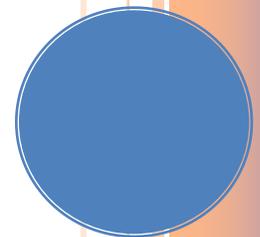


# ANCORA PSYCHIATRIC HOSPITAL

*ANNUAL REPORT TO THE BOARD OF TRUSTEES*

2020





# Ancora Psychiatric Hospital

## *ANNUAL REPORT TO THE BOARD OF TRUSTEES*

### 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><b>QUALITY ASSURANCE/ PERFORMANCE IMPROVEMENT</b></p>	<p>The Quality Improvement (QI) Department recognizes the importance of promoting safety and providing quality care to our patients through a continuous systematic and analytical approach to performance improvement.</p> <ul style="list-style-type: none"> <li>✓ The QI Department continues to review Joint Commission Standards and Centers for Medicare and Medicaid Services (CMS) regulations to assess Hospital compliance with those standards. The QI staff complete gap analyses and work with Discipline and Department Leaders to develop action plans to meet those standards and regulations.</li> <li>✓ The QI Department assists in the facilitation of quality improvement activities at the building/unit level; to improve the safety and quality of patient care and to provide information to staff on maintaining a</li> </ul>
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	<p>continuous state of survey readiness with CMS Regulations and Joint Commission standards.</p> <ul style="list-style-type: none"> <li>✓ The Ongoing Utilization Review and Record Reviews performed by the QI Department assists Discipline and Department Leaders in identifying areas in need of improvement, development of actions plans and monitoring of compliance with those plans.</li> <li>✓ The QI Department continues to review documentation compliance with high risk medications, National Patient Safety Goals, falls, restraints, assaults, and several high-risk patient behaviors to ensure compliance with Hospital policies, Joint Commission Standards, CMS regulations and Division Administrative Bulletins and to assist with the facilitation of plans of improvement.</li> <li>✓ The QI Department also continues to utilize the “close the loop” process on plans of corrections that are developed, by creating Dashboards with outcome measures and reporting progress or lack of progress at Quality Assurance Quality Improvement (QAPI) meetings.</li> </ul>
<p><b>HEALTH INFORMATION MANAGEMENT (HIM)</b></p>	<ul style="list-style-type: none"> <li>✓ The unit Nursing Services Clerks were reassigned to the HIM Department to ensure standardization of the clinical record as well as compliance with standards.</li> <li>✓ The Transcription Unit was reassigned to the HIM Department and in coordination with the Information Technology (IT) Department, the transcription services were outsourced. One transcription staff member continues to act as a liaison for our Physicians.</li> <li>✓ With assistance from the Birch Hall Building Administrator, the Readmission Packet process was streamlined and the Intake procedure was revised. Also, in order to improve continuity of care, a process was implemented so that the Initial Assessments (Medical, Nursing and Psychiatry) are now scanned and uploaded to the Patient Portal. This task is completed by the Intake Unit to</li> </ul>

	<p>ensure timeliness of documents added to the Patient Portal.</p> <ul style="list-style-type: none"><li>✓ The HIM Department provided support and assisted in the development and implementation of the Session Progress Note. The Session Note will improve the timeliness of documentation upon completion of attend sessions, both individual and group. A Summary Note is also completed weekly/monthly according to the patient's tickler due date listed on the Routine Minimum Chart Schedule.</li><li>✓ The HIM Department provided support and assisted in the revision and implementation of the Division of Behavioral Health Services' Administrative Bulletin 3:41: Screening, Assessment, Management, and Treatment of Suicidal and Non-Suicidal Self-Directed Violence.</li><li>✓ The HIM Department provided support and assisted in the development and implementation of a system to communicate effectively and timely with Physicians in order to ensure compliance with completion of Discharge Summaries.</li><li>✓ In coordination with the Nursing Department, the HIM Department continues to ensure compliance and standardization with documentation; the back-up boxes are maintained and updated to reflect progression with the Patient Tracking Database and POES.</li><li>✓ In coordination with the Rehabilitation Department, the HIM Department continues to coordinate the services provided by the Print Shop (Patient Group Program) to the Hospital to ensure compliance with completed projects and documents utilized throughout the Hospital. In the Print Shop, patients are taught a skill set that is valuable to the Hospital and can benefit the patient after discharge. Ongoing assignments include: the Hospital's Intake Packets; Department/ Discipline Manuals; Annual Training Packets;</li></ul>
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	<p>and fulfilling staffs' Print Shop request on a daily basis. The HIM Department ensures compliance of work by ensuring the Print Shop has the up to date and standardized documents so the program can operate efficiently and effectively.</p> <ul style="list-style-type: none"> <li>✓ The Medicare Part B/Prior Authorization Unit initiated a workgroup to increase compliance with Core Measures that included Social Services, Addiction Services, Information Technology Department and the Office of the Medical Director.</li> </ul>
<p><b>RISK MANAGEMENT</b></p>	<ul style="list-style-type: none"> <li>✓ The complaint/grievance process has been reorganized in order to more accurately align with executive policy and procedure.</li> <li>✓ Additional Patient Advocate interaction and availability to patients through increased time spend on unit.</li> <li>✓ The Incident Review Committee members continue to assist the Patient Advocates in reducing the amount of non-abuse Patient Service Compliant Unit reports.</li> <li>✓ The Risk Manager and the Deputy CEO continue to focus efforts of the Violence Prevention Committee to support the Hospital's goal in reducing assaults.</li> <li>✓ The Risk Management (RM) Representative continues to contact those employees who have been or could have been affected by a traumatic event and continues to monitor the use of the Oasis Room. This same RM Representative reports monthly to CEO Staff suggestions/recommendations that were made to him by the staff who were involved in a traumatic event to help improve the Hospital.</li> </ul>
<p><b>INFORMATION TECHNOLOGY (IT)</b></p>	<ul style="list-style-type: none"> <li>✓ The IT Department assisted many areas of the Hospital with improving current processes with updated technology while also introducing new technology to promote telehealth during COVID-19 pandemic. Projects included the continued migration from Department of Human Services to Department of Health. Phase two, which consisted of the migration of 600+ computer</li> </ul>

workstations, was completed. This phase also included the upgrade and replacement of several software products including Inovar Staff Scheduling, QuickBooks, and development of internal warehouse request system. Planning for the next phase which consists of consolidation and centralization of file servers has also begun. To improve staff communications, the upgrade of all staff cell phones from the Verizon 3G network to 4G network was completed.

- ✓ In response to COVID-19, the IT Department was responsible for providing a variety of telehealth services to our patients and staff. Some of these projects include: creation of socially-distanced office space for staff, assist with establishment of tele-court processes which includes continued coordination of laptop/mifi equipment for all patient court appearances (i.e., civil commitment, CEPP, Krol, etc.), assist with purchase and perform installation of additional Xbox games for patient activities, coordinate purchase and assist with installation of additional patient tablets to allow even more patients to attend program activities remotely, coordinate purchase and assist with implementation of video-enabled tablets for the patients to virtually attend program activities occurring off the unit, assist with purchase and installation of webcam monitors for staff to participate in meetings with staff, patients and families and to provide family/patient contact when visiting hours were not being held, coordinate and provide continued support to approximately 225 staff to remotely access desktop while working from home on staggered shift schedules, creation of Virtual Visitation Database to track virtual visits for patients with families. Information Technology Department also assist with purchase and implementation of staff alert system that can provide mass text alerts when needed.

	<ul style="list-style-type: none"> <li>✓ The Information Technology Department developed and implemented the first phase of an electronic health record hospital-wide which included medication and ancillary ordering, electronic restraint orders, electronic special observations and Dynamic Appraisal of Situational Aggression (DASA) tracking initiative. These modules not only addressed several Joint Commission/CMS citations but will also improve patient safety by reducing the number of medication errors, transcription errors, missing documentation and other types of issues which occur from a paper-based system. In addition, these feature the completion of physician ordering remotely rather than in person which also invaluable during the pandemic. The development and implementation of electronic medication administration recording is currently in progress.</li> <li>✓ Other projects included modifications to electronic progress note and addition of electronic dental notes as part of treatment plan in order to meet CMS requirements, inclusion of Columbia Suicide Risk Assessment on Discharge and Aftercare plans, assistance with implementation of standardized dictation services utilized by all four NJ state psychiatric hospitals, and assistance was provided to the Business Office with developing an application to address check fraud monitoring.</li> </ul>
<p>HUMAN RESOURCES</p>	<ul style="list-style-type: none"> <li>✓ The Human Resources (HR) Department continues to improve per diem hiring activities. We continue to use on-line and college web sites specifically geared to direct care and professional positions. We have increased staff working on Nursing staff recruiting. The Nurse Recruiter who handles background checks and reference verifications, now reports directly to HR. We have expanded our outreach to include additional Nursing schools and Certified Nursing Assistant training centers.</li> </ul>

	<ul style="list-style-type: none"> <li>✓ The HR Department is utilizing the Department of Health HR Tracking system which eliminate the paper processing of new hires and promotions. This automated system has improved the tracking and approval of personnel transactions.</li> <li>✓ The HR staff have taken on the responsibility of monitoring COVID-19 testing within the established policy set by the Department of Health and new Federal and State guidelines.</li> <li>✓ The HR staff involved in the review of Americans with Disabilities Act accommodations is now part of a Department wide network established to ensure compliance. In the coming year a newly established employee leave database will be created through the Department of Health that will include all four of the Behavioral Health facilities.</li> </ul>
<p><b>STAFF DEVELOPMENT AND TRAINING</b></p>	<ul style="list-style-type: none"> <li>✓ Staff Development and Training has held 11 orientation classes so far this year, with a total of 187 new employees trained.</li> <li>✓ During the 2020 Training Fair, 1650 employees received training and training updates on an array of topics.</li> <li>✓ Hearing Distressing Voices” Training continued in 2020 for all newly hired direct care clinical staff.</li> <li>✓ The Trauma Informed Care/Adverse Childhood Experiences Study Initiative continues in 2020 for all newly hired employees. Non-Clinical staff can receive this training upon request of their Department Head. Currently all Maintenance and Food Service Workers who visit the patient care units have being trained.</li> <li>✓ All Senior Human Services Technicians received Trauma Champion Mentor Training and will be scheduled to attend a four day Therapeutic Options Intensive Training in 2021 to grow the Trauma Informed On Unit Response Staff (TOURS) Team so that there is at least one team member on every unit, on</li> </ul>

	<p>every Shift. Our goal is to reduce restraints, assaults, injuries hospital-wide.</p> <ul style="list-style-type: none"> <li>✓ Emergency Mobile Restraint Chair Training began in 2020. Currently Cedar Hall Staff have received this training and are currently using the Emergency Mobile Restraint Chair. Larch Hall Staff are currently being trained with a target date of December 2020 for completion. Once all Larch Hall staff has received training the Emergency Mobile Restraint Chair will be deployed. Holly Hall Staff will begin to receive Emergency Mobile Restraint Chair Training in January 2021, with all staff trained in Emergency Mobile Restraint Chair use by the end of 2021.</li> </ul>
<p><b>FOOD SERVICES</b></p>	<ul style="list-style-type: none"> <li>✓ The Food Service Department continues to provide meals to patients as well as staff during the first wave of the COVID-19 pandemic. Area restaurants participated in this as well as Food service preparing some of the meals that were served to the staff. This was accomplished with all three shifts being served on a rotating basis.</li> <li>✓ The Food Service Department managed to provide a revised schedule for the majority of the staff in the department with the exception of the temporary employees and the 80% part time workers separating into two teams to reduce the potential spread of the virus. Each team on both shifts worked four days then the other team worked four days and this continued through the first wave of the pandemic and then was brought back as needed. This did not compromise the meal delivery process to the patients and staff.</li> <li>✓ The Food Service Department increased their emergency supply of food to ten days from the previous five day supply because at times it was difficult to procure certain food items necessary to meet the state wide standardized menu.</li> <li>✓ The Food Service Department continued to provide fresh vegetables and fruits on the menu as well as whole grain breads and</li> </ul>

	<p>cereals. The department continues all same day scratch cooking, avoiding processed and premade foods such as lasagna and Salisbury steaks.</p> <ul style="list-style-type: none"> <li>✓ Both cafeterias were shut down for eat-in dining at the end of March. The employee cafeteria was open at the lunch meal for take-out service. Styrofoam containers were used in the employee cafeteria. All patients received trays on their assigned units. . The use of all trays eliminates patient selection and therefore requires increased food production.</li> <li>✓ The hiring process continued this year with interviews being done via the telephone during the pandemic.</li> </ul>
<p><b>MAINTENANCE DEPARTMENT</b></p>	<ul style="list-style-type: none"> <li>✓ 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 2020, anti-ligature emergency phone replacements were been installed in Larch Hall and Cedar Hall dayrooms and in all Tunnel areas; anti-ligature locksets and hinges have been installed in 80% of patient care areas; anti-ligature lighting covers have been installed in Birch, Cedar, Holly, and Larch Halls; anti-ligature bathroom stall doors, bulletin board covers, outlet covers, and fire system horns and strobes have been installed in all patient units. Outlets have been relocated and all medical equipment cords in patients rooms were shortened to 12 inches or less.</li> <li>✓ Other highlights include completion of repairs to the roof in Holly Hall and to the Powerhouse, additional electronic card access in various areas, and structural repairs made to the chlorination building. Additional sidewalks were installed and repairs were made to others on Hospital grounds. New canopies were installed along the entrance walkways of Birch Hall and Cedar Hall</li> </ul>

	<ul style="list-style-type: none"> <li>✓ Four sheds were installed for storage of personal protective equipment supplies and office space in Cedar Hall and Holly Hall was created for employees for COVID-19 separation precaution. Additionally, Birch Hall B was converted from a Treatment Mall to a patient care area.</li> </ul>
<p><b>SAFETY DEPARTMENT</b></p>	<ul style="list-style-type: none"> <li>✓ The Safety Department continues the oversight of Hospital safety and security initiatives. Hospital safety and security is maintained through the management and tracking of: emergency response and communications, contracted security, hazardous materials and waste, fire safety, utility testing, video surveillance, safety data sheets, pre-construction risk assessments, bi-annual environment of care rounds, product reviews, anti-ligature project tracking, and employee accidents. The Safety Department is currently in the process of hiring and training internal security personnel which is intended to facilitate more comprehensive and cost effective security services.</li> </ul>

## BUILDING HIGHLIGHTS

<p><b>BIRCH HALL: ADMISSIONS UNITS</b></p>	<ul style="list-style-type: none"> <li>✓ In August, the Institutional Trade Instructor (ITI) was assigned to the Birch Hall-Admission unit. The ITI was assigned to work specifically with patients needing support in their laundry skills. Patients were referred to the laundry program several ways: the Nursing staff or Treatment Team may know which patients are disorganized in their management of clean and dirty clothes, the social workers may know which patient's may benefit due to the expectations of their discharge placements, or the patient him/herself may ask for assistance in learning laundry skills. This assignment includes, but is not limited to: <ul style="list-style-type: none"> <li>➤ Training patients to operate washers, dryers and other equipment.</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>➤ Assistance in planning the personal laundry program and assistance in carrying out all phases of the work including skills training and education to the patients.</li> <li>➤ Assistance in scheduling workloads for various machines and assigning patients to ensure maximum use of equipment.</li> <li>➤ Teaching patients methods used in folding clothes and loading and unloading machinery.</li> <li>➤ Training patients to use detergent to achieve sanitary results with a minimum of strength loss to linens and garments.</li> </ul> <p>✓ Since the COVID-19 pandemic, many staff were working remotely from home and did not have access to the patient chart to review the initial assessment when formulating the Treatment Planning. The Building Administrator, Health Information Management, Medicine, Nursing, Social Services, Psychiatry, and Psychology worked together to review the re-admission packet request form to reduce the number of requested documents that can be accessed through the Patient Portal, as well as the Intake staff up loading all initial assessment into the Patient Portal for staff working remotely to access for Treatment Plan formulation.</p> <p>✓ During the beginning of the pandemic, all new admissions were admitted to Birch Hall D for quarantining for up to 14 days before being transferred to their treating unit. “Who To Go To” was re-implemented based on the concerns at the Town Hall Meeting regarding the patients feeling cut off from their service providers on the pre-admission unit. All new admissions receive names and telephone extensions of their Treatment Team members, and other pertinent information. This initiative helped the new</p>
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	admissions feel more empowered and less isolated.
MAIN BUILDING: GERIATRIC UNITS	<ul style="list-style-type: none"> <li>✓ The introduction of a new Administrator for Main Building/Geriatric unit occurred in September of 2020. The consolidation of the two Treatment Teams was completed in September due to a significant reduction in patient census in an effort to maintain the health of this vulnerable population amidst the pandemic.</li> <li>✓ The Geriatric Census Reduction Initiative and Statewide Team Evaluators for Placement Services (STEPS) team provided valuable assistance in reducing the census to one patient per bedroom. Ancora Psychiatric Hospital continues to work in collaboration with the community and STEPS on this initiative.</li> </ul>
CEDAR HALL	<ul style="list-style-type: none"> <li>✓ The Positive Behavior Support Units (PBSU) on Cedar Hall B and D continue to provide individualized behavioral support to patients in a structured token economy setting. The PBSU is refining the tracking database to show individualized trends, allowing for better treatment decisions based on data, rather than averaged numbers.</li> <li>✓ Early in the year, patients from Cedar Hall D were transferred to Cedar Hall A due to a remodeling project on Cedar Hall D. In March 2020, the remodel was completed and the patients returned to their home unit.</li> <li>✓ In response to the first patient testing positive for COVID-19 in late March, the then vacant Cedar Hall A was converted to an isolation unit. Cedar Hall was the first building at APH to manage and distribute personal protective equipment, designate areas for donning and doffing, and utilize Microsoft (MS) Teams as the virtual platform to keep Treatment Teams providing services to their patients who were on isolation.</li> </ul>

	<ul style="list-style-type: none"> <li>✓ Cedar Hall was the first building at APH to create a room with computer workstations at appropriate social distancing so staff without designated office space, such as Rehab and Behavioral Services, could safely participate in meetings utilizing MS Teams platform. Remote Treatment Team rooms were created where the team members could collaborate safely with each other, keep foot traffic on the units to a minimum decreasing potential exposure, and meet with patients virtually for treatment planning.</li> </ul>
<p>HOLLY HALL</p>	<ul style="list-style-type: none"> <li>✓ The Safewards Model initiative (a set of conflict and containment interventions for inpatient psychiatric units) were introduced to the Hospital in 2018 and the program continues to be incorporated into the therapeutic milieu of the Holly Hall units. There are ten Safewards initiatives associated with Safewards: Clear Mutual Expectations, Soft Words, Talk Down Methods, Positive Words, Bad New Mitigation, Reassurance, Mutual Help, Know Each Other, Calm-Down Box Methods and Discharge Messages. All disciplines are involved in the program and continue to support and maintain its implementation. Staff and patients participate in the promotion of the interventions to improve the safety measures of Holly Hall.</li> </ul>
<p>LARCH HALL</p>	<ul style="list-style-type: none"> <li>✓ Despite the global pandemic, Larch hall has managed to provide quality care while continuing to advance certain programs and initiatives to improve processes.</li> <li>✓ One program, the Physician Order Electronic System (POES) which was being piloted on one Larch Hall unit in 2019 is now fully implemented on all Larch Hall units.</li> <li>✓ Larch Hall B, is actively advancing the Dialectical Behavioral Therapy (DBT) program. Thanks to the new DBT Coordinator, Chandra Medina-Ramos' efforts, nearly all staff assigned to the</li> </ul>

	<p>unit, across all shifts, have completed the online training modules and testing for competence. The progress made with this program and the staff providing the key elements of the program will support the patients' journey to wellness and recovery during all shifts making success with the program more achievable.</p> <ul style="list-style-type: none"> <li>✓ Additions and revision to the weekly therapeutic milieu environmental rounds have ensured a safe environment and allowed for more efficient identification of needed repairs or problems in all unit areas. Larch Hall has been proactive during the pandemic in ensuring continued patient services occur while maintaining patient safety. Alternative means to access Disability Rights of New Jersey, Treatment Team members, courts, and family visits (in-person and virtual) have all been completed and continue to be revised and improved as necessary to follow social distancing guidelines for safety and patient care.</li> </ul>
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## CLINICAL SERVICES HIGHLIGHTS

<p>ADVOCACY</p>	<ul style="list-style-type: none"> <li>✓ The Advocacy Department focus continues to ensure that patient rights are promoted and maintained at this facility.</li> <li>✓ The Advocacy Department organizes and manages the Involuntary Medication Administration Review (IMAR) process. Weekly hearings are held to determine patient need for psychotropic medication to reduce/prevent dangerousness to self/others. Three objective panel members are assigned to each hearing including an independent psychiatrist and two Ancora professionals (administrator and clinician) not directly involved in the patient's care. Testimony is presented to the panel by the prescriber and patient to determine if criteria has been met for involuntary medication administration.</li> </ul>
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	<p>Prior to hearing, the patient is assessed/interviewed where the entire process is reviewed, and questions answered. The patient is notified of the hearing outcome and parameters of appeal process are reinforced. A biweekly report is submitted by the prescriber for all IMAR status patients, which is reviewed and signed by panel members. This document includes any change in patient status, side-effects of psychotropic medication, any medication adjustments and rationale, and other information related to psychiatric functioning of the patient as a result of psychotropic medication administration. At the present time, the Teams system is used for the independent psychiatrist and prescriber.</p> <ul style="list-style-type: none"><li>✓ Weekly and monthly meetings are held via Teams with Client Services Assistants and Client Services Representatives throughout the state. They include Trenton Psychiatric Hospital, Greystone Park Psychiatric Hospital, Ann Klein Forensic Center and APH. Topics include IMAR process, emergency certifications, complaint/grievance management, and revisions to Administrative Bulletins and/or policies as related to departmental duties.</li><li>✓ Aspects of the 72-Hour Emergency Medication Certification process are monitored including documentation. As this status expires, close-out occurs, and completeness of the computer generated form is reviewed with follow-up as needed.</li><li>✓ Virtual Family Meetings are generated through this office. Previously, quarterly Family Luncheons were held; however, this process was changed as a result of the COVID-19 pandemic. Notifications of virtual family meetings are submitted to family members/significant others from this office.</li><li>✓ The Family Monitoring Program is facilitated through this department. Potential candidates are interviewed and processed. These individuals are subsequently scheduled</li></ul>
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	<p>for patient care area rounding with feedback and follow-up on any identified issues.</p> <ul style="list-style-type: none"> <li>✓ A new community linkage process, involving the National Alliance on Mental Illness and other organizations, is being initiated on a State level through the division. This department will have a representative actively involved in the developmental process, as well as the planning phase, implementation and evaluation.</li> <li>✓ Denial of Rights documentation is aggregated through this department. Patient rights are maintained while ensuring safety of patients/others.</li> <li>✓ Patient voting documentation is maintained in this department.</li> <li>✓ A presentation is held during new employee orientation regarding the Family Monitoring Program and other community linkages associated with this facility.</li> <li>✓ Due to the COVID-19 pandemic, some previously held events were placed on hold temporarily (i.e. monthly Client Council Meetings, quarterly Family Luncheons, monthly Family Support Group, etc.).</li> <li>✓ During the previous year of 2019, our department consisted of five staff; however, in February of 2020, it was decreased to two. Three Client Services Representatives were placed under the Risk Management Department.</li> </ul>
<p>MEDICAL STAFF</p>	<ul style="list-style-type: none"> <li>✓ The Department of Psychiatry is actively recruiting for Board Certified Clinical Psychiatrists.</li> <li>✓ The Department of Medicine has hired two full time medical doctors. This has alleviated stress on the other medical doctors.</li> <li>✓ To further improve patient care and patient safety, the Department of Psychiatry is developing a more in-depth clinical review process of those patients that are deemed in need. Additionally, the Department of Psychiatry is working on developing a form</li> </ul>

	<p>with nurses to gather more data points regarding patients that require extra services.</p> <ul style="list-style-type: none"> <li>✓ The Medical Staff continues to be working collaboratively with the Information Technology (IT) Department to successfully pilot the electronic Physicians Order Electronic System.</li> <li>✓ The Department of Psychiatry continues to work in the development of the electronic medical record to further improve medical safety. The next big IT project is an electronic progress note</li> <li>✓ As clinical leaders, Medical Staff members serve on many committees throughout the Hospital.</li> <li>✓ The Department of Psychiatry, although unable to hire a full time chief of psychiatry, was able to recruit three psychiatrist to help out after hours with various Department of Psychiatry projects with stunning success.</li> </ul>
<p>NURSING DEPARTMENT</p>	<ul style="list-style-type: none"> <li>✓ The Ancora Psychiatric Hospital Department of Nursing was transitioned to a new leadership team in 2020. A Section Chief and Acting Nursing Administrator were put in place in February. Shortly after that, a new Assistant Director of Nursing was added to the existing team. In March, the first nursing initiative of consolidating the Nursing Care Coordinator's office transpired. This allowed for a restructuring the position of the Assistant Director of Nursing. With that restructuring, three new Assistant Directors of Nursing were brought on board and an additional Nursing Care Coordinator. After a few more changes in assignments, the final placement of the Assistant Directors of Nursing was completed for the year. The closing of the Nursing Care Coordinator's office on day shift lead to a several Nursing Department policies and procedures to be revised and the additional duties were placed on the Assistant Directors of Nursing assigned to the buildings. This became a very smooth transition and has been working effectively for</li> </ul>

the entire Hospital fiscally as well as clinically.

- ✓ In July, the position of Supervisor of Nursing Services was filled. There were several vacancies and some floating Supervisors were permanently assigned. Nursing leadership created a training model for them and revised the existing competency and employee evaluation tool. During this time, Nursing Department leadership also brought on a new performance improvement person to complete the ongoing performance improvement initiatives. The position was reassigned to allow for a more active role in data collection, unit review and ongoing evaluation. This position was also added to the Nursing Department leadership executive team to give direct feedback on the data to allow for critical decision making and problem-solving interventions. The performance improvement person is also a member of the Nursing Policy and Procedure Committee to allow for data driven input on all of our policies and procedures. Also, in July, eighty- six Human Service Technicians were promoted to the position of Senior Human Services Technicians. Nursing leadership also began to actively recruit Licensed Practical Nurses for evening and night shifts throughout the facility. Approval was obtained for a total of forty positions to be filled. Clinical Support Services under the Department of Medicine advertised for four promotional Senior LPN positions and they were reassigned from the Department of Nursing in August. We have also restructured the Nursing Recruitment Office and have obtained additional staffing to assist with this initiative.
- ✓ In August, Nursing leadership obtained the responsibility of Nursing Department education from the Staff Development and Training Department. We have taken a new approach to training staff. The new team consists of personnel assigned to day and

evening shifts and who will work on weekends and holidays. We have also an included paraprofessional staff on our team who we believe will provide tremendous input and teaching capabilities to our direct care staff. The supervisor of the Education Team is the chair of the Nursing Policy and Procedure committee as well and is also a member of the Nursing leadership executive team. The goal of the Nursing Education Department is to create ongoing Nursing education modules including population specific modules in a new and creative way involving technology as we all learn to a manage in this new normal. We will also be creating new model for the annual Nursing Advancement Training which will also include information of our ongoing statewide initiative on Safewards.

- ✓ In September the Safewards Steering Committee resumed functioning with new members. An assessment of the patient areas and fidelity reports were reviewed. In the short term the APH workgroup began working on a series of flyers/communications for the employee Briefs newsletter. This will be collection of flyers, quizzes, real life situations, etc. to remind the staff about Safewards and how it can be effectively used on our units. By placing this information in the Briefs each month we will be able to reach all our employees in every department. In the short term, the workgroup will be working on utilizing the Mutual Help Meeting format starting in early 2021. Refresher training has been planned for early 2021.
- ✓ The biggest and most stressful period for the Department in 2020 has been the COVID-19 pandemic. Nursing leadership worked with members of Hospital Administration and the Office of the CEO to follow the Center for Disease Control guidelines. During the period of March through June, Nursing staff were not allowed to stagger their schedules. They were not allowed to use any vacation time. They

worked tirelessly for many months in extreme conditions. They were able to receive special project compensation in July 2020 for their efforts. Several Nursing Department leaders were acknowledged by the Employee Recognition Committee for their efforts to cross-cover while many of their co-workers were personally effected by the virus. The Nursing leadership team that was recognized was: Michael Voll, DON, Malinda Woods-Dupree, DON., Elizabeth Orimilikwe, ADON, NCC., Folawewo Ajayi, A.DON, NCC, Lori Gardenhire, ADON, Marie Cabasa, ADON, Alice Ayanghabot-Abah, ADON, and Michelle Brookins, ADON. We continue to have several Nursing Department staff from all levels honored as Ancora Achievers by the Employee recognition committee throughout this period.

- ✓ Most importantly, Nursing Department leadership and especially our Supervisors of Nursing Services worked tirelessly to implement and maintain ongoing infection prevention requirements related to the COVID-19 pandemic. Supervisors maintained daily logs of patient temperatures. They distributed personal protective equipment for each person. Patient Care Managers and Charge Nurses were the only staff on the units to facilitate ongoing Treatment Team meetings with staff working from home via teams and conference calls. They were the link between the team members and the patients. Charge Nurses on the units maintained hand washing logs for patients, enabled access to cell phones for family contacts for patients and provided instructions for tablet usage for active treatment to patients. The direct care staff were instrumental in making these initiatives successful. They were also instrumental in monitoring family visitors during this time following the guidelines set forth by the Office of the CEO and the Safety Director. Charge Nurses and Supervisors of Nursing Services also took care of our most

	<p>vulnerable patients on isolation units and quarantine units throughout the facility. Direct care staff constantly transported our patients back and forth to the general hospital for COVID-19 treatment and testing during the initial phases of the pandemic. Nursing leadership developed a temporary mobile escort unit of direct care nursing staff on standby to escort our most venerable patients whenever needed. There were also times frames when entire buildings were quarantined and staff could not be pulled from their assigned units. The Nursing staff were tested for possible exposures while on our quarantined units as well as while assigned to our geriatric units. Most recently, Nursing Department staff will be tested every other week on an ongoing basis. We were also able to utilize the All American Agency nurses to assist with ongoing patient care as well as for staff testing for COVID-19. The Agency nurses were hired and scheduled through our Scheduling Department. Nursing Education was able to provide the necessary training for them to function on our units with our systems. The entire Nursing Department continues to work through these most challenging times to provide optimal patient care to our patients.</p>
<p>PSYCHOLOGY</p>	<ul style="list-style-type: none"> <li>✓ Training: We successfully completed the process for a 10 year accreditation of our American Psychological Association accredited psychology internship. We transferred our post-doctoral position back to the internship, giving us four interns. We also added an unpaid practicum student. Current employees received ongoing training to improve their repertoire of skills. Training in multicultural sensitivity is continuous. A five part series on the treatment of trauma was recently completed. We are in the midst of a five part series on assessing the risk for violence. Multiple trainings on issues related to telehealth helped us transition to other</li> </ul>

	<p>forums for treatment when COVID-19 put restrictions on interpersonal contact.</p> <ul style="list-style-type: none"> <li>✓ Advances in therapy: We are on the verge of opening a Cognitive Remediation program on our geriatric units. We have already offered this to the Cedar Hall patients, with documented success. We were successful in recruiting a Spanish speaking psychologist, so our Spanish speaking patients can now receive therapy in their native language, without the distraction of an interpreter. We can also meet the demands of some judges for psychological assessments conducted in Spanish. Staff were trained in the Julie Brown Skills System, an adaptation of Dialectical Behavior Therapy (DBT) skills for people with intellectual disabilities. The patients on the Positive Behavior Support Units, Cedar B and D, are now learning these skills. This supplements their behavioral contracts and token economy. On Larch Hall B, we have two psychologists and a Behavior Support Technician, assisting with the implementation of DBT on that specialized unit.</li> </ul>
<p><b>REHABILITATIVE SERVICES</b></p>	<ul style="list-style-type: none"> <li>✓ This year the Addiction/Trauma Services Department has implemented the Life Events Checklist (LEC) and it currently serving on a centralized Co-Occurring Substance Abuse and Mental Health Committee which will encourage the use of the LEC across all of the state's inpatient psychiatric facilities. The LEC is a brief screening instrument for traumatic events. This tool assists with providing patients with trauma services and addressing trauma in the treatment plan. Occupational therapy is utilizing the LEC during the sensory evaluation process.</li> <li>✓ The Addictions department has taken American Society of Addictions Medicine (ASAM) philosophy and turned it into individualized care. On unit programming has allowed for more individualized, more intimate care for our addictions population. Before the pandemic, we were able to train people in Self-</li> </ul>

	<p>Management and Recovery Training (SMART) and engage our trained counseling staff in Trauma Addictions Mental Health and Recovery (TAMAR) which is trauma informed care.</p> <ul style="list-style-type: none"> <li>✓ The trauma informed care initiative has been expanded to offer the Managing Difficult Life Experiences (MDLE) to be executed by the Addictions, Social Services, Occupational Therapy, and Creative Arts Departments. MDLE is a program that is designed to address the first stage of recovery from trauma. It addresses safety by supporting a group member to develop the necessary coping skills to handle difficult emotions, feelings, triggers and experiences in a skilled way. The groups are designed to provide grounding and assist group members to explore their resources to support their self-regulation. Currently, a series of changes are being discussed to be able to deliver a unit “friendly” version of the group during the pandemic.</li> <li>✓ The Education Department had two high school graduates this year and another that it has prepared to take the GED/HiSet using hybrid test taking from his perspective unit to the testing site. The Education Department has also been an integral piece to tablet usage.</li> <li>✓ The Assistant Supervisor of Education, Bonnie McClean has coordinated all trainings among Hospital staff and has developed safety procedures during this time of pandemic and social distant enhanced therapies utilizing Zoom on specially assigned tablets. They are in the process of developing educational programs that will reach additional adult learners on their residential units.</li> <li>✓ All teachers completed 20 hours of professional development. The department adapted well to a new way of life being creative with teaching styles.</li> <li>✓ This year the Creative Arts Therapy (CAT) Department implemented using iPads for Music Therapy Programming. Utilizing the</li> </ul>
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	<p>iPads as helped the patients learn valuable music technology coping skills and have given them the ability to record their music in a digital format. The Art Therapists hosted the annual patient Art Show which provides opportunities for patient self-expression and healing through artistic creations.</p> <ul style="list-style-type: none"> <li>✓ The Music Therapy Department/Dance Movement Therapy Department (MT/DMT): <ul style="list-style-type: none"> <li>➤ Navigated working from home with Tele-health</li> <li>➤ Created DVDs with Music and Dance Activities for coping skills that patient could engage with while on the units while MT/DMT was at home.</li> <li>➤ Proposal developed for a streaming music service so Music Therapy can adapt to changing technology.</li> <li>➤ Obtained and implemented new iPods and Bose speakers (wireless). iPads are now fully implemented.</li> </ul> </li> <li>✓ The Art Therapists transitioned from providing group and individual sessions in-office to providing telehealth services while working from home.</li> <li>✓ The Art Therapists created six DVD videos which included: interactive art themed games, instructional art making, and creative journaling.</li> <li>✓ The Art Therapists created sub-groups for on-unit programming. The sub-groups included: artist exploration, skills-based art group, comic book making, and mindful art making.</li> <li>✓ The Art Therapists continued individual sessions with high risk patients by referral or as deemed therapeutically appropriate/beneficial. Each Art Therapist facilitated five individual art therapy sessions per week.</li> <li>✓ As part of implementing a Trauma Informed approach, the hospital along with the Collaborative Support Programs of New Jersey (CSPNJ) continues to support the peer support initiative by hiring Wellness</li> </ul>
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	<p>Providers in addition to the Wellness Center on the grounds. A Wellness Provider provides individual and group peer support, socialization, and recovery-focused activities for patients. Wellness Providers are valuable in assisting with presenting the peer perspective on mental health services. The Hospital continues to work towards expanding the wellness provider initiative and is collaborating with CSPNJ to improve access to community centers upon discharge from the Hospital in order to provide the linkage to supportive community resources.</p> <ul style="list-style-type: none"> <li>✓ As a Hospital, we continue to focus energy into The Recovery Library program. It is a Pat Deegan &amp; Associates, LLC production. Pat Deegan created Recovery Library for individuals pursuing their own wellness and recovery and for the people supporting them in their journey. Recovery Library provides practical tools that help practitioners and peer supporters integrate health, behavioral health, and recovery oriented practice in their daily work. It also gives patients the hope, the tools, and the inspiration in their recovery process. This program creates “keys” such as web applications, tailored information, videos, manuscripts and training that help people free their human potential and recover after a diagnosis of mental illness. The Recovery Library trainings included 35 participants from different departments (i.e. Rehab, Administration, and Program Coordinator). All participants were required to complete E-Learning Courses and Practice Vignettes prior to each scheduled Live-Coaching Session.</li> <li>✓ The Hospital has added Recovery Library to now 80 tablets to expand the outreach of the endless resources Recovery Library offers patients and program facilitators.</li> <li>✓ Due to COVID-19, the Vocational Rehab Department has made changes in the way that services are provided to our patients. Patients</li> </ul>
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	<p>are scheduled by building in order to practice social distancing.</p> <ul style="list-style-type: none"> <li>✓ Our vocational programming at the Anchorage (our on grounds café) has successfully been able to continue during the many adjustments the Hospital has had to make during the pandemic. In order to minimize patient interaction with other units, Hospital Administration implemented a new open-hours schedule. Patients can only receive service on their scheduled day and time. We secured a new vendor for the retail items in the Anchorage and the Snack Cart.</li> <li>✓ Supportive Employment/Education referrals continue for all eligible patients prior to discharge.</li> <li>✓ The Occupational Therapy (OT) department is in contact with Tina Champagne, ODT, an expert and creator of Sensory Modulation Program (SMP) to implement and develop culture change by applying sensory modulation and a trauma informed care approach to high risk patients. This has introduced a cooperative effort amongst rehabilitation services occupational therapists within our hospital system and has encouraged a positive exchange of ideas.</li> <li>✓ OT Sensory: Weighted Blankets: Various weight blankets continue to be used following evaluation with patients. Newer designs or custom options were expanded and received for patients. Noise Cancelling Headphones: Another noise cancelling headphone option was approved by Safety and is being used with patients, following evaluation</li> <li>✓ OT created videos for patient activities while at home on COVID-19 quarantine. Topics included, but were not limited to, exercise, cognition, emotional regulation, sensory self-care, reminiscence, mindfulness, coping skills, social skills, daily self-care skills, etc.</li> <li>✓ OT developed new groups with hand-outs/activities to expand group treatment sessions for Unit programming.</li> </ul>
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	<ul style="list-style-type: none"> <li>✓ OT Geriatrics: Visual Orientation Painting stripes on walls to highlight handrails &amp; distinguish areas of Units was developed fully &amp; approved.</li> <li>✓ OT Telehealth: OT made phone calls to assigned patients to assist with coping skills with COVID-19 quarantine to a Unit. The calls were successful as a treatment option for many patients who missed group facilitators.</li> <li>✓ Noise Cancelling Headphones: Another noise cancelling headphone option was approved by Safety and is being used with patients, following evaluation.</li> <li>✓ Mealtime Evaluations: Redesigned Mealtime Evaluation Process for Choking Episodes and Non-choking episodes.</li> <li>✓ A New Speech &amp; Language Therapist joined OT Department. Team evaluation process now, as much as possible, encompassing Speech Therapy, Occupational Therapy, &amp; Rehab Registered Dietitian collaboration. Communication expedited to Medical Doctors, Nursing, and Clinical Nutrition Department. Training provided at all areas of the Hospital on new Process.</li> <li>✓ OT provides training for Psychiatry, Nursing, Trauma Informed On Unit Response Staff (TOURS)/Trauma Champion Mentor (TCM) staff in the identification of those who may benefit from sensory evaluations/weighted blankets. Rehabilitation Services in the process of developing regular sensory training in orientation as well as TOURS/TCM so sensory modulation becomes a preventative measure by being introduced to staff at orientation and during annual trainings. The Addiction/Trauma Services Department provides training with TOURS members for staff on trauma informed initiatives and care.</li> <li>✓ The rehabilitative services department has adapted to the challenges of COVID-19 transferring its services directly to patients' residential units in an effort to reach more patients than ever before. We have created</li> </ul>
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	<p>videos, utilized telehealth, and performed traditional face to face groups utilizing social distancing.</p>
<p>SOCIAL SERVICES</p>	<ul style="list-style-type: none"> <li>✓ From January to October 2020, there was a total of 303 discharges from Ancora Psychiatric Hospital. Many patients were discharged to DMHAS Housing facilities which include supervised and supportive housing settings. Thus far, about 37% of those were discharged to a DMHAS funded placement which includes Community Support Services (CSS), previously known as Supportive Housing which accounted for approximately 12% and Supervised Placement such as an A+ or A Level Group Home which accounted for approximately 25%. About 28% of our patients were discharge to private residence with family or self-managed. Specifically, despite the pandemic, we worked remotely using Video and Teleconference to connect with community providers and assist with facilitating 105 discharges between April and August.</li> <li>✓ The Community Access and Reintegration Entity (CARE) Unit continues to work with unit Social Workers on obtaining identification for patients to assist with community reintegration. Thus far in 2020 there have been 215 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.</li> <li>✓ The CARE Unit had to reestablish weekly community trips due to changes in Motor Vehicle Commission operations in response to COVID-19 restrictions. They connected with a new contact in a new office to assist our patients in securing a photo identification to assist with discharge needs. Approximately 40 patients were scheduled for a day trip to the NJ Motor Vehicles Center with staff in order to secure valid photo identifications. Social</li> </ul>

	<p>Services continues to work in collaboration with the interdisciplinary Treatment Team and community providers to assist with discharge planning and continues to serve as the liaison between community providers, family and the Treatment Team.</p> <ul style="list-style-type: none"><li>✓ Social Services completed an assessment lead by Ms. Rosemarie Patrizio, SWS1 of a specific patient population who are discharge and/or treatment resistant. Further assessment and consultation resulted in the introduction of the Readiness Check-In (RCI) model and treatment modality to assist with working with this specific group of patients. The RCI program was developed by Rutgers University State Hospital Psychiatric Rehabilitation Initiative (RU-SHPRI) for use with individuals who are pre-contemplative or contemplative about engaging in treatment. Social Workers received hospital-wide training in October and specific implementation training on October 13 for Cedar Hall C.</li></ul>
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