



# 9-MONTH PROGRESS REPORT: NJ STATE PSYCHIATRIC HOSPITAL ACTION PLAN

This 9-month Progress Report provides an overview of the New Jersey Department of Health's (NJDOH) progress on its Action Plan in response to the *2018 Executive Assessment of the NJ State Psychiatric Hospitals*, and the NJDOH's ongoing dedication to provide evidence-based quality improvement in varying aspects of clinical care delivered across the State's psychiatric healthcare system.

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New Jersey Department of Health  
Integrated Health Services Branch – Division of Behavioral Health Services

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## INTRODUCTION

The State of New Jersey's (the "State") three (3) regional psychiatric hospitals (Ancora (APH), Greystone Park (GPPH), and Trenton (TPH)) and one (1) forensic center (Ann Klein (AKFC)), which collectively comprise New Jersey's Psychiatric Healthcare System (NJPHS), predominately serve individuals who are involuntarily committed as they have been deemed a danger to themselves and/or others. The NJPHS plays a major role in the continuum of recovery services for the residents of New Jersey. The role of New Jersey's psychiatric facilities continue to evolve as they transition into a single system of care.

In 2018, New Solutions, Inc. (NS), completed the *Executive Assessment of the NJ State Psychiatric Hospitals* (Executive Assessment), a comprehensive analysis of the NJPHS.

"The intent of the analysis was to provide an assessment of the organizational and operational issues affecting the hospitals and to provide recommendations to meet the challenges with the overall goals of improving the quality of patient care as well as the congruency between Hospital staff and administration."<sup>1</sup> In response, the Department of Health (NJDOH) launched an 18-month Action Plan dedicated to standardizing practice and increasing quality of care in a safe manner and in a safe environment through the provision of good clinical care, evidence based and best practices, qualified staff in appropriate numbers, and dedication of funding to upgrade the hospitals' environments across the NJSPH. As part of that Action Plan, the NJDOH focused on safety – for its patients and its staff through:

- Violence prevention and increasing active treatment;
- Recruitment and hiring of critical personnel; and
- Physical plant upgrades.

This 9-month Progress Report provides an overview of the NJDOH's progress to date on its ongoing mission to manage and operate the four (4) facilities as a hospital system that is clinically and operationally integrated with standardization of policies, procedures, protocols, and best practices.

## OVERVIEW

### KEY EVENTS

#### TRANSITION

- In August 2018, the NJDOH embarked on an 18-month Action Plan geared to strengthening the system-wide oversight of the State's four (4) psychiatric facilities into a single psychiatric healthcare system. Shortly after (October 2018), the Division of Mental Health and Addiction Services (DMHAS) was administratively transferred back to the Department of Human Services (DHS); however, the four (4) psychiatric facilities remained under the authority of the NJDOH.
- As a result of the transfer, in November 2018, the NJDOH's Integrated Health Services Branch (IHS), established the Division of Behavioral Health Services (DBHS) to provide oversight of the State's psychiatric hospital system. The DBHS Central Office was created and key staff were identified to lead the transformation of the hospitals. DBHS' Central Office focuses on the transition to a unified system of care, while addressing system-wide and individual challenges in governance and administrative functions, clinical care, and physical plant maintenance.

#### CENSUS MANAGEMENT & VIOLENCE PREVENTION

- As the NJDOH continues to transition the four (4) psychiatric facilities into a single system of care, its main focus continues to revolve around ensuring safety throughout the hospital system. As a result, increased efforts were placed on census management and initiatives that promoted violence prevention.
  - Census across the system has declined 10.6% from 1504 in January 2018 to 1344 April 2019.<sup>2</sup>
  - Across the hospital system, there has been a 29% reduction in violent patient assaults resulting in moderate or major injury—or 10 fewer incidents—in the first quarter of 2019 (24) versus the first quarter of 2018 (34).<sup>3</sup>

<sup>1</sup> New Solutions, Inc. (2018). *Organizational Review & Assessment at State Psychiatric Hospitals*. Report prepared for the New Jersey Department of Health. <https://nj.gov/health/integratedhealth/documents/NJHCFFA-ExecutiveAssessment.pdf>

<sup>2</sup> Overview: Average Patient Census at State Psychiatric Hospitals, January 2017 – April 2019. New Jersey Department of Health, Integrated Health Services Branch – Division of Behavioral Health Services. <https://www.nj.gov/health/integratedhealth/documents/hospitals/reports/BehavioralHealthSvcscensus2017-19.pdf>

<sup>3</sup> State Psychiatric Hospital Incident Data. New Jersey Department of Health, Integrated Health Services Branch – Division of Behavioral Health Services. <https://www.nj.gov/health/integratedhealth/hospitals/>

## STAFFING

### RECRUITMENT & RETENTION

NJDOH's Action Plan acknowledged the New Solution's Executive Assessment's account that "human resource issues surfaced as an area that impacts hospital operations and patient care, specifically as it relates to, issues of recruitment and retention."<sup>1</sup>

The NJDOH conducted a full assessment of each hospital's staffing plans and needs. The assessment:

- Identified critical positions (i.e. Psychiatrists, Advanced Practice Nurses (APN), and Registered Nurses (RN)) as they relate to increased service levels and quality of care; and
- Developed a recruitment and retention strategy geared to the identified critical positions.

Recruitment and Retention Initiatives (R&R)		
Initiative	Purpose	Status
<b>Psychiatrist Salary Adjustment Program</b>	There is a national and statewide shortage of psychiatrists. Program was created to assist with successful R&R of psychiatrists across the system to maintain safe institutions that provide quality care.	Successfully secured a 10% increase in salary across all three (3) job levels under the Psychiatrist title to aid in recruitment and retention.
<b>Advanced Practice Nurses/Registered Nurses Assessment</b>	Review of current recruitment and retention practices as it relates to the APN and RN title.	The NJDOH has completed its assessment of the APN/RN titles and is currently identifying methods in which to increase recruitment and expedite the processing of the critical titles.
<b>Expanding recruitment of psychiatrists through the use of third-party agreements and the State contract.</b>	Provide additional clinical treatment through the hiring of psychiatrists to maintain safe institutions that provide quality care.	The DBHS expanded the pool of locum tenens (temporary long/short-term physician staffing) providers through the State's temporary Service contract. Additionally, NJDOH was able to begin an extensive recruitment initiative under current third-party agreements.

As a result of the ongoing recruitment and retention initiatives for both critical and key clinical staff, the NJDOH was able to make progress toward its overall critical position recruitment goals during the 2019 State Fiscal Year (SFY – July 1<sup>st</sup> to June 30<sup>th</sup>).

SFY19 Clinical Hires			
SFY 19 Total Clinical Hires	SFY 19 Psychiatrists Onboarding	SFY 19 Advanced Practice Nurses	Status
135	12	4	There are currently an additional 12 Psychiatrists in the process of interviewing or completing the proper steps to obtain employment.

## OVERVIEW OF PRIORITY AREAS

### GOVERNANCE AND ADMINISTRATIVE FUNCTIONS

The Division of Behavioral Health Services also focused on the structure and functions surrounding clinical and medical governance. As a result, the Division was able to set clinical governance initiatives that would assure that practice follows standards of care across the State's psychiatric healthcare system, regardless of the practitioner.

DBHS Initiatives		
Initiative	Purpose	Status
<b>Implementation of Lean Management Principles</b>	A continuous systematic approach to identifying and eliminating processes that are not benefiting the patient and replacing ineffective services with those patients identify as of value to them. This is accomplished through strategies that systematically promote the organization's staff to be highly engaged.	All hospitals have Quality Assurance departments that are currently using many of the Lean Management principles and tools; however, the DBHS leadership has taken steps to further increase organizational competency in this area beyond what already exists in the NJPHS' Quality Assurance Department staff. All the executive leadership staff have been tasked with making progress toward mastering these approaches.
<b>Standardization of Physician Credentialing Process across all four (4) psychiatric facilities.</b>	Process of establishing a standard practice for qualifying licensed physician specialists and psychiatrists as it relates to providing clinical services at the State's psychiatric facilities.	NJDOH administration is currently reviewing a standardized credentialing form and its corresponding policy to be used across the system of care.
<b>Physician Ordering Electronic System (POES)</b>	The first step in electronic medical records, an electronic Physician Medication Ordering System, makes it much easier to track and adjust patient medications and reduces the likelihood of ordering and administration errors.	Ancora is piloting an upgraded POES that will include: admission/transfers/discharge tracking, medications ordering with alerts to support physician decision making, improved electronic medication reconciliation, automation of tracking of medication administration process, electronic monitoring of restraints/seclusions, and improved communication with each hospital's pharmacy. All of these features will reduce human error and improve patient safety. This version is currently being piloted on several units at Ancora with a planned full implementation at Ancora by fall. Additional features to improve patient safety are being developed. System-wide implementation of the POES is targeted for SFY21.
<b>Quality Assurance Staff Competency Training</b>	Ensures that all quality assurance staff has the same baseline skills and competencies as it relates to the Joint Commission and Center for Medicaid & Medicare Services standards for improving patient safety.	Training course developed with the first modules presented in May 2019. Implementation is on track.
<b>Culture of Safety (CoS)</b>	Improving the culture of safety within the State's psychiatric system of care is an essential component of preventing or reducing errors and improving overall health care quality. Surveys allow for the identification of strengths and areas for improvement with the development corresponding action plan.	Each hospital had staff complete CoS surveys to raise staff awareness about patient safety while also assessing the current status of patient safety culture (staff's perception of safety, patient safety issues, medical errors, and event reporting). AKFC also conducted focus groups on safety with a sampling of patients. Development of plan and implementation remaining.
<b>Workforce Development</b>	Ensuring that the nursing staff gain essential experience in simulated environments is critical to preparing a skilled nursing workforce and to improving health care outcomes.	Ancora has implemented a Nursing Simulation Laboratory that gives staff hands-on clinical experience to practice skills needed to manage complex, high-acuity patients, drills for emergency preparedness, and interdisciplinary team work (APH).

## CLINICAL ISSUES

The Division of Behavioral Health Services continues to ensure that the patients it serves are receiving clinical care that reflects the latest, evidence-based behavioral healthcare. Consistent adherence to the most up-to-date practice standards, while maximizing interface time between clinicians and patients, speaks to the most important priority of enhancing clinical outcomes and ensuring safe transitions of care to community settings.

**Reorganization of Key Clinical Departments**

Initiative	Purpose	Status
<b>Reengineering Psychology Services</b>	To increase clinical treatment hours to patients	There has been an increase in the amount of individual treatment time at Ancora and Greystone Park. DBHS is now targeting treatment time at, TPH and AKFC.
<b>Nursing: Full integration of Psychiatric Nurses (APN's)</b>	Increase active treatment through the collaboration of the Psychiatrists and APNs	Moving forward from TPH, the use of APNs has expanded to APH (1) and GPPH (3) as collaborating partners with psychiatrists.

**Emergency Medical Response**

Initiative	Purpose	Status
<b>Standardization of Emergency Medical Response (EMR) across the psychiatric healthcare system.</b>	Standardization of overhead emergency codes procedures and best practice actions and procedures responding to codes for patient safety.	<p>All Physician Specialists, Psychiatrists, and Registered Nurses are certified in BLS, CPR, and First Aid. At a minimum, Licensed Practical Nurses, Residential Living Specialists (GPPH/TPH), Human Services Technicians, Human Services Assistants, and Medical Security Officers receive CPR/First Aid training.</p> <p>Specialized refresher training specific to Compressions, Airway, &amp; Breathing (CAB) and the use of CPR and Log Roll was conducted at all hospitals and completed by 4,565 staff. Each hospital has a standard set of supplies carried in its code cart/bag; however, DBHS is developing a single, standard policy for all four (4) hospitals. It will address items to be included in code bags, documentation of response to code or drill, assessment procedure after a medical emergency event, and training protocols as it relates to specific titles.</p>
<b>Implementation of preprinted Code Worksheet, Emergency Evaluation Sheets, and Documentation Sheets for various classes of on-site emergency responses.</b>	Standardization of training and Code response across the system to ensure quality of care.	The Division is currently reviewing evidence-based practices and consulting with internal partners to make formal recommendations across the system.

**Evidence-Based and Best Clinical Practice Programs**

Initiative	Purpose	Status
<b>Enhancement of Trauma-Informed Services across the state psychiatric hospital system</b>	Recognizes the impact of past and current traumas common in those with mental illness and provides treatment consistent with this approach. The Division is spearheading the systematizing of these services.	Collaborated with Rutgers University in the implementation of a statewide Steering Committee. The Steering Committee is gathering information on definitions of interventions, surveying the hospitals for inventory of trauma interventions, use of standard screening tool(s), developing tiers of trauma interventions based on assessment. Each hospital has implemented a form of trauma-informed services (i.e. 3-Steps to Safety and NJTAMAR (See below chart)) that the Division Steering Committee looks to enhance.

**Evidence-Based and Best Clinical Practice Programs Cont.**

<b>Initiative</b>	<b>Purpose</b>	<b>Status</b>
<b>Dialectical Behavioral Therapy (DBT)</b>	Emphasizes personal skill building to assist patients in recognizing triggers that prompt harmful behavior and developing adaptive coping skills.	Statewide Steering Committee formed. Three (3) regional hospitals currently have an in-patient adapted DBT unit and are working towards accuracy to the model. Ann Klein Forensic Center is evaluating the efficacy of having a unit there.
<b>New Jersey Trauma, Addictions, and Mental Health Recovery (NJTAMAR)</b>	Provides patients with necessary techniques to self-soothe and self-regulate in order to produce a calmer environment, a reduction in incidents, and a feeling of making a difference in peoples' lives.	NJTAMAR is in all hospitals and the programs have been assessed towards accuracy to the model and opportunities for improvement identified with action steps. The next step is to assess all patients and explore creative ways to increase attendance to the program.
<b>Tools for Moving On</b>	Aids in the reduction of readmissions of individuals with a serious mental illness by providing patients with information about housing choices, discharge process, and skills to live independently in the community.	The three (3) regional hospitals have implemented the program. Striving for accuracy to the model for this promising practice and exploring ways to engage patients into attending program.
<b>Provide resources to physicians and other clinical staff</b>	Subscription to Psychiatry Online Premium allows full access to: <ul style="list-style-type: none"> <li>• DSM 5 Library, Journals</li> <li>• Textbooks</li> <li>• Patient Resources</li> <li>• Study Guides</li> </ul>	The DBHS has given all hospitals and central office staff access to Psychiatry online to use as a resource for materials needed to provide services to patients.
<b>3 Steps to Safety</b>	Provides training to staff on how to redirect patients (promote a different behavior or action) through the use of validation while also explaining the reasons why the redirection is important.	The program is in all hospitals and has been assessed towards accuracy to the model and opportunities for improvement identified with action steps.
<b>Clinical Review Team use of Analytical Data</b>	Use of clinical data to assess a patient's progress as it relates to treatment and the general improvement to their mental/behavioral health. The data is used to determine if a patient's current treatment plan should be reviewed for additional recommendations.	All hospitals have Clinical Review Teams to assess the needs of patients with specific behaviors that are not getting better. APH currently uses a specific method of clinical analytics which the NJDOH intends to implement across the system.

**Violence Prevention**

<b>Initiative</b>	<b>Purpose</b>	<b>Status</b>
<b>Central Violence Prevention Committee (Centralized Committee)</b>	Assess indicators of violence across the system with the purpose of making data driven decisions regarding the prevention of violence.	The Centralized Committee was developed to build onto the already established hospital-specific committees, with the intent to further the initiative across the system. Monthly meetings were implemented in February 2019.
<b>Dynamic Risk Assessment</b>	An assessment tool designed to assist in the prediction of imminent violent behavior in order to implement interventions prior to a violent episode.	All four (4) facilities are piloting a Dynamic Risk Assessment. Implementation is on track.

Violence Prevention Cont.		
Initiative	Purpose	Status
<b>Ancillary Response Teams</b>	Teams with specialized training in assisting patients who are in crisis/distress to utilize positive coping skills as well as provide training to staff on managing these situations.	Implemented at all hospitals in various stages.
<b>Revision of Suicide Risk Assessments and Screening.</b>	An evidence-based assessment tool that is used to assist in determining a patient's risk for suicide at various points in care.	Review of policies and procedures regarding suicide risk assessments is currently in progress with system-wide standardization to follow. This standardization will also include a tiered-approach to interventions.
<b>Elimination of Administrative Seclusion at Ann Klein</b>	Ensure patient rights.	Administrative Seclusion was eliminated as of June 2018. Approximately 90 additional staff were hired to ensure the safety of the patients and staff.
<b>Developing a plan to create Safewards</b>	Model of conflict and containment reduction for use on psychiatric inpatient units. Its goal is to reduce conflict and increase the safety for staff and patients by improving the relationship between staff and patients. Safewards are not actual units, but a methodology to use on the unit.	Each hospital is in the process of reviewing the Safeward model with the intent of developing an implementation plan

## PHYSICAL PLANT ISSUES

The NJDOH has worked with each facility as it eliminated ligature risks— “anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation”<sup>4</sup>— that posed immediate harm. Each facility continues to monitor possible risks and improve the environment of care for patients by systematically assessing ligature resistance making environmental improvements, installing hardware upgrades and completing room renovations.

Dedicated Hospital staff continue to review each unit and recommended projects and hardware upgrades based on most current best practices to continue to improve safety conditions on all units for all patients.

- \$4,794,000 approved for Capital Life Safety Projects.

Facility	Project Description	SFY19 Life Safety
<b>APH</b>	Powerhouse Roof Replacement	\$385,000
<b>AKFC</b>	Fire Alarm Upgrades	\$328,000
	Inside Slider Door Replacement/Upgrade	\$1,502,000
<b>TPH</b>	Anti-ligature Hardware Installation	\$2,579,000

<sup>4</sup> “Overview.” CMS.gov Centers for Medicare & Medicaid Services, 10 Jan. 2018, [www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/).

To date, other major initiatives include but are not limited to:

Facility	Project	Project Description
APH	Elm Hall Outdoor Treatment Mall	The treatment mall will provide a tranquil, healing environment where patients will receive programming (i.e. varying treatment methods). Addiction Services and psychology groups will be conducted while listening to the soothing sounds of wind chimes. Pet Therapy, Art Therapy, and Gardening Groups will work on projects to enhance the peaceful outdoor surroundings.
AKFC	Grounds Repair	AKFC contracted with the Department of Transportation (DOT) to create/provide an additional staff parking lot. DOT completed the parking lot which provided AKFC with an additional 20 parking spaces that included two (2) handicap spaces.
GPPH	Fire Doors	Twenty-six fire doors were replaced, and others had latching and sweeping mechanisms replaced.
	Hot Water Air Temperature Maintenance (HWAT)	Upgrading the existing HWAT System (self-regulating electric heat trace cable designed to provide hot water temperature maintenance for domestic hot water supply pipes in commercial and residential structures) to communicate with the Building Management System.
	Patient Information Center (PIC) Structure	The ceiling tiles located above the nursing PICS have been secured with the appropriate ceiling clips. This will address possible ligature risks.
TPH	Boiler and Water Conditioner	Installed new boiler and water conditioner at Marquand (transitional living unit)
	Powerhouse Generator	Installed Automatic Transfer Switch to allow for the transfer of power to the generator when utility power fails.
System-Wide	Ligature Points	All the hospitals mitigated many ligature points and continue to actively assess, research, and redesign the environmental structures as new and improved products are identified.

Projects that are pending implementation include but are not limited to:

Facility	Project	Project Description
AKFC	Energy Savings Initiative Project	Construction activities at AKFC will commence by the fall of 2019 to include upgrades to LED lighting replacement (some exterior lights already completed), energy management system, combined heat and power, chiller replacement, high efficiency transformers, destratification fans.
GPPH	Fire Proof Insulation	The objective of this project is to correct all life safety deficiencies including but not limited to fire stopping, through wall penetrations, and spray on fireproofing. Pre-Bid process will begin on May 23, 2019.
	Norix Furniture	Outfitting of units within the hospital to utilize furniture that addresses possible ligature risks.
TPH	Energy Savings Initiative Project	Will begin construction in the fall of 2019 at TPH to upgrade numerous areas including heating and cooling (new chillers and boilers as well as automated zone monitoring and temperature adjustments), lighting (new LED lighting in all areas), and electrical power (new generators to replace the current rentals).