

**ANCORA PSYCHIATRIC
HOSPITAL**

***ANNUAL REPORT TO THE BOARD
OF TRUSTEES***

2023



ANCORA PSYCHIATRIC HOSPITAL

Ancora Psychiatric Hospital (APH) opened in 1955, in a rural area of South Jersey APH is accredited through The Joint Commission (TJC) and is certified by the Center for Medicaid and Medicare Services (CMS).

Over 60 years later, APH continues to provide inpatient psychiatric services for adults in many New Jersey counties. Services are also provided for gero-psychiatric patients, the developmentally disabled, and individuals with legal/forensic designations who require inpatient psychiatric hospitalization.

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.

SUPPORT SERVICES HIGHLIGHTS

<p>QUALITY ASSURANCE/ PERFORMANCE IMPROVEMENT (QAPI)</p>	<ul style="list-style-type: none">▪ The Quality Improvement Department (QI) conducts continuous reviews of The Joint Commission (TJC) standards and Centers for Medicare & Medicaid Services (CMS) regulations, performing gap analysis to assess hospital compliance, and facilitating the development of action plans, and policy revisions to meet those standards and regulations.▪ The QI Department is actively engaged in the survey readiness process to help identify any deficiencies in the overall care and safety of our patients through the observation of medical records, staff/patient interactions, the physical environment, and ongoing training.▪ The QI department also is actively involved in PDSA (Plan-Do-Study-Act) reports to test and improve our current processes (i.e.: Restraint Reduction, Medication Management, Substance Use, etc.).▪ Barrins & Associates (Joint Commission and CMS Consultants) came to Ancora for four days in October 2023 with two clinical surveyors and one engineer to conduct a prescheduled simulated Joint Commission survey focusing on patient care, performance improvement, environment of care, and Life Safety. The QI department facilitates multi-disciplinary workgroups to create action plans from the consultant’s feedback.▪ The QI Department completed FEMA (Federal Emergency Management Agency) and IHI (Institute for Healthcare Improvement) trainings in quality improvement, patient safety, and effective communication, as part of ongoing education and development plans.▪ As a new Joint Commission standard for 2023, the QI Department started the Healthcare Disparities Committee to assist with identifying and addressing potential health care equity concerns and reduce health care disparities for patients based upon gender, ethnicity/race, or language, as the health-related social needs (HRSN) are frequently identified as root causes of disparities in health outcomes.▪ The QI Department reinitiated the Restraint Prevention Committee that reviews data on patient programming and downtime and the correlation with patient restraint activity and events.▪ The QI Department reestablished the Employee Wellness Committee and hosted an Outdoor Games/Kickball Tournament that was well attended and enjoyed by patients and staff.
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<p>HEALTH INFORMATION MANAGEMENT (HIM)</p>	<ul style="list-style-type: none"> ▪ Provided support and assisted the Division of Behavioral Health Services with the standardization and implementation of the following: <ul style="list-style-type: none"> ▪ Violence Risk Assessment ▪ Fall Assessment, Risk Reduction and Management ▪ Screening, Assessment, Management and Treatment of Suicidal and Non-Suicidal Self-Directed Violence ▪ Pain Tool that includes a numeric pain rating as well as an observation pain scale ▪ Assisted in the development and coordinated implementation of the new 90-day Treatment Plans. ▪ The HIM Department and Office of the Public Defenders streamlined the communication and process/completion of court packet requests to ensure accurate and timely information. ▪ Assisted with the POES (Physician Ordering Entry System) Team with the transition Diagnoses to POES and implementation. ▪ Collaborated with essential departments to update the Electronic Systems Failure Procedure to ensure streamlined processes in the event of an electronic systems failure. ▪ HIM staff now meet regularly with the new Division Revenue Unit to discuss Medicare Part B billing issues and resolutions. ▪ Assisting the Division Revenue Unit with the transition of the hospital-based Prior Authorization Unit to Division as well as completed necessary responsibilities.
<p>RISK MANAGEMENT</p>	<ul style="list-style-type: none"> ▪ The Risk Management Department initiated a performance improvement project related to the reduction of foreign body ingestion. Types of ingested items are tracked, and appropriate disciplines are included in developing and implementing interventions to increase patient safety. Since implementation of a related plasticware monitoring pilot, the Hospital has experienced a significant decrease in the ingestion of potentially hazardous eating utensils. ▪ Risk Management acts as the administrator for the Hospital recall program. All national product recalls are investigated for use at the facility, reported and remediated as necessary to maintain patient safety and 100% compliance with responding to recall notices. ▪ Risk Management continues to identify and address areas to increase Hospital satisfaction and safety through the consistent analysis of incident reports, grievances, Workman’s Compensation claims, and video surveillance. Once areas of improvement are identified, corrective

	<p>strategies are implemented for patient and staff satisfaction and safety.</p>
<p>INFORMATION TECHNOLOGY (IT)</p>	<ul style="list-style-type: none"> ▪ The Ancora Information Technology Department (IT) has provided continued support for over 900 desktop and laptop computers and about 1500 staff accounts and service accounts. Additional computer labs were installed to support an increase in staff utilizing our digital timekeeping system, eCATS. IT provided support for staff when working from home, and laptops were configured to provide a secured connection to the state network with increased access to Ancora’s data systems. ▪ Ancora IT staff worked with the Department of Health’s IT Staff (HIT) and the NJ Office of Information Technology (OIT) to implement IT infrastructure changes. Over fifty percent of the hospital’s network storage infrastructure was moved to a high availability server environment, reducing onsite resources and providing increased reliability. ▪ Cybersecurity changes were made to secure Ancora’s IT assets and data. Web content filtering was moved to the zScaler platform, requiring Azure cloud authentication to gain Internet access for both on and offsite workers. Account audit procedures were refined to provide increased account security and authentication service efficiency. ▪ WiFi at the hospital was expanded to provide increased coverage to patient care areas. Increased coverage ensured IT could distribute laptops to physicians and rehab staff, to provide ad hoc workspace when needed. Nursing station medication room laptops were upgraded with increased memory and screen space. ▪ The hospital’s telecommunications system provider was changed to AT&T over a digital PRI connection, which required a port change of the hospital’s DID (direct) lines. Safeguards are currently being added to the phone system’s infrastructure to provide increased reliability. ▪ Kyocera copiers were replaced with new Xerox Copiers, which utilize modern network connection protocols for increased data security.
<p>HUMAN RESOURCES (HR)</p>	<ul style="list-style-type: none"> ▪ The HR Department continues to hire per diem and full-time Registered Nurses & Licensed Practical nurses. Nurse Recruiters and Human Resources have worked collaboratively to expand hiring strategies by participating in Virtual Job Fairs, conducting in-person job fairs, outreach by phone and mail to nursing schools and Certified Nursing Assistant (CNA) training centers, posting vacancies on the DOH website, advertising job opportunities on-line.

	<ul style="list-style-type: none"> ▪ The HR Department continues to utilize the DOH's automated Behavioral Health Systems Tracking System and New Hire Track to eliminate paper processing and improve the workflow of hiring and personnel transactions. ▪ During this past year, the Payroll Department migrated all payroll processing to the NJ Electronic Cost Accounting & Timesheet System (e-CAT's), which allows for timesheet creation and approval, time tracking, leave management, budget accounting and payroll submissions. This system was customized to support specific hourly title codes as well as activity codes to assist in the creation of Business Objects reports for data review. ▪ The HR Department has incorporated new security measures this year. When entering our building we now have a security guard to assist us during our daytime hours to keep our staff safe while on campus. We plan to have outside cameras installed as well as ID swipe entry in the coming year. ▪ Human Resources still abides by the Federal and State guidelines for testing processes within the established policies of the Department of Health if an employee is thought to be positive for COVID
<p>STAFF DEVELOPMENT AND TRAINING (SD&T)</p>	<ul style="list-style-type: none"> ▪ SD&T held 13 orientation classes in 2023, with a total of 224 new employees trained. ▪ During the 2023 Virtual Training Fair, over 1200 employees received training and training updates on over 30 subjects. Some highlights include Suicide Awareness and Prevention, HIPAA, and Ethics. ▪ Safety training for the Maintenance department was provided on Asbestos Awareness and O & M, Confined Space, Lockout Tagout, Warehouse Forklift, Scissor Lift, and Telehandler. ▪ 33 Emergency Restraint Chair with Therapeutic Options part 1 and 2 refresher classes were provided to refresh over 400 employees with crisis intervention. ▪ 207 employees have been trained in Basic Life Saving (BLS) from the American Heart Association in 2023. ▪ 242 employees have been trained in CPR, AED, and Basic First Aid from ASHI in 2023. ▪ On ward refresher trainings including, Pro-Pad, Emergency Restraint Chair/Therapeutic Options, Employee Contraband, Special Observations, Personal Cell Phone Usage, Social Media Usage, Sleeping on Duty, Ethical Interactions Between Patients and Staff. ▪ Basics of Supervision training was provided for 18 employees.

	<ul style="list-style-type: none"> ▪ Organized and facilitated Hope for Health workshops for employee wellness. ▪ Organized and facilitated Civil Service Commission Employee Advisory Services to inform supervisors of resources available to them for employees experiencing difficulties. ▪ Developed step-by-step guides for eLearning to enable employees and supervisors to take advantage of 1000's of classes available from the Center for Learning and Improving Performance (CLIP) ▪ Integrated Sensory modulation training into New Employee Orientation and the Virtual Training Fair to give employees new tools to help reduce patient stress and increase patient wellness. ▪ A Training Technician 2 position was posted for hire and a candidate was successfully selected to start with SD&T December 2023.
FOOD SERVICES	<ul style="list-style-type: none"> ▪ Food Service rebuilt staffing in the department to pre COVID levels. ▪ Food Service continues to provide fresh fruits and vegetables regularly for most meals using very few frozen vegetables. ▪ The Anchorage patient/ staff snack bar is now under the supervision of Food Service Department. The few cooks and AOMs that were under Rehabilitation services are also under Food Service Department. ▪ Two new dish machines were purchased and installed in the department as well as some other smaller pieces of equipment.
MAINTENANCE DEPARTMENT	<ul style="list-style-type: none"> ▪ To increase environmental safety, anti-ligature work was completed in various areas throughout the Hospital. This initiative endeavors to remove environmental access for patients to cause harm to themselves or others. In 2023, the anti-ligature project completed the following in all areas: fire cabinet pipe enclosures, radiant and vent mesh covers, fire pull stations, ceramic soap dish removal. Additionally, anti-ligature toilets were installed in the main bathrooms of Larch Hall, Birch Hall, Cedar Hall, and Holly Hall, and new shower benches in Birch and Cedar Hall. ▪ Other highlights: Installation of a card access system on all the perimeter doors of Birch Hall, Cedar Hall, Holly Hall, and Larch Hall is 75% completed. ▪ LED lighting upgrades continued throughout the facility, areas completed this year include the ward areas of Birch Hall A, Cedar Hall (all), Holly Hall (all), Larch Hall A, C, and

	<p>D. Ivy Hall Gym, and basement area, Anorage, and the Service Building.</p> <ul style="list-style-type: none"> ▪ A Fire door replacement started on 11/3/22, this project repaired, updated, and replaced 144 Smoke/Fire Doors throughout the 5 residential buildings. ▪ Redundant LED lighting is being install in stairwells for patient and staff safety, all residential buildings completed. ▪ Additional emergency outlets were installed in all patient ward areas. ▪ Sprinkler Systems were installed in the Ivy and Maple basements. ▪ New fire alarm system in Polar Hall. ▪ Ivy Hall roof replacement for anchorage and gym. ▪ 41/43 Fern Lane Homes Roof Replacements. ▪ Powerhouse switchgear controller upgrades. ▪ Installation of new dishwashers in foodservice. ▪ Installation of new ovens in foodservice. ▪ Installation of new laundry equipment. ▪ Grounding, bonding, and electrical upgrades at the pool area. ▪ Repaving of various roadways and parking lots. Addition of roadway to front of maple hall. ▪ Created fenced area for pet therapy at Maple Hall. ▪ New dock installed at Pond. ▪ New flooring installed in Polar Hall HSPD area. ▪ Roof repairs Holly Hall, Maintenance and Poplar buildings. ▪ Maintenance continues to assist in the ongoing Camera Upgrade and Relocation Project.
<p>SAFETY DEPARTMENT</p>	<ul style="list-style-type: none"> ▪ Safety Department has purchased and implemented 3 mobile camera units. These mobile units will allow Safety to place cameras in areas not covered by our current camera system such as employee parking lots and add additional coverage during hospital events like the Winter Wonderland and Fall Festival increasing patient safety. ▪ Poplar Hall/Visitors center new fire alarm system has been completed. ▪ The Safety Department continues to manage the hospital’s continual compliance in the areas of: Hazard Vulnerability, Emergency Operations, Life Safety Measures, Environment of Care, HAZMAT, Worker Right to Know, Ligature Reduction Project Tracking, Video

	<p>Surveillance, Pre-construction Risk Assessments, Employee Accidents, and Product Reviews.</p> <ul style="list-style-type: none">▪ Upcoming projects for next year include: a fire alarm system upgrade for smoke and heat detection along with horn strobes in Elm Hall. Safety is working with Critical Response Group (CRG) to harden our security presence and improve our workplace violence program. Purchased new radios for the Fire Department and our Security team that will improve communication with County and in our house dispatchers.
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BUILDING HIGHLIGHTS

<p>BIRCH HALL: ADMISSIONS UNITS</p>	<ul style="list-style-type: none">▪ The Recovery and Reintegration (R & R) unit Protocol was reviewed, and the following modification were made:▪ January - Clinical review is no longer required to be held for a patient who is being / has been transferred to the R & R Unit. Rather, the medical director / designee will assess as to whether a clinical review is warranted and will communicate this decision to the Building Administrator who oversees the treating team.▪ July - The treatment team will immediately begin planning how to reintegrate the patient back into the unit milieu within 7 days of the transfer to the R & R Unit. Additionally, the Building Administrator overseeing the treatment team who referred the patient will follow up daily with the PC to assess the patient's current clinical status and to ensure the team is continuing to provide care to the patient and is documenting same.▪ October - Patients transferred the R&R will be monitoring by staff unit the patient's sending unit and SISU/MSO staff will be responsible for escorting patients to and from the unit. Additionally, the R & R Unit Monitoring Form is completed daily to reflect the current, daily face to face team interventions and any other updated information. Discussion at Communication Meeting by BA of Treating Team and Actual End Date.▪ November – Individualize Program schedule will be develop to include for patients transferred to the R&R unit: only individual sessions will be provided, no groups; Team members will provide these interventions – Psychiatry, Psychology, Addictions, Social Services, Nursing, OT, Rehab as clinically appropriate; A tablet will be provided to the patient if deemed safe and appropriate for use as a program ONLY, and Recovery Library DVDs
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<p>MAIN BUILDING: GERIATRIC UNITS</p>	<ul style="list-style-type: none"> ▪ The Long-Term Care referral process was developed by the Geriatric Building Administrator, Social Service, Nursing, and Psychology with collaboration with the Office of Long-Term Care (LTC) Resiliency to help facilitate the discharge of patients to LTC. Long-Term Care (LTC) is defined as a facility [e.g., nursing home, rehabilitation center, or assisted living] that provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients in need of assistance with Activities of Daily Living (ADLs). ▪ The referral is completed by the Division of Behavioral Health Services, N.J. Department of Health psychiatric hospitals when patients require transfer and discharge to a long-term care facility.
<p>CEDAR HALL</p>	<ul style="list-style-type: none"> • The Treatment Mall space for Cedar Residential Treatment Services has been restored in the Room 15 suite. There are 8 "classrooms" including dedicated space for specific disciplines: Rehab Services, Psychology, Social Services, and Behavioral Services. There is a larger room for more social and recreational activities, with plans for expansion of that area in 2024. Interdisciplinary program opportunities continue to increase. • New exercise equipment has been installed in the Cedar Health Club. • The Cedar Sensory Room is under renovation. Some of its features are special lighting, bubble panels and tubes and a fish tank. The larger supplies and equipment are installed as they are delivered; once they are in place, the furniture and cabinets will be installed. We anticipate opening before Spring. • Cedar Hall C, the unit designated as targeting our discharge hesitant patients, has been engaging in off ground trips facilitated by Rehab Services with the purpose of improving patient's community awareness and comfort levels. • Cedar Hall B and D, formerly the Positive Behavioral Support Units, have revamped their operations to reflect the changing face of our patient population. Now identified as the Applied Behavioral Support Units, their services have broadened to provide improved, individualized patient treatment. • Cedar Hall held a Barbeque in late Spring for all patients and staff in the building. There was grilled BBQ food, music, games, and crafts. It was a huge success and enjoyed by all. We are anticipating adding more BBQ dates to our calendar this year.

<p>HOLLY HALL</p>	<ul style="list-style-type: none"> • Holly Hall was able to expand their Addictions Services groups due to 2 new employee hires. This was a much need therapeutic intervention for the client population within this building. • The competency restoration unit on Holly Hall A was introduced late 2022, and it has been successful venture-both in terms of quickly producing timely court reports/evaluations and by shortening the patient's overall length of stay at the hospital. • Holly Hall B was able to introduce the 'Good Lives Model,' which is a sex offender specific group therapy program for clients that reside on this unit. • By revamping our 'Inspection of Contraband' and 'Patient Mail' policies this has allowed us to meet one of our key measures in improving overall safety for both our patients and staff
<p>LARCH HALL</p>	<p>Accomplishments this year:</p> <ul style="list-style-type: none"> ▪ Developed and implemented level 2 in building program space and programming. ▪ Developed and implemented a female competency restoration program and female IST/forensic unit. ▪ Removal of lockers from dayrooms, providing patients with alternative belonging space. Reducing contraband and environmental cleanliness. ▪ Implemented the tablet program on all 4 units. ▪ Implemented level 2 vocational rehab opportunities. ▪ Developed a process for Larch to serve as a Holly/forensic step-down unit. ▪ To improve safety, the building fire door replacement project was completed. ▪ Successfully served as the 90-day MTP and Biweekly team note pilot project that has now a hospital wide practice. ▪ Held a building-based summer BBQ.

CLINICAL SERVICES HIGHLIGHTS

<p>ADVOCACY</p>	<ul style="list-style-type: none"> ▪ The Advocate office shall continue to strive to ensure that patients’ civil rights are promoted and maintained at this facility. ▪ Four Concern Family Connection meetings held virtually for 2023. ▪ Revised the Patient and Complaint and Grievance policy. ▪ The Advocates office continues to address patient complaints/grievances in a timely manner. ▪ CSR’s continue weekly participation in Life Management meeting on each unit in their assigned building and rounding as the need arises. ▪ Responded to phone calls from patients, family members and others in timely, positive, and efficient manner that will ensure safety and best practice. ▪ Facilitated monthly Client Council meetings.
<p>MEDICAL STAFF</p>	<ul style="list-style-type: none"> ▪ The Medical Staff is comprised of the Department of Psychiatry and the Department of Medicine. ▪ Department of Psychiatry 2023: ▪ Psychiatrist Shortage <ul style="list-style-type: none"> ○ Working on an agreement with Rowan School of osteopathic medicine to get more staff. ○ Working on hiring APN’s. ○ Ancora has hired a total of 8 psychiatric nurse practitioners to help buttress the psychiatry shortage. ▪ Clinical Reviews for Clinical Analytics <ul style="list-style-type: none"> ○ The purpose of these clinical reviews is to help the treatment team and administration work together to develop ideas in medication management, behavioral management, and psychology. Additionally, if feasible, administration helps procure special services for a client. ○ Utilizes various outside consultants to good use. Able to discharge 3 very difficult to place patients because of above. ▪ Champion Innovative Treatment Modalities Such as: <ul style="list-style-type: none"> ○ Ketamine, ECT, and newer treatments of medication side effects. ○ We are also using medications for agitation such as Iglami. ○ We are trying to bring finger stick blood monitoring for Clozaril to help increase conversion to Clozaril. ▪ Substance Use Treatment

	<ul style="list-style-type: none"> ○ Ancora has increased the use of Medication assisted treatment. ○ Increased accuracy of Substance use diagnosis to ensure no patient struggles with drug use is missed. ○ Increased the use of Narcan prescriptions upon discharge. ▪ Project to Reduce Psychotropic Medication: <ul style="list-style-type: none"> ○ Reduced number of Cogentin like products ○ Reduced number of Benadryl prescriptions ○ Increased use of Long-acting medications ○ Increased use of Clozaril ▪ The Department of Psychiatry Continues Integration Care <ul style="list-style-type: none"> ○ The psychiatrist consistently engages with the Department of Medicine; for example, getting guardianships for patients to mentally ill to understand medical treatment needed. ▪ Department of Medicine 2023: <ul style="list-style-type: none"> ○ APH has experienced medical coverage crisis due to shortage of physicians. Despite support from administration and efforts taken to advertise, it remains difficult to recruit physicians. ○ The physicians coordinate care with treatment team members, which includes the psychiatrist to provide integrated care to our patients. Physicians participate in committees to include but not limited to, Emergency Medical Services, Prevention Task Force, Medication Safety, and Pharmacy & Therapeutics where they provide valuable input into hospital policies and procedures to improve overall patient care. It is acknowledgeable that the physicians continue to play a vital role as frontline health care workers during the COVID-19 pandemic to identify, test, and isolate patients with COVID-19 to keep our patients and employee safe and healthy. ○ Contracted Medical Consultants - There are a total of seven specialty consultants that provide services to our patients at APH, which include Orthopedic, Optometry, ENT (Otolaryngology), Gynecology, Urology, Podiatry, and Cardiology. ○ Clinical Support Services – This Department provides hospital-wide medical services support, escort services, phlebotomy services, in-house and off-site specialty clinics scheduling, medical equipment management services, and central supply services that includes the purchase and
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	<p>distribution of ancillary medical equipment utilized on day-to-day basis etc.</p> <ul style="list-style-type: none"> ○ Dental Services - This Department provides hospital-wide dental care including but not limited to dental extractions, dental hygiene, AAMI (Association for the Advancement of Medical Instrumentation) certified on sterile processing of dental instruments. ○ Physical Therapy (PT) - This department provides hospital-wide Physical Therapy (PT) Services to include but not limited to gait training, fall evaluation, wound care. IP department did a phenomenal job by coordinating care with physicians, nursing to provide PT and wound care services to patients on the quarantine units and geriatric units. ○ Infection Prevention (IP) - This department services include, but are not limited to, Antibiotic Stewardship, management of RWA (regulated medical waste), RCRA (Resource Conservation and Recovery Act), PCRA (Point of Care Risk Assessment), monitoring hospital-wide infections, hand hygiene, and sterilization practices. ○ Radiology Services - This department provides x-ray services to patients in coordination with physicians, and a provides prompt care to patients.
<p>NURSING DEPARTMENT</p>	<ul style="list-style-type: none"> ▪ Nursing Department <ul style="list-style-type: none"> ○ Staffing Changes <ul style="list-style-type: none"> ▪ 1 ADON was promoted to Director of Nursing ▪ Promoted 1 ADON to Nursing Education ▪ Promoted 1 SNS to ADON of Larch ▪ 1 Director of Nursing was promoted to Chief Nursing officer. ▪ 10 Charge RNs were crossed train to cover as Supervisor of Nursing Services. ▪ Ancora hired the following staff. <ul style="list-style-type: none"> ▪ 20 per diem nurses ▪ 4 LPNs ▪ 1 per diem LPN ▪ 33 fulltime HS ▪ 19 part time ▪ 4 fulltime schedulers ▪ Nursing Leadership

	<ul style="list-style-type: none"> ○ Nursing Leadership continues to perform off shift rounding and has town hall style meetings to welcoming staff to share their thoughts. ○ Moved the Scheduling Office under Nursing oversight for efficiency in staffing. ○ Continues to build relationships with community hospitals to ensure our patients are receiving the best possible. ○ Designed a more efficient process to eliminate expired items. ○ Eliminated unnecessary paperwork; allows for more patient centered care time. ○ Introduced nurse lead programs. ▪ Nursing Education <ul style="list-style-type: none"> ○ Began a nurse residency program in conjunction with Rutgers University. It is a 16-week program for new RNs to highlight how to provide mental health treatment for patients. ○ Continue to perform both medical and psychiatric code drills monthly, to review procedures and protocols for code response. ○ We continue to build on our electronic training. ○ Working with Nursing staff to complete the Trauma In Formed Care education course, through a Rutgers online training. ▪ Nursing Recruitment <ul style="list-style-type: none"> ○ Ancora was able to give an educational incentive to all RNs in the 1000 to 1500 depending on degree. ○ Assigned a designated Nurse for recruit and interview. ○ Attended several hiring events and training fairs at local colleges. ○ Affiliated with Atlantic Cape Community College for nursing students to rotate through Ancora and joined as an adviser for their nursing program. ○ Ancora nursing was asked to join the Camden County Institute of Technology board of advisors. ○ Ancora Nursing was awarded a grant from Thomas Edison University that offers 100% tuition reimbursement for BSNs and PMHNPs.
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	<ul style="list-style-type: none"> ○ The per diem rate was upgraded to \$58.51 and \$68.51 on Sundays. ○ Developed relationships with the following schools that are willing to offer discounts for Ancora employees: Aspen university, United States University, Gloucester County College, and Walden University. ▪ Medical Security Officers <ul style="list-style-type: none"> ○ 30 Medical Service Officers (MSOs) were hired and will help to educate staff on new techniques to deescalate patients by leading by example. The MSOs will be experts with therapeutic communication.
<p>PSYCHOLOGY</p>	<ul style="list-style-type: none"> ▪ Psychologists continue to provide individual and group therapy, crisis de-escalation; assessment services, including intellectual, personality and educational testing, along with violence, suicide, and fire-setting risk assessments; treatment planning; consultations and training. ▪ The Psychology Department maintains an American Psychological Association accredited internship to train APH’s future psychologists. The interns make significant contributions while they are training. The last class of interns presented ideas on how the hospital can continue to work toward violence reduction. The current class is working on a training program to educate staff on Trauma reduction, Reducing Staff burn out, and exploring ways to prioritize patient care needs. The interns are selected through a nationwide match process. APH ranked over 40 applicants last year. ▪ The Psychology Department continues to be the only DBHS psychiatric hospital that consistently meets the DBHS Assistant Commissioner’s goal of spending 50% of the psychologists’ time in face-to-face interactions with patients. Those interactions are based on a multitude of research-based treatments designed to meet the varied needs of our diverse patients. An intense training program is maintained to keep hospital staff informed of the latest developments in the psychology field. Currently, a training series is being held on the treatment of trauma. ▪ Improving the quality of psychological services is the ongoing goal. To this end, psychologists are being continually trained in conducting assessments to address patient needs. Our Violence Risk Assessments are reviewed by an Internationally recognized expert in assessment. Recently, Psychologists began assisting

	<p>Psychiatry with completing Competency evaluations for the increasing forensically involved patient population.</p> <ul style="list-style-type: none"> ▪ The Psychology Department is working to improve our Assessment Library. We will use the expanding assessment tools to aide in treatment planning and identifying the relevant clinical needs of our patients. ▪ The Psychologist work closely with Behavioral Services (e.g., Board Certified Behavioral Analysts and Behavioral Support Technicians) to provide behavioral interventions such as Behavioral Contracts, Behavioral Support Plans and behavioral recommendations for patients who pose risk for self-harm, aggression, and impulsivity.
<p>REHABILITATIVE (REHAB) SERVICES</p>	<ul style="list-style-type: none"> ▪ This year, the Rehabilitation Department has worked diligently to provide daytime and evening programming across 13 units for all patient levels. Rehab offers Addiction Services, Creative Arts Therapies, Education, Occupational Therapy, Therapeutic Activities, and Vocational Rehabilitation. ▪ Rehab continues program initiatives involving the Clinical Formulary including Social Skills, Vocational Illness Management and Recovery (VIMR), Illness Management and Recovery (IMR), Managing Difficult Life Experiences (MDLE), and Smart Recovery. Therapeutic activity options have expanded to include more leisure options in the evenings and weekends. ▪ Rehab has resumed hospital wide events including Winter Wonderland, Harvest Festival, Color Walk, Fishing Trip at the Lake, Juneteenth, Hispanic Heritage, African American History Month, Wenonah Lake Trip, Art Show, Holiday Show, and Holiday Express. ▪ Gyms are now available in Cedar Hall, Holly Hall, and Main Building to provide patients with a chance to invest in their physical health. ▪ Rehab received new tablets to use with patients to be used for programming and leisure. Hospital wide training was provided, and tablets are kept on each unit for accessibility. ▪ Rehab has started a weekly community trip program to reintegrate discharge hesitant patients back into the community through fun, inexpensive, and interactive activities throughout South Jersey. Trips have included Cape May Zoo, local libraries, lighthouse tours, picnic lunches at local parks, the Camden Aquarium, walking the boardwalk, and various historic tours. ▪ Vocational Rehab has expanded building based work opportunities for Level 2 patients. Voc Rehab has also begun offering certifications to patients such as CPR

	<p>training and is looking to offer Serve Safe and Fitness Instructor courses in the upcoming future.</p> <ul style="list-style-type: none"> ▪ Centralized programming has expanded to include patient driven “First Friday” leisure events and orientation for Level 2 patients to improve the transition from building based to off unit programming. ▪ The Occupational Therapy Department has implemented a monthly new employee sensory modulation training to increase awareness of sensory interventions commonly used, sensory based techniques, and to encourage all disciplines to take part in trauma informed care. Moving forward, OT will implement the use of sensory carts on each unit and open the Cedar Hall sensory room for programming and individual therapeutic use. ▪ This coming year, Rehab aims to increase staff trainings to include Group Dynamics, Progress Note Writing and MTPs, Protocols and Lesson Plans, Special Events and Trip Training, TIC Principles within Programming, and Mental Health 101 which includes diagnoses and DMS definitions.
<p>SOCIAL SERVICES</p>	<ul style="list-style-type: none"> ▪ The Psychiatric Social Service Department continues to support and enhance the hospital’s mission to provide a comprehensive range of Social Work services to all patients and their families with current Social Work modalities and techniques. ▪ Social Work staff continues as an integral participant of Treatment Team in developing each patient’s clinical treatment plan, which targets the patients’ problematic behaviors, and actively address discharge planning issues upon admission to the hospital and develop individualized discharge plans reflective of each patient’s unique problems, strengths, interests, and preferences. ▪ Social Work staff also provides the crucial linkage between the hospital’s clinical providers and each patient’s primary contact, and assists in finding discharge settings (i.e., apartments with clinical and/or medical supportive services, the patient’s own or a family member’s home, group homes, skilled nursing facilities, boarding homes, and residential health care facilities), so that each patient’s unique needs and preferences may be supported. ▪ Social Services is integral member of implementation of Competency Restoration group on Holly Hall A and Larch Hall B/C which is a treatment modality aimed to work with individuals who are court ordered for competency evaluation.