 30 of the New Jersey Statutes contains laws that guarantee particular rights to people who receive mental health services from the State, including that no patient shall be deprived of any civil right solely by reason of his or her receiving treatment. The law provides that within five days of admission, every patient shall receive written notice of the rights to which they are entitled. If a patient is unable to read, these rights are to be read aloud to them. If the patient is unable to read or understand English, the rights must be provided in a language or means of communication they understand. If the patient has been adjudicated to be incompetent, a copy of these rights will be given to the patient's guardian with the same accommodation for disability or language difference. Receipt of this notice is to be acknowledged by the patient or legal guardian and a copy shall be placed in the patient's chart. If a patient or guardian refuses to acknowledge receipt of the notice, the law requires that this fact be documented.

Absolute rights are rights that cannot be denied under any circumstance. Other rights will only be denied for reasons having to do with recovery or treatment.

Questions or complaints about rights may be directed to the Treatment Team, Client Services Representatives, an attorney, or New Jersey Protection and Advocacy.

### **THE PATIENTS' BILL OF RIGHTS IS AS FOLLOWS:**

1. **You have an absolute** right to be free from unnecessary or excessive medication. If you are or become a voluntary patient, you may refuse all medications and treatments.
2. **You have an absolute** right not to be subjected to experimental research, shock treatments (ECT), sterilization, or psychosurgery without your express and informed written consent after consultation with an attorney or advocate.
3. **You have an absolute** right to be free from physical restraint and isolation unless an emergency situation requires that you be restrained or secluded in the least restrictive manner appropriate to the situation.
4. **You have an absolute right** not to be hit, kicked, or otherwise physically punished by staff.
5. **You have an absolute right** to communicate with your attorney, physician, or the courts. An attorney will represent you in any proceeding relating to your commitment or admission. If you are unable to afford an attorney, the State will provide one to represent you.
6. **You have an absolute** right to participate in your treatment plan to the extent your condition permits your participation and to have examinations, services, and a verbal explanation of the reasons for your admission and any medical information provided in your primary language or other means of communication.
7. **You have an absolute** right to education and training suited to your age and attainments, if you are between the ages of five (5) and twenty (20).
8. **Your rights to register and vote, or to hold or enjoy any license, permit, privilege or benefit pursuant to law shall not be denied**, modified, or varied because you are receiving evaluation or treatment for mental illness.

**You also have the following rights, which are not absolute, and they will only be denied to you for good cause.** If they are denied to you for good cause, you (and your guardian if you have one) and your attorney will receive a written notice stating why and for how long each right will be denied (up to 30 days with renewals of up to 30 days each so long as the denial is necessary):

1. To privacy and dignity.
2. To the least restrictive conditions necessary to achieve the purpose of treatment.
3. To wear your own clothing, to keep and use your personal possessions, and to keep and be allowed to spend a reasonable sum of your own money.
4. To have access to individual storage space for your private use.
5. To see visitors each day.

6. To have reasonable access to and use of telephones both to make and receive confidential calls.
  7. To have ready access to letter-writing materials, including stamps, and to mail and receive unopened correspondence.
  8. To regular physical exercise several times a week.
  9. To be outdoors at regular and frequent intervals, so long as your medical conditions permit.
  10. To suitable opportunities for interaction with members of the opposite sex, with adequate supervision.
  11. To practice the religion of your choice or to abstain from religious practice.
  12. To receive prompt and adequate medical treatment for any physical ailment.
  13. To petition a court to review whether you are being legally detained (file a writ of habeas corpus) or to enforce any other right through a civil action, whether stated in this notice or otherwise available by law.
  13. To the protection of your confidentiality, especially with respect to written records of your treatment, in general, your records or any information about your treatment cannot be shared, except with those involved in your care or treatment, without either your authorization or the order of a court.
14. You will be provided with an attorney unless you choose to hire your own attorney. Your attorney will assist you in understanding and enforcing any rights guaranteed to you by law, and will represent you at regular judicial reviews of your commitment or admission that will be provided pursuant to state law.
15. While you are an involuntary patient, you have a limited right to refuse to take psychotropic medication, and to have that medication order reviewed before you are required to take the medication.

If you feel you have been denied any of these rights improperly, call the hospital Client Services Representative (at 609-704-4972 or toll free at 1-800-613-3516) or your attorney.

### **Patient Responsibilities**

Responsibilities that patients are expected to adhere to are as follows:

1. To maintain the basics of personal hygiene (bathing and good grooming daily).
2. To dress in a neat and weather-appropriate manner (shoelaces tied, clothing tucked in, buttons and zippers closed).
3. To maintain clothing and other personal belongings in a clean and neat condition.
4. To keep one's own bedroom area tidy, make the bed daily, and cooperate with the changing of linens and the cleaning of nightstands and closets.

5. Assist in keeping the unit clean and decorated.
6. Maintain good safety habits by following hospital safety policies.
7. Cooperate with the Treatment Team in developing a meaningful treatment plan.
8. Attend and participate in Life Management meetings and all scheduled programs as outlined on one's own Treatment Plan.
9. Comply with recommended treatment such as program attendance, taking of medication, etc.
10. Abstain from the use of alcoholic beverages, non-prescribed or illegal drugs either on or off the hospital grounds. Report to staff when there are drugs/alcohol on the grounds.
11. Comply with the terms of the level of supervision assigned to them.
12. Will not possess, distribute or use contraband articles that are prohibited in the hospital because they could be harmful to self or others. Contraband articles include such things as sharp objects, weapons, lighters, matches
13. Respect the rights of other patients and staff.
14. Refrain from taking financial advantage of other patients by profiteering activities (such as loan sharking, selling cigarettes, coffee, etc.).
15. Behave in a socially appropriate manner, especially by not exploiting or taking advantage of others in any respect, sexually or otherwise.
16. Understand that violation of a hospital rule, such as exhibiting assaultive behavior could result in a loss of privileges, restitution or other modification of treatment, as well as possible civil penalties or criminal charges.

### **Directions to Ancora Psychiatric Hospital**

301 Spring Garden Road Ancora, NJ 08037  
(609) 561-1700

#### **From Cape May County Area (Distance approximately 65 miles):**

US #9 North to NJ #50 (or) Garden State Parkway North to NJ #50  
US #50 North to milepost 21 at US #322 intersection  
US #322 West to milepost 35 at NJ #54 intersection  
NJ #54 North to milepost 10 at County Route #559 intersection  
County Route #559 North for 1.7 miles to County Route #561 intersection  
County Route #561 North for 2.4 miles to blinker light at Spring Garden Road  
Spring Garden Road North for 0.8 mile to entrance of Hospital

#### **From Atlantic City Area (Distance approximately 35 miles):**

US #30 (White Horse Pike) West to Spring Garden Road intersection, make jug handle turn on Spring Garden Road and continue South for 1.4 miles to entrance of Hospital. **(OR)**

Atlantic City Expressway (toll road) west to exit 28 - continue from line #4 above **(OR)**

US #322 (Black Horse Pike) west to milepost 35 at NJ #54 intersection - continue from line #4 above.

#### **From Bridgeton - Millville - Vineland Area:**

Proceed to Buena to NJ #54 North - continue from line 4. of Cape May directions.

#### **From Camden - Philadelphia Area (Distance approximately 30 miles):**

US #30 (White Horse Pike) East to Spring Garden Road intersection  
Make right turn and proceed South for 1.4 miles to entrance of Hospital **(OR)**

NJ #70 East to NJ #73 South  
NJ #73 South for approximately 7 miles to US #30 - continue from line no. 1 Camden/Phila. **(OR)**

North-South Freeway south to Atlantic City Expressway (toll road)  
Atlantic City Expressway east to exit #33 to County Route #723  
Turn left on County Route #723 and continue straight for 1.3 miles to stop sign at Hay Road intersection, County Route #726  
Turn left on County Route #726 and continue straight 1.3 miles to entrance of hospital.

**From Trenton - North Jersey Area (Distance approximately 50 miles from Trenton):**

US #206 South to US #30 (White Horse Pike)

US #30 West to Spring Garden Road intersection - traffic light

Make jug handle turn on Spring Garden Road and continue 1.4 miles to entrance of Hospital **(OR)**

New Jersey Turnpike south to Exit #4 or Interstate #295 south to NJ #73 south for approximately 10 mile to US #30 (White Horse Pike) - continue from line no. 5 Camden/Phil.

**Notes**

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Revised 1/11/17

## QUESTIONNAIRE

Date: \_\_\_\_\_

Please note any information about your name, address, or relative is entirely optional.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

1. This booklet satisfied:
  - a) All of my questions
  - b) Most of my questions
  - c) I still have questions

Please list additional questions you have.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How could this booklet be improved?

\_\_\_\_\_

\_\_\_\_\_

3. Have you seen anything that causes you concern in terms of safety?  
If so, we need to know, please contact either your loved one's unit or the Safety Hotline at ext. 4461.

4. My overall satisfaction with my relative's / friend's treatment is:
  - a) Very good
  - b) Good
  - c) Please contact me, I have strong concerns

Please return this completed questionnaire to the Visitor's Center or mail it to:  
Office of the CEO  
Ancora Psychiatric Hospital  
301 Spring Garden Road  
Ancora, NJ 08037