

Division of Behavioral Health Services

Trenton Psychiatric Hospital

Annual Report 2023

Agenda

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Introduction

Trenton Psychiatric Hospital (TPH) is a 400-bed psychiatric hospital serving a designated New Jersey population. TPH is a Joint Commission accredited health care facility, one of four psychiatric hospitals governed by the State of New Jersey, Department of Health, Division of Behavioral Health Services.



Dorothea Lynde Dix, a pioneer in the care of the mentally ill, founded Trenton Psychiatric Hospital in 1848. Honored in the nursing profession as an American scholar, educator and a lifelong psychiatric crusader, Ms. Dix retired at the age of 80 to a private apartment set aside for her at the New Jersey State Hospital (TPH today) where she remained until her death in July of 1887.

TPH believes in providing a holistic approach to patient care, from the initial assessment to the treatment of the human response to actual or potential health problems. TPH ensures the patient receives competent, compassionate care as patients collectively achieve individualized care goals.

Mission

Trenton Psychiatric Hospital's mission is to provide hope, healing, and successful community re-integration for patients by assisting them in managing their psychiatric symptoms and developing a personal path of wellness and recovery.

2023 Trenton Psychiatric Hospital Leadership

Leadership Commitment- The leaders of this organization are dedicated to patient safety, quality improvement and the prevention of errors to promote optimal patient outcomes in a safe environment. While TPH leaders recognize the importance of maintenance of performance standards, they are always alert for opportunities to improve. By incorporating performance improvement, inclusive of information from patient safety initiatives, into personal management style, TPH leaders serve as role models for the entire organization. In addition, leadership has a responsibility to create an environment to facilitate employee involvement in patient safety and performance improvement.

Maria P. Christensen, PhD Chief Executive Officer
James Hollen, Deputy CEO-Support Services
Michelle Senni, Executive Assistant to the CEO
Faith Johnson, Deputy CEO-Clinical Services
Ahmad Intikhab, MD, Clinical Director
Julie VanHouten, Chief Nursing Officer
Frank Miller, Director, Quality Improvement
James Freeman, **Manager**, Human Resources
Chinwe Agba-Eluwa, Complex Admin, Drake
Deborah Howell, Complex Administrator, Lincoln
Monica Kelly, Complex Administrator, Travers
Tim Loesch, Complex Administrator, Raycroft
Nicole Waldron, PsyD, Acting Director of Psychology
Steve Hirsch, Director of Social Services
Sonja Myers, Director of Rehab Services
MaryJane Inman, Director of Pastoral Services
Katie Ziegenbalg, Supervisor, Clinical Dietitian
Sean Baker, Engineer-in-charge of Maintenance

Patient Safety Committee

The primary scope of the Patient Safety Program Committee is to promote patient safety by ensuring a process for the identification and analysis of Sentinel Events, Patient Safety Act Events, and “Near Misses”. To understand the causes and factors involved in the event, reduce risks of similar occurrences, and comply with mandatory reporting requirements, as outlined in TPH P & P 2.609.02, Sentinel and Patient Safety Act Events.

Action Plans Implemented to mitigate risks to patients based on the 2023 Root Cause Analyses and the Intense Analysis included:

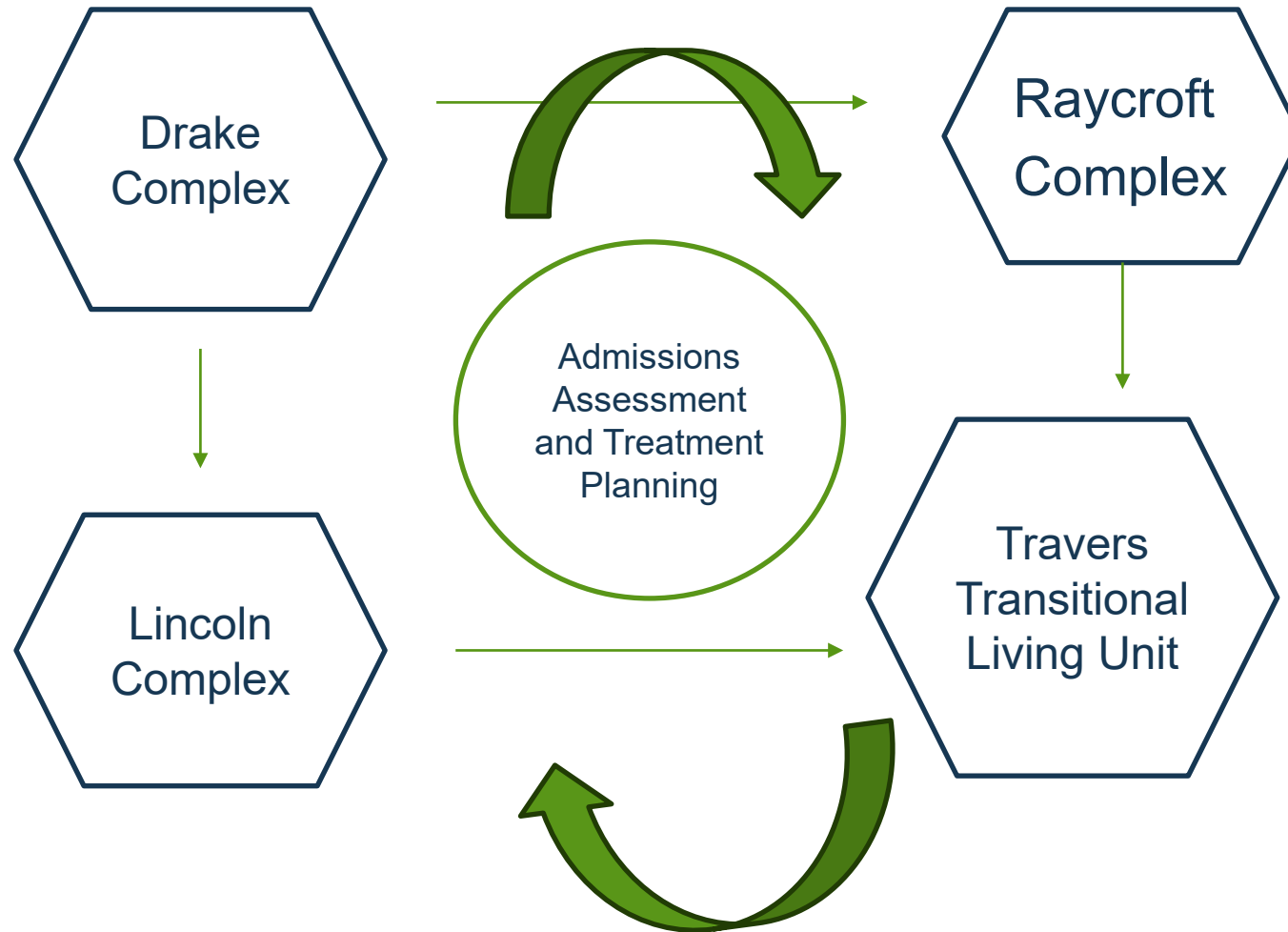
- Installation of a two-door swipe mechanism to gain entry/exit the Drake Complex.
- Implementation of Supervisory check-ins with Direct Care staff during their shifts to ensure they are following the observation order.
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- Development of formal training for staff concerning professional boundaries, and sexual abuse including key topics related to preventing, detecting, and responding to sexual abuse.
- Charge Nurses and direct-care staff be re-educated/retrained on the conduction of special levels of observation every six months and demonstrate competency.
- Annual in-person, scenario-based, unit-specific training for teams and nursing staff to include ongoing training in therapeutic options, restraint use, and special observation including handoff communication.
- Policy Change: Patient recommends a patient’s history of violence to self and others be captured and activated in the problem list upon admission and monitored for three months. If the patient is violence-free, the problem can be deferred/noted. However, if there is any episode of violence during hospitalization the problem must be reactivated.
- Reimplementing in-person psychiatric emergency mock codes consistently throughout the facility.
- The ad hoc group recommends that monitoring of the dayroom be included on the assignment sheet.

Admission/Commitment Process

- Admission and Commitment Process
- Upon admission, newly admitted patients receive an initial integrated assessment by members of our Admissions Treatment Team, which includes a physician and a registered nurse. The individuals are then assigned to a treatment team where they will receive clinical care for stabilization. Most patients admitted are under a regular involuntary commitment status and will have a court hearing scheduled within 21 days. Exceptions to a regular involuntary commitment, are patients admitted with a forensic status that may include the following: 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.
- Civil 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 a civil commitment Judge. Patients are represented, by attorneys from the Office of the Public Defender, or as provided by their county of residence. The Judge may:
 - Order a patient discharged,
 - Order a Conditional Extension Pending Placement (CEPP) status for individuals who no longer meet the standard for involuntary commitment, but presently have no appropriate placement in the community;
 - Order Involuntary Outpatient Commitment (IOC); or
 - Continue the patient's commitment.
- If the treatment team believes 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 (through the Court Coordinators office), and they may attend. You will receive notice via the mail. Patients admitted through the criminal justice system are assigned levels of privilege and/or discharged by court order only. They may be returned to jail or released to the community per the order of the Judge.

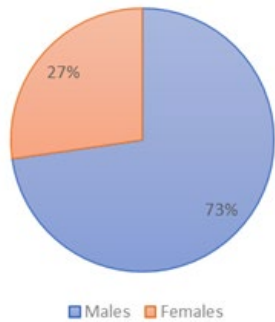
Trenton Psychiatric Hospital Patient Flow Chart

Patient movement occurs through out the 4 complexes. This is based on the patient's stabilization needs, increased levels and privileges in the least restrictive setting. Our patients may also be discharged anywhere in the flow chart when a discharge placement is obtained.

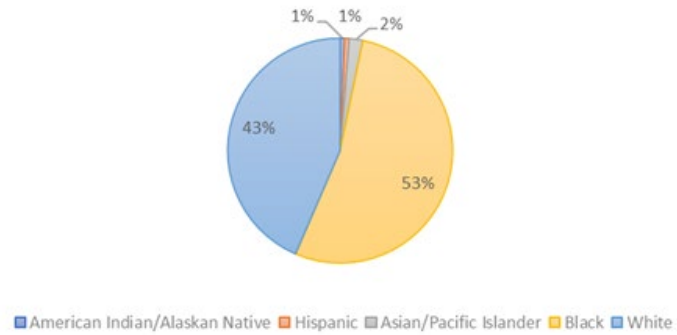


Patient Demographics

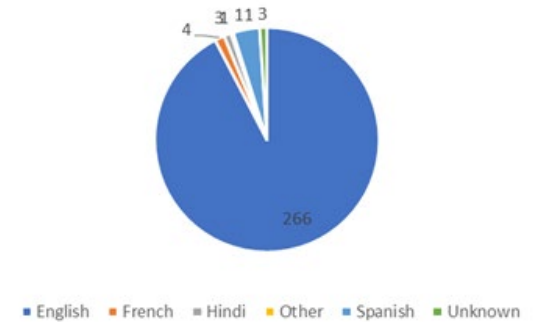
TPH Admissions by Gender
2023



TPH Admissions by Race
2023



Summary count by Primary Language
2023



Admission Age Groups

	2021	2022	2023
Total Admissions	195	193	154
Under 21 Years Old	12	9	11
Over 65 Years Old	0	1	2

Discharge by Facility Type

	2021	2022	2023
Total Discharged	221	190	146
Community Mental Health Center	54	34	36
ICMS/PACT	51	51	29
Group Home/RHCS/RIST/Resident	23	17	24
Correctional Facility	30	24	14
State Psychiatric Hospital	15	15	8
Out of State Psychiatric Hospital	7	4	0
Nursing Home	4	4	1
DDD	1	1	0
Other/Unknown	36	40	30

Units and Service Description

Drake



This is the point of entry for admission to the hospital, wherein everyone receives a thorough medical, nursing, and psychiatric assessment and they are asked about a psychiatric advance directive (PAD). During this process an initial treatment plan is formulated and the medical record containing an integrated assessment and personal safety plan are compiled.

The Drake Complex initiates the assessment and treatment process and strives to engage individuals in this process by collaborating with them in the development of their own personal recovery goals. It is the primacy of these goals along with the emphasis on rapid stabilization and reduction of acute symptomatology that drive treatment in the Drake Complex. This is accomplished through interdisciplinary team collaboration, person-centered planning and through the development of illness management skills.

Upon completion of the initial assessments, new admissions are assigned to one of the Drake inpatient units. On rare occasions, based on clinical factors, individuals may be transferred to a unit within another complex that better suits their treatment needs. Upon arrival to the unit, new admissions are assigned a treatment team consisting of a Psychiatrist, Physician Specialist, Registered Nurse, Social Worker, and Psychologist. In conjunction with the individual, the treatment team develops a comprehensive treatment plan, built upon the initial treatment plan and assessments.

Units and Service Description

Raycroft



The Raycroft Complex is comprised of four units, three of which are gender-specific and one co-ed unit. The units adhere to a person-centered, Wellness and Recovery treatment model. Patients are most typically admitted to Raycroft from The Drake Complex.

Individuals may also be sent to Raycroft from the Transitional Living Unit if he or she becomes psychiatrically unstable or a danger to self or others and cannot be safely maintained in an open setting. Additionally, a small percentage of patients are admitted from other New Jersey State Facilities, such as Ann Klein Forensic Center (AKFC). Patients coming from AKFC are typically stepping down from a higher level of security. Patients are also occasionally sent to or from the Lincoln Units, depending on clinical need.

Units and Service Description

Lincoln



The Lincoln Complex is comprised of three individual residential units as well as a Treatment Mall. Each of the units focus on Wellness and Recovery as the model of active treatment and offer evidenced based treatment that adhere to a person-centered model of care .

The treatment modalities include individual therapy sessions and skills training in group settings. Incorporated complex wide in our therapeutic approach is Behavior Support Technicians (BST), Individual patient Readiness Check- In by clinicians, Trauma Informed Care, Positive Behavior Support Unit (PBSU) and Substance Abuse Therapy.

Our unique Treatment Mall provides programming for individuals from three out of the four residential complexes, (Lincoln, Raycroft and Travers) by offering day, evening, and weekend programming. Through collaborative efforts, multi-disciplinary clinicians provide programming in the Treatment Mall to maximize individual treatment needs.

Units and Service Description

Travers



The Travers Complex is a Transitional Living Unit (TLU) made up of 12 Cottages. Individuals most appropriate for this program will transition from the locked units of the hospital.

The Cottages are the least restrictive setting at the hospital and the focus of treatment is skill development that promotes a successful transition back into the community. Upon transfer individuals are assessed and may be referred to the Nurse Monitored Medication Administration (NMMA) program. Through participation in the NMMA program, individuals learn to take their medications as prescribed with minimum oversight. The NMMA program contributes to decreased recidivism to the hospital as individuals learn all aspects of medication administration such as assessing the ability to read the label, open the bottle, identify the medication, and understand the indication for use and common side effects.

Travers Complex focuses on addressing the predictors of readmission back to the hospital, such as, medication non-compliance, substance use disorders, lack of socialization skills, independent living skills, vocational supports, supportive housing, supported employment, and/or case management and aftercare supports. There complex is comprised of cottages which are arranged similarly to residential group homes. The Cottages can accommodate between 5 to 8 individuals. Travers consumers are responsible for maintaining their living space through daily activities of daily living with the goal of building autonomy.

Treatment Team

Psychiatry

Violence Prevention remains a top priority at TPH. The High Acuity Review Panel (HARP) was established in 2021. The Violence Prevention Committee (VPC) has been working on reducing the number of assaults and minimizing the use of emergency chair restraints throughout the hospital

Medicine

All Physicians were actively involved in encouraging patients and staff to take the flu vaccine and the COVID-19 vaccine and booster doses. Department of Medicine is actively involved in the Code Blue drills every shift/every complex/every quarter with different medical scenarios, hospital Wellness Committee by assigning a physician specialist to be participate as an active member of the committee and in the Wellness Fair, and collaborating with Quality Assurance in monitoring data and providing feedback to physician specialists regarding timely completion of Annuals and H&P.

Psychology

Highlights include the CE/CME Committee, violence prevention, suicide prevention, psychology internship program and the neuropsychological assessment team.

Nursing

Nursing initiatives include improving the timeliness of communicating important information with staff, medication management, addressing the ongoing nursing shortages, partnership with Thomas Edison University in workforce development grant, and leadership development.

Pastoral Services

The Pastoral Services Department provides quality programming throughout the hospital designed to meet patient religious and spiritual needs. Our goal is to hold at least 90% of programming per month

Treatment Team

Social Services

While the main responsibility for the Social Services Department is discharge planning, there are numerous factors that go into this process which both Social Workers and Principal Social Service Aides (PSSA) directly address. Several of these factors, such as applying for guardianship, identifying and addressing immigration issues, and addressing legal issues, while out of the control of the Social Worker they nevertheless are instrumental in trying to solve the issues for the patient. More directly influenced by Social Workers are factors such as preparing the patient for a successful return to the community (through groups in the clinical formulary like Building Pathways to Community Living); or connecting patients with community services (through fostering the initial engagement between the patient and the agency and continued follow-up via in-person and virtual meetings between the two).

Nutrition

GOAL 1.0 Improve the Quality of Clinical Nutrition Services for Patients, especially patients at nutrition risk.

Rehabilitation Services

Rehab staff continue provide programming for most of the sessions on the Clinical formulary. Additionally, five Rehab Supervisors serve in the role of Fidelity Supervisors, offering monthly supervisions to clinicians with the support and partnership of Rutgers University consultants. The programs at TPH with Rehab involvement include Illness Management and Recovery (IMR), Vocational IMR (VIMR), Managing Difficult Life Experiences (MDLE), Tools for Moving On (TFMO), SMART Recovery and Readiness Check-In (RCI). Overall, with our strategic planning goals, we focus on high fidelity programs and high-fidelity Clinical Supervision that will produce good outcomes over time. The strategic planning goals track quality and implementation of the Fidelity Supervisions for all programs hospital to improve clinical effectiveness and the successful implementation of tools and strategies. This year, Fidelity Supervisors have effectively utilized these plans of action and have demonstrated retention of these efforts.

Trenton Psychiatric Hospital Strategic Goals

1. Active Treatment
2. Census Management
3. Violence Prevention
4. Workforce Development



Visitation

- Trenton Psychiatric Hospital staff encourages families and support persons to visit with patients safely. Visitors may contact the visitation hotline to schedule a convenient date and time to visit with a patient. A member of the Social Services staff will contact the visitor for visitation details, such as the day, time, and the name of the visitors. The visitor will receive a return phone call/e-mail with confirmation details for the visit.
- TPH Visiting Hours: Please be advised that visiting hours are scheduled during the block times listed below:
 - ✚ Monday through Friday--Evening visitation is scheduled from 6:30pm to 8:00pm. Please note, scheduled visitors may arrive between 6:30pm to 7:30pm. Visitors arriving after 7:30pm, will not be permitted entry as the processing time for the visit will have ended.
 - ✚ Saturday, Sunday, and Holidays--Visitation opportunities are as follows:
 - Afternoons visits on holidays and weekends are scheduled from 1:30pm to 3:00pm. Please note visitors arriving after 2:30pm are not permitted as the processing time for the visit will have ended.
 - Evening visits on weekends and holidays are scheduled from 6:30pm to 8:00pm. Please note visitors may arrive between 6:30pm to 7:30pm. Visitors arriving after 7:30pm are not permitted as the processing time for the visit will have ended.
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 - ✚ Scheduling the In-Person Visits:
 - Visits are prescheduled by contacting the TPH Visitation hotline.
 - Please leave a message with the TPH Visitation hotline at 609-633-1545 and the staff are happy to arrange a scheduled appointment.
 - When contacting the hotline, please leave a message with your name and a phone number where a member of the staff can reach you to discuss arranging a visit. Also please provide the name of the individual that you would like to visit.
 - Please let the hotline staff know if you are requesting special accommodation or visits outside of the available hours, so that the staff may assist you efficiently.
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 - ✚ PLEASE NOTE: The safety of the patients, staff, and visitors are the number one priority. In cases of inclement weather (storm with restricted movement on grounds) or clinical concerns; the visit may be rescheduled. Cancelled visits receive priority rescheduling.

Advocacy and Patient Rights

When people receive mental health services in a New Jersey State Psychiatric Hospital, their rights are guaranteed by State laws, TPH policy and the “Patient’s Bill of Rights.”

If the patient believes that he/she is being physically or mentally abused, then he/she should contact and report these complaints to the Patient Service Compliance Unit (PSCU) 24 hours a day, 7 days a week at: 1-888-490-8413.

Thank you

