

**ANCORA PSYCHIATRIC
HOSPITAL**

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

2022



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 the patients through observation of medical records, staff/patient interactions, the physical environment, and ongoing training.➤ In 2022, the QI Department started facilitating individual patient tracers with the Treatment Teams to review the overall patient care from admission to the present, which includes admission assessments, identifying high risk behaviors and mitigating interventions, initial discharge planning, patient programming needs, physician orders, the treatment planning process, and how the treatment and interventions are communicated to other staff for continuity of care.➤ As a result of the survey readiness initiative and the hard work of staff, leadership, and consultants in preparation of the Triennial Survey, Ancora Psychiatric Hospital had successfully attained Joint Commission accreditation with minimal findings and zero Conditions of Participation.➤ The QI Department implemented a new process to have leadership involved in the creation and implementation of the Plans of Correction in response to the Joint Commission Triennial Survey and future surveys.➤ To comply with the new CMS requirement for 2023, we have initiated the development of strategies to address potential health care disparities and inequities at the hospital based on existing data collection points. Current data that provides length of hospitalization and available community resources will be reviewed and reported with recommendations to hospital leadership. The goal is to improve hospital processes and communication with community providers to address areas where data supports existing healthcare disparities and inequities.➤ The QI Department in collaboration with consultants have outlined a robust Quality Improvement competency training to improve the skills and knowledge of our staff. Some of these trainings include Quality Assurance/Performance Improvement functionality, facilitating Root Cause Analysis, Failure Mode and Effects Analysis methodology, analyzing, and reporting data, and writing clear and concise reports
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<p>HEALTH INFORMATION MANAGEMENT (HIM)</p>	<ul style="list-style-type: none"> ➤ The New Jersey Department of Health’s Notice of Privacy Practices were revised. The revised document was distributed to all active patients and the Intake Packet was updated for incoming patients. ➤ The Active Filing Index was revised to maintain awareness and standardization of the hybrid medical record. The Filing Indexes now identify the chart forms that are maintained in the Physician Ordering Electronic System (POES) and no longer printed or filed in the active chart. ➤ The units’ Nurse’s Stations were re-standardized to ensure required forms and documents were up to date and current. This included a supply of chart forms that are normally completed electronically but are needed in case of a systems failure. ➤ Provided support and assisted the Division of Behavioral Health Services with the creation of the Chart Template Workgroup. The workgroup was responsible to establish a process for standardization of the chart form templates utilized by the State Psychiatric Hospitals. A process to maintain standardization and communication was also developed. ➤ Through the bidding process, HIM is utilizing a new vendor for the Record Room charts with a savings of over \$4 a folder. This is a total savings of \$8700 for the year. ➤ Assisted the Hospital with printing employee lab slips for the required bi-weekly Covid-19 testing
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<p>RISK MANAGEMENT</p>	<ul style="list-style-type: none"> ➤ Evaluate all incident reports for needed correction to process and/or equipment. ➤ Collect, calculate, and interpret incident statistics to determine areas of necessary improvement. Report results to focused committees for the development of action steps related to patient and staff safety and improvement. ➤ Utilize video surveillance to identify opportunities for support and enhancement. Assemble appropriate disciplines for video review. Make related recommendations for action steps and correction. ➤ Review all Worker’s Compensation incidents that can be viewed on video for potential process improvement and accurate reporting to Claims Investigators. ➤ Daily assessment of patient concerns, complaints, and grievances. Meet with the Office of Investigations to review complaints, identify deficiencies, and maintain patient care objectives.
<p>INFORMATION TECHNOLOGY (IT)</p>	<ul style="list-style-type: none"> ➤ The Information Technology Department has provided continued support for over 900 desktop and laptop computers and about 1500 staff accounts and service accounts. ➤ 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. Our network connection outside of the facility was moved to a new Wide Area Network Aggregator with a next-generation firewall, offering increased stability and security for our connections to other agencies and the Internet. Network monitoring was set up to allow OIT to be alerted in real-time when service outages happen and to better predict and remediate network hardware failures before they happen. Wireless access points were installed, replacing end-of-life wireless access points to provide better Wi-Fi coverage over a more secure connection. Network switching equipment was installed in Birch Hall and Cedar Hall to provide network connectivity for additional surveillance equipment. ➤ Additional network video recorders (NVR) were installed in Birch Hall, Cedar Hall, and Holly Hall to allow for additional camera connections. Ancora’s surveillance system was also configured to allow live video streaming to play with more fluidity and to export video recordings at a higher rate. ➤ The Ancora IT Department decommissioned six servers which will no longer receive critical security updates from Microsoft in 2023.

	<ul style="list-style-type: none"> ➤ Ancora, IT provided support for new clinical applications. Ancora’s blood glucose lab test system was upgraded and moved to a high availability server environment. Glucometers were also updated along with the system update. IT also assisted in restoring Ancora’s in-house radiology services. ➤ The Physician Order Entry System (POES) was further updated to streamline provision of care and reduce medication errors. ➤ IT has begun replacing Kyocera copiers 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. Nursing Leadership and Human Resources have worked collaboratively to expand hiring strategies by participating in in-person job fairs at Stockton University, Rowan University in collaboration with Gloucester County Workforce Development Mega Job Fair & an Open House at St. Francis hospital. HR prepared flyers and mailed out over 50 letters to nursing schools and Certified Nursing Assistant (CNA) training centers. ➤ The hospital continues to post vacancies on the Department of Health website and advertise monthly on Indeed.com. ➤ The HR Department has implemented the practice of in-person interviews again and on occasion provides virtual/phone interviews at Sycamore Hall. The office has on-boarded 53 new nursing staff members so far this year. ➤ The HR Department continues to utilize the Department of Health’s automated Behavioral Health Systems Tracking System and New Hire Track to eliminate paper processing and improve the workflow of hiring and personnel transactions. The office is currently utilizing a Medi-Track system to assist in tracking leaves of absences. ➤ HR continues to assist the Chief of Medicine with COVID-19 testing processes for staff within the established policies set forth by Federal and State guidelines as well as the Department of Health. ➤ The Payroll Department has migrated all non-nursing payroll processing to the NJ Electronic Cost Accounting & Timesheet System (e-CAT’s) which will allow for timesheet creation and approval, time tracking, leave management, budget accounting and payroll submission. The Nursing Department will migrate early in 2023. This system can be customized to support specific title codes

	<p>as well as activity codes to assist in the creation of Business Objects reports for analysis and review.</p> <ul style="list-style-type: none"> ➤ The Human Resource office has implemented a generic email address for non-urgent questions or requests, offers a lock box to drop off forms or notes 24hrs/7 days a week and continues to update the weekly Briefs to keep staff informed of job opportunities, policy changes, donated leave, pension information and informational memos.
<p>STAFF DEVELOPMENT AND TRAINING (SD&T)</p>	<ul style="list-style-type: none"> ➤ SD&T held 13 orientation classes in 2022, with a total of 135 new employees trained. ➤ During the 2022 Training Fair, over 1200 employees received training and training updates. Some highlights include QPR, HIPAA, and Ethics. ➤ Hearing Distressing Voices training continued in 2022 for all newly hired direct care clinical staff to help staff more easily empathize with APH’s patients. ➤ The Trauma Informed Care/Adverse Childhood Experiences Study Initiative continues in 2022 for all newly hired employees. Non-Clinical staff can receive this training upon request of their Department Head. Ø SD&T has held 37 Therapeutic Options part 1 and 2 refresher classes this year to provide Crisis Intervention Training to refresh over 200 employees. ➤ All buildings have completed Emergency Restraint Chair training and over 200 employees received a refresher class in 2022. ➤ 67 employees have been trained in Basic Life Saving (BLS) from the American Heart Association by SD&T in 2022. ➤ 178 employees have been trained in CPR, AED, and Basic First Aid from ASHI by SD&T in 2022. ➤ SD&T Began QPR and Keeping Patients Safe Suicide Prevention training in 2022. 13 classes were held with 135 employees attending. ➤ The training for Reporting and Investigating Patient Abuse and Professional Misconduct was updated to include the new power point presentation provided by Trenton
<p>FOOD SERVICES</p>	<ul style="list-style-type: none"> ➤ The Food Service department managed to continue to feed all patients on a regular basis as well as feed staff meals and or snacks, regularly on weekends. ➤ The department switched to all cardboard based containers in May, when ban on Styrofoam in the state of New Jersey went into effect. ➤ The department continued to provide fresh fruits and vegetables whenever possible to the patients. Special events continued over the course of the years despite staffing challenges, in total 31 events were held, for the patients with special menu items.

	<ul style="list-style-type: none"> ➤ Patient work programs resumed in September with opportunities for them to work in: the pot room, dish machine room, inventory, and ingredients. ➤ The department managed to match the menu generated in Trenton with some difficulty at times reaching out to alternate vendors for product. ➤ The department is in the process of purchasing 2 new dish machines as well as a pizza oven, and other items including new furniture.
<p>MAINTENANCE DEPARTMENT</p>	<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 2022, anti-ligature emergency phone replacements have been installed in Holly Hall dayrooms; anti-ligature locksets and hinges have been installed in all of patient care areas; Anti-Ligature toilets were installed in the main bathrooms of Larch Hall B, Birch Hall C and Birch Hall D, Ligature resistant fire pull stations were installed in Main Building. ➤ Other highlights: Preparation has begun to install a card access system on all the perimeter doors of Birch Hall, Cedar Hall, Holly Hall, and Larch Hall. ➤ LED lighting upgrades continued throughout the facility, areas completed this year include the ward areas of Birch Hall C, Larch Hall B, Ivy Hall Gym, and basement area, Anorage, and the Service Building. ➤ A Fire door replacement project is projected to start on 11/3/22, this project will repair, update or replaced approximately 144 Smoke/Fire Doors throughout the 5 residential buildings. ➤ Redundant LED lighting is being install in stairwells for patient and staff safety. Main Building is completed. ➤ Additional emergency outlets are being installed in all patient ward areas. ➤ All 4 of the shower room floors were replaced in Holly Hall ➤ Air conditioning upgrade/repairs were completed in the Larch Hall C Dayroom, and the Nurses Station and Medication rooms of Birch Hall, Cedar Hall, and Larch Hall. ➤ Electrical service line upgrades were complete from the Powerhouse to the Sycamore Hall building removing part of the old lead infrastructure. ➤ Maintenance has also had a large part in the ongoing Camera Upgrade and Relocation Project.

SAFETY DEPARTMENT	<ul style="list-style-type: none">➤ Indoor patient visitation was reinstated in January 2022. Since then, the total number of visitors per building and days of visitation have been incrementally increased to ensure safety of patients, visitors, and staff.➤ Metal detecting of all staff, patients and visitors entering Holly Hall has been reinstated. Security staffing is being obtained to increase the checks to include other patient occupied buildings.➤ Installed cables for CCTV system upgrades. Floor plans were updated to designate areas where increased video coverage is necessary. The updated plans facilitated the purchase of appropriate equipment and placement of cameras.➤ Safety whistles were distributed to all staff as an additional measure to alert for assistance in emergency situations. A protocol was developed regarding appropriate whistle use.➤ Fire Alarm Control Panels (FACPs) in Fern Lane, Laurel Lane, and the Powerhouse were upgraded to 5G wireless for improved emergency reporting capability.➤ A sprinkler system was installed in the Ivy Hall basement. ➤ A carbon monoxide monitoring system was installed in the housekeeping chemical storage room. The system monitors the ambient air in the room and notifies staff outside of the room to avoid the possibility of entering a hazardous area.➤ Collaborated with the Chief of Medicine and Maintenance to place sanitation stations outside Covid positive units for proper hygiene.
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BUILDING HIGHLIGHTS

<p>BIRCH HALL: ADMISSIONS UNITS</p>	<ul style="list-style-type: none"> ➤ Recovery and Reintegration (R & R) unit was developed and implemented on April 25th, 2022. The purpose of this unit is to reduce violence and property destruction on the “general” units and provide a more specific treatment intervention for patients in need of rapid medication stabilization and/or behavioral support. The Recovery & Reintegration (R&R) Unit’s is to reduce acuity through medication management quickly and to present patients with a lower demand environment, patients can stabilize with the aggressive or intrusive behaviors no longer presenting as a management issue. ➤ Will be used for patients that: <ul style="list-style-type: none"> ○ need to be transferred to AKFC due to aggression ○ need to be removed from their environment ○ patients who will benefit from low stimulation and low demands ○ a maximum of three patients at any given time ○ a length of stay will be 7-10 days
<p>MAIN BUILDING: GERIATRIC UNITS</p>	<ul style="list-style-type: none"> ➤ Despite the ongoing pandemic, the Geriatric Treatment Team and Rehabilitative staff continue to support on-going wellness, recovery, and census reduction. Active Treatment is delivered via the centralized geriatric mall on each unit with a variety of options available to support patient treatment and recovery goals. ➤ The Geriatric Mall Manager successfully organized and facilitated a Summer BBQ for the patients along with Treatment Team and Nursing support. The event was greatly received, and the patients participated in a socially distanced outdoor activity which included music, interactive learning , games with staff in an effort to promote on-going social skills, wellness, and recovery.
<p>CEDAR HALL</p>	<ul style="list-style-type: none"> ➤ Cedar Hall continues to maintain the COVID-19 Isolation Unit for Ancora. Any patients who have tested positive for COVID-19 are moved to this unit in adherence with Infection Prevention protocols. They are maintained in isolation for 10 days, then return to their native units. The Nursing staff on the Isolation Unit ensure that isolated patients continue to receive services from their Treatment Team using the Microsoft Teams platform. Cedar Hall Administration has worked with Rehabilitative Services to provide

	<p>resources such as tablets, books, and activities for patients in isolation. Treating clinicians from other units and buildings are provided with personal protective equipment for the option of in-person meetings and therapy sessions.</p> <ul style="list-style-type: none"> ➤ In September 2022, Cedar Hall was excited to host the first in person Client Council meeting since February 2020. The meeting was facilitated by the Patient Advocates Office and held in Cedar Hall’s fresh air yard. It was attended by patients from all three of our units. After the business of the meeting was conducted, our patients were able to take advantage of the beautiful weather that day. There was socializing, snacks, drinks, music, and even some dancing. ➤ Cedar Rehabilitative Services staff organized an Octoberfest for the patients, with creative activities and seasonal snacks, and have started sponsoring monthly SPIRIT Days. The intention of SPIRIT (Staff & Patients Interacting Respecting Interests Together) is to dedicate a day each month to celebrate milestones, as well as to create alternative opportunities for education through purposeful play, engagement, and entertainment. The hope is to increase unity(community) by collectively working together across disciplinary lines. ➤ Cedar Hall is home to the Positive Behavioral Support Units (PBSUs). Over the past year, the Behavioral Services Department, Cedar Hall Administration, and Support Services have worked together to re-vamp and refine the services provided to the patients on these units. New group content has been developed and implemented, new group spaces created, and patient centered incentives brought on board. ➤ Cedar Hall is ready to support Active Treatment programs as opportunities to expand become available. We have great space available for both small group therapeutic programs and large group recreation outside the residential units in the building. Cedar Hall proud to be able to support all our patients in their recovery journey
<p>HOLLY HALL</p>	<ul style="list-style-type: none"> ➤ Holly Hall introduced Staff Education & Support (SES) in July 2021 and has since expanded this process from its pilot stage to a full-fledge weekly format. The direct care staff from all four units meet with Nursing leadership to discuss issues/concerns related to their unit/shift; to share positive reinforcement stories to encourage staff morale; and practice mindfulness

	<p>activities to decompress and offer support towards one another.</p> <ul style="list-style-type: none"> ➤ In April 2022, Holly Hall launched the Special Instructional Services Unit (SISU) team. The primary focus is to support staff through two functions: proper training and unit staff support. The SISU team utilizes a ‘bank account’ method in which these instructors develop rapport with clients on the units, and through these relationships, attempt to preempt escalating behaviors and to help support staff during times of patient escalation and/or crisis. Our staff have been extremely receptive to the SISU team. ➤ During this year, Holly Hall has taken an active role in increasing our psychiatric code preparedness across all three shifts in the building. These mock codes are hosted by the SISU team with a greater focus on pre code de-escalation techniques. This has been met with great response and discussion from staff. ➤ Holly Hall resumed its building based therapeutic treatment mall that had been suspended due to Covid restrictions, and it reopened this past August. ➤ The largest undertaking for Holly Hall this year has been a complete therapeutic redesign for the building. Holly Hall has recategorized its treatment focus based upon diagnostic and legal histories. Holly A is now a competency restoration unit/detainer unit; Holly B has been designated as a low cognitive functioning forensic unit. Holly C has been designated a high functioning anti-social psychopathy forensic unit; and Holly D predominately houses patients that have been adjudicated Not Guilty by Reason of Insanity (NGRI).
<p>LARCH HALL</p>	<ul style="list-style-type: none"> ➤ The focus of Larch Hall remains patient focused stabilization and progression towards independent functioning a community reintegration. Larch Hall serves 106 patients and includes two female and two male units. ➤ Two of the Larch Hall units are in the process of expanding their patient population type. LHB now houses female forensic patients and female patients that are incompetent to stand trial (IST) offering the specialized treatment, Dialectical Behavioral Therapy (DBT) to those patients in addition to female patients diagnosed with Borderline Personality Disorder. LHD is transitioning to a step-down unit for male patients from Holly Hall who are resolving their legal issues and can progress from a secured care environment and trialing treatment in a less restrictive setting on hospital grounds.

	<ul style="list-style-type: none">➤ Larch hall is excited about the advances being made with patient programming. The reopening of the centralized treatment mall for level 3 patients, preparing them for discharge, further validates the efforts the patients have been putting into their treatment and progression towards community reintegration. Meanwhile, a Larch building reorganization has created program space, in the building for the first time, for level 2 patients to attend off unit programming, preparing them to obtain level 3 and programming in the centralized treatment mall.➤ Lastly, Larch Hall is happy to note that LHB underwent a complete HVAC system overhaul. It is also important to note Larch Hall's in-person visitation is being held 5 days/week. Visitations to Larch Hall for the past 3 months have averaged 33 family visits which is so welcomed by the patients. There are plans to expand visitation to Larch Hall to 7 days per week starting in 2023.
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CLINICAL SERVICES HIGHLIGHTS

<p>ADVOCACY</p>	<ul style="list-style-type: none"> ➤ In August a new Client Services Representative was recruited and has a background in behavioral services, bringing enthusiasm to the Patient Advocates office. ➤ In September the first Client Council Meeting was held since the COVID pandemic in 2019. These meetings were temporarily paused to curb the transmission of the COVID. ➤ In November the first facility wide Client Council meeting was held since the COVID pandemic began in 2019. This meeting included patient representation from all patient care buildings and patients were able to voice their concerns and suggestions about the care they receive at Ancora. ➤ Four (4) Virtual Family Connections meetings were held this year and included guest speakers, who discussed new programming initiatives and positive trends with concerned family members. ➤ As a result of patient safety monitoring standards that started in 2021 and in an ongoing effort to reduce harm to patients, in 2022 the Advocates Office instituted a new standard regarding the length of time I.M. orders can be written for IMAR patients. A 7-day only order has been implemented to closely monitor the number of I.M. injections given to IMAR patients.
<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 2022 Achievements include: <ul style="list-style-type: none"> ○ The Department of Psychiatry is actively recruiting for Board Certified Clinical Psychiatrists. As of 12/05/2022, the department continue to utilize a total of 4 psychiatric nurse practitioners to help address staffing challenges. ○ Continuation of clinical reviews: 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. ○ The department of psychiatry continues to champion innovative treatment modalities such

	<p>as Ketamine, ECT, and newer treatments of medication side effects.</p> <ul style="list-style-type: none"> ○ Ancora is the first state hospital to review medication by an outside consultant to help reduce patient medication load (if feasible) and avoid unnecessary medications. ○ The department of psychiatry is working with the department of medicine and has helped to encourage patients to get the COVID vaccine. This has resulted in a very high number of patients getting the COVID Vaccine. ○ The psychiatrists are more engaged with the Department of medicine in collaboration with not just psych care but medical care. For example, getting guardianships for patients too mentally ill to understand medical treatment needed. ○ The department of psychiatry remains using the Provider order entry system (POES) ○ Ancora is the first hospital of the NJ state psychiatry hospitals to have a fully integrated electronic order entry system (POES). This has resulted in a marked drop in medication order errors and easier tracking of medication trends. <p>➤ Department of Medicine 2022 Achievements include:</p> <ul style="list-style-type: none"> ○ The Department of Medicine is actively recruiting for physicians. ○ Integration continues the Electronic Medical care plans into Master Treatment Plan with long and term goals. Medical. ○ Implementation of POES (Physician order entry system) continues and evolve to streamline provision of care and reduce medication errors ○ COVID19 – The Infection Prevention Department continues to play a major role under the Supervision of Chief of Medicine, who contuse to work tirelessly in prevention education and vaccinating patients and staff against COVID-19. ○ All the services under Department of Medicine continue to work collaboratively with Infection Prevention to reduce the spread of infection among patients and staff and vaccination against covid19. ○ Influenza Vaccine – The Flu vaccine has been mandated for staff to reduce the rate of Influenza among employees and patients. Strategies used to improve vaccine compliance include mobile clinics.
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<p>NURSING DEPARTMENT</p>	<p>The Nursing Department developed, instituted, implemented, and continued ongoing department projects for 2022 as follows:</p> <ul style="list-style-type: none"> ➤ Changes in Nursing Leadership (Appointed CNO and added new DON). ➤ Nursing leadership reinstated in-person employee rounding. ➤ In the process of developing Nursing On-Unit programming, for level 1s and 2s. ➤ Implementation of the Rest and Relaxation unit in Birch to care our most difficult patients in crisis. ➤ Nursing continues to collaborate with other clinical staff with our high acuity patients ➤ Nursing supported the initiation of the SISU team. ➤ Nursing supported the initiation of the safety whistle protocol hospital wide. ➤ Increased communication with Virtua Hospital via Nurse-to-Nurse report for a better transition of patient care. Virtua is alerted in advance of safety measure and needs of our patient prior to their arrival to the general hospital. ➤ The exiting of nurses and support staff continues to decrease, and recruitment and retention of nursing personnel continues to increase. The following measures were implemented to assist with staffing challenges: <ul style="list-style-type: none"> ○ Increased the per diem rate on the weekends ○ Utilizing full potential of the compendium when hiring new nurses. ○ Redesigned the hiring process and currently including nursing in the interviewing process. ○ New criteria were developed for evaluating of staff, with the purpose to increase the conversion of temporary employees to fulltime. <ul style="list-style-type: none"> ▪ Goal is to increase staff to reduce unwanted overtime. ➤ Increased training for agency nurses. ➤ Ongoing is the continuation of Mock Medical Emergencies Drills. ➤ Added Mock Psychiatric Emergency Drills as a training component. ➤ Nursing continues to work with the IT Department on the development of an Electronic Health Record.
<p>PSYCHOLOGY</p>	<ul style="list-style-type: none"> ➤ Psychologists have increased providing individual and group therapy. They continue to provide assessment services ranging from intellectual and personality testing to risk assessment. Psychologists assess for risk of patient violence and self-harm and create safety plans for patients to mitigate those risks. ➤ Psychology has continued to maintain the American Psychological Association accredited predoctoral

	<p>internship training program preparing interns to become future psychologists. The APH internship has expanded to 5 days per week in 2022. This allows more clinical services to be delivered to our patients. The current intern class is working on improving workplace safety in the hospital. The prior intern class (ending June 2022) provided resources to staff to assess patients who present risks for fire setting.</p> <ul style="list-style-type: none"> ➤ Senior Licensed Psychologists are providing supervision for Early Career psychologists who are pursuing NJ licensure (i.e. Postdoctoral supervision). This supervision assists in insuring that APH patients are receiving the highest standard of care. ➤ Psychology staff are continuing to participate in training to keep staff aware of new developments in research and risk assessment. They participate in ongoing colloquia collaborating with psychologists throughout the State system. ➤ Psychology staff have increased collaboration with Board Certified Behavioral Analysis to prepare behavioral plans to assist patients who are struggling with maladaptive behavior.
<p>BEHAVIOR SERVICES</p>	<ul style="list-style-type: none"> ➤ Behavior Support Plans and Contracts: In the year of 2022 the behavior analysts have written 28 Behavior Support Plan and 21 patient contracts throughout the hospital. With the help of behavioral Interventions 10 patient from Cedar Hall were discharged. There are currently 6 patients on CEPP status receiving Behavioral Services. ➤ STARS Program Revamp: The STARS (Supportive Treatment Actively Reinforcing Success) program was revised twice. To provide reinforcement schedules. Each patient on Cedar D & B was provided individualized behavior contracts with the exception of patients who have Behavior Support Plans. These contracts capture how often the patients earn based on the number of incidents that patient engages in or if the patient needs motivation to attend programs, increase hygiene skills, or increase social skills etc. This process change allowed for Behavioral Services to structure the delivery of reinforcement to fit each patients' individual needs. ➤ Expansion of Behavioral Services: Due to the success of Behavior Support Plans and Behavioral Contracts in other units across the hospital., Behavioral Services developed a Behavioral Services Referral process to facilitate throughout the hospital. This allows the behavior analyst and the behavior support technician to provide services/consultation to treatment teams who feel behavioral Interventions would benefit their patients.

<p>REHABILITATIVE (REHAB) SERVICES</p>	<ul style="list-style-type: none"> ➤ The Rehab Department opened and reinstated the following areas programs and events for 2022: <ul style="list-style-type: none"> ○ Reopened the Fern Lane program home, and the program is running 4 days a week ○ Opened the the M2, Holly and Cedar mini malls, and programs are running. ○ The Maple Hall Centralized Treatment Mall re-opened, and currently 72 patients are scheduled to attend daily ○ Rehab Department hosted the following hospital events for 2022: Fall Festival, Winter Wonderland, and Holiday Show ○ The Rehab Department assisted with the Sensory Initiative employee orientation training, developed for all four psychiatric hospitals ○ The Rehabilitation Services Activity Interest Survey (RSA), which is computer based was instituted. The RSA was also updated to match the clinical formulary. ○ The Anorage was reopened in the evenings for patients and families ➤ Addictions Services Department initiated, reinstated the following programs and trainings for 2022: <ul style="list-style-type: none"> ○ The Healthy Living Groups program was reinstated. ○ All staff were trained to be SMART Recovery Facilitators. ○ Each new patient that is admitted, with a co-occurring disorder history, is assessed using the ASAM criteria, and treatment recommendations are made based on these criteria and provided to the Treatment Teams. ○ A 2-week pilot for Intensive ASAM Relapse Prevention was implemented on Holly D. 9 Patients were enrolled, and 7 patients successfully completed this program. Patients that completed were provided with a certificate of completion and enjoyed a graduation luncheon. ○ Addition Services is currently running SMART Recovery, ASAM, and TAMAR Programming. ○ Addiction Services staff complete Life Events screenings for patients within the first month of their admission. ○ Addictions staff complete relapse prevention plans and provide patients with community resources before discharge.
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	<ul style="list-style-type: none"> ○ Addictions staff schedule weekly Alcoholics Anonymous guest speakers in Holly Treatment Mall. ○ Addictions staff schedule and take patients on weekend trips (Saturdays and Sundays) to off grounds 12 Step meetings. ○ Staff Substance Abuse attend trainings and weekly meetings.
<p>SOCIAL SERVICES</p>	<ul style="list-style-type: none"> ➤ From January to October 2022, there was a total of 248 discharges from APH. Many patients were discharged to Division of Mental Health Addiction Services (DMHAS) Housing facilities which include supervised and supportive housing settings. Thus far, about 33% of those were discharged to a DMHAS funded placement which includes Community Support Services (CSS), previously known as Supportive Housing, which accounted for approximately 5% and Supervised Placement such as an A+ or A Level Group Home which accounted for approximately 28%. About 25% of APH’s patients were discharge to private residence with family or self-managed. Approximately, 19% of the discharges were to Congregate Care Setting such as a Residential Health Care Facility or Boarding Home. Despite the challenges we have faced related the pandemic, APH Social Services Department has utilized all resources available to assist with community reintegration. Video and Teleconference continues to be utilized to connect with community providers and assist with facilitating discharges and provider engagement. In person tours and day passes have also resumed, to transition patients into the community. ➤ The Community Access and Reintegration Entity (C.A.R.E.) Unit continues to work with unit Social Workers on obtaining identification for patients to assist with community reintegration. Thus far in 2022 there have been 94 referrals for a replacement document to assist with obtaining photo identification which can include a Birth Certificate or Social Security Card. The unit continues to work diligently on managing the procurement of these documents to assist with discharge needs. ➤ Social Workers continue to work in collaboration with the interdisciplinary Treatment Team and community providers to assist with discharge planning and continue to serve as the liaison between community providers, family, and the treatment team.