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ANCORA PSYCHIATRIC HOSPITAL

STATUS REPORT – IMPLEMENTATION OF ADMINISTRATIVE ORDER 1:91

Highlights of Administrative Order Status Report, 7/31/08

- Reduced admissions by 24%
- Reduced census by 16%
- Reduced lengths of stay
- Improved security
- Reduced walkaways by more than 50%
- Developing acute and extended-care sections
- Increased active treatment for patients
- Creating treatment mall
- Launching self-help center
- Finalizing staff training unit
- Implemented drug-reduction strategies
- Continue recruitment efforts to complete new table of organization

The following report is provided in accordance with requirements of Administrative Order 1:91, which indicates that a status update regarding its implementation will be presented publicly on July 31, 2008.

Therefore, for easy reference, the report is being presented according to the major subject areas included in the Administrative Order.

A. Patient Census

In July 2007, Ancora Psychiatric Hospital's (Ancora, APH) in-house patient census totaled just above 780. In January 2008, the census was 765. Since that time, the Division of Mental Health Services (DMHS) began implementing new procedures to address admissions issues, as well as discharge issues. The number of short-term care beds in the Southern Region increased, enabling people who would otherwise be admitted directly to APH to be treated in community inpatient units. In addition, separate agreements have been reached with Hampton Hospital in Burlington County to accept referrals of consumers from Atlantic County, and with Carrier Clinic in Somerset County to accept admissions from Ocean County. An agreement also was reached with Camden County Health Services Center to accept inpatient referrals from counties other than Camden County. These proactive steps have decreased the number of admissions to APH significantly. From January 1, 2008 through June 30, 2008, 535 persons were admitted to Ancora, compared to 705 patients for the same six-month period in 2007. The expansion of short-term care beds in the community

has increased the percentage of people admitted to Ancora from short-term care units from 50% to 90%. This means that the individuals who are being admitted to Ancora have been medically assessed and determined to need longer-term treatment.

In addition to reducing the number of persons admitted to Ancora, there has been a reduction in the length of stay at Ancora for newly admitted patients. This is largely attributable to the opening of two admissions units with a total capacity of 70 beds. A third admissions unit is due to open on August 11, 2008.

The development of admission-specific units at Ancora has enabled the hospital to provide the care and treatment required for newly admitted patients to facilitate discharge back to the community in half the time, compared to patients who move from the admissions unit to other areas of the hospital.

The decreased census at Ancora is attributable to the expansion of short-term care beds and other diversionary inpatient beds in the community, the increased percentage of people admitted to Ancora from short-term care units, and the decreased length of stay at Ancora following treatment administered on the admissions unit. When Ancora opens its third admissions unit, and eventually a fourth later in 2008, it is expected that the census will decrease further as the patient length of stay at Ancora continues to decrease. From January 2008 through July 28, 2008, there have been 77 more discharges than admissions.

A <u>Data Dashboard</u> is in production and will be available in August on the DMHS website.

B. <u>Safety and Security</u>

Early in 2008, Ancora expanded its existing Community Relations Committee to include representatives from surrounding communities including Winslow Township, Hammonton, Chesilhurst, Waterford, Monroe Township and Folsom. Four meetings have taken place at the hospital with interested members of the public, including, mayors, chiefs of police and Ancora's Interim Chief Executive Officer, Deputy Chief Executive Officer, and representatives from the Human Services Police Department. From those meetings, a 14-point plan was developed to improve security at the hospital while still maintaining the integrity of a therapeutic environment in the facility.

1. <u>Emergency Notification System</u> - The Emergency Notification System, an automated calling system that advises Winslow Township residents of a walkaway was expanded to include interested citizens from the surrounding communities of Hammonton, Chesilhurst, Waterford, Monroe Township and Folsom. Weekly tests of the system have been successfully held since February 2008. The system has been activated five times since January 2008 to report patients who are unaccounted for following privileged outings. The system has worked successfully in all cases.

2. <u>Internal Boundary</u> – An internal boundary on the grounds has been installed, establishing an "out-of-bounds" area for patients.

3. Additional Human Services Police Department coverage has been added on weekends.

4. Additional fencing has been added at the side gates of the hospital.

5. The entire perimeter fence of the hospital grounds has been augmented with four feet of additional small mesh fencing slanted inward to impede a person's ability to climb over.

6. New digital cameras have been installed at the front gate of the hospital.

7. A controlled burn was held over several days in March of 2008, not only to reduce the risk of fire on the grounds, but also to eliminate potential hiding spots for patients who attempt to leave the grounds without permission.

8. Additional lighting has been added to several areas of the grounds to improve security after dark.

9. All Holly Hall patients' levels of supervision have been reviewed weekly. A procedure has been established to ensure that the recommendations of the treatment team match the information provided to the Security Guards of Holly Hall at all times. Additionally, a Court Coordinators Office has been established to consolidate several functions that had been previously handled by separate offices within the hospital. A database has been created to provide immediate information regarding forensic patients.

10. Ancora has completed the initial work to open a Visitors Center at the hospital as a part of its improved security system. All non-employees of the hospital will be required to stop at the Visitors Center, produce identification, and receive a digital identification badge that will include their photograph. The Visitors Center is expected to open this fall.

11. A Code Grey procedure has been established whereby an announcement is made over the hospital's public address system noting that a patient is unaccounted for to reduce the response time of locating a missing person. The Code Grey procedure has been extremely successful, not only in locating patients who are still on the grounds, but also in preventing the walkaway of patients from the grounds.

12. The details of a grid search procedure have now been finalized and will be carried out whenever it is necessary to search the entire grounds of the hospital for a missing patient. By September 2008, we expect to advertise for volunteers to comprise grid search teams, provide training to the teams, and then regularly schedule search procedure drills.

13. Drug-reduction strategies are now incorporated into the operations of the Human Services Police Department.

14. A Drug Hotline has been created for the anonymous reporting of any illegal drug activity on the grounds.

Additionally, the hospital will be expanding its existing Security Guard contract to staff the Visitors Center and to provide a Security Guard at each patient building for at least eight hours per day. The expanded contract will also ensure 24-hour guard coverage at the front gate where currently only 12 hours-per-day are included.

From January 1, 2008 through July 28, 2008, there have been **six** walkaways from hospital grounds, including one that was promptly returned from Ancora's entrance by Human Service Police prior to ENS being activated. This compares to 13 for the same time period in 2007. None of the patients who left the grounds without permission in 2008 were legal status patients. Additionally, all six were successfully returned.

C. Restructured Table of Organization

In order to facilitate the development of an Acute Care and Extended Care sections of the hospital, DMHS is pursuing the hiring of key positions. A national search has been conducted for Chief Executive Officer and 90 resumes were received. A total of 15 people from all over the United States were interviewed, and selected "finalists" received personal tours of the hospital. **At this time, we are close to a final selection for the Chief Executive Officer position.**

Due to the unexpected resignation of the Deputy Chief Executive Officer for Clinical Services, we are aggressively recruiting for that position as well.

Advertisements have been placed in major newspapers and medical journals for the positions of Medical Director and Chief of Psychiatry.

Several meetings have been held with the New Jersey Department of Personnel (NJDOP) to finalize arrangements for filling positions described in the Administrative Order, such as Directors of Nursing, Complex Administrators, Director of Psychology, Director of Social Work, Director of Addiction Services, Director of Rehabilitation Services, Director of Quality Assurance, and Peer Counselors. In most instances, classified positions will be filled by individuals already within the Civil Service system. In several cases, however, unclassified positions are being developed, which will require a more expansive search for applicants. DMHS and the Department of Human Services (DHS) are working collaboratively with NJDOP to create the positions listed in the Administrative Order including Director of Staff Development and Director of Safety and Security. **Once the new Chief Executive Officer is in place, the positions of Medical Director and other clinical leadership roles will need to be filled as prescribed in the Administrative Order. It is projected that all positions will be filled by December 31, 2008.**

D. Provision of Best Practices and Active Treatment

Ancora administrators have identified and set aside space to expand patient programming. The relocation of various administrative spaces will accommodate the Ancora Treatment Mall, which will include all of Maple Hall (already part of the Rehabilitation Department) and all of Ivy Hall to become a fitness/wellness center. Additionally, an evidence-based practice program - Illness Management and

Recovery (IMR) - is now being implemented in the Rehabilitation Department and on Larch Hall. Clinical staff is currently undergoing training in other evidence-based practices, including DBT (dialectical behavioral therapy) and IDDT (Integrated Dual Disorders Treatment), which will be features of the Treatment Mall program as well.

A requirement has been introduced that every member of the clinical staff must provide at least three hours of active treatment per week. The expectation is that every patient will receive ten hours of active treatment per week, with an eventual goal of 20 hours of active treatment per week, per patient.

Every treatment team at Ancora was required to review and revise, as necessary, patients' treatment plans by March 30, 2008 to assure that every patient met this new mandate. **Data collected through June 2008 indicated that 80% of all patients are scheduled for at least 10 hrs of active treatment per week.** Staff is evaluating the clinical appropriateness of ten hours of active treatment for the remaining 20%. With those determinations and the implementation of the Treatment Mall, we expect the numbers to increase significantly.

Important developments regarding the Treatment Mall include the creation of a Program Oversight Committee chaired by a professor from the University of Medicine and Dentistry (UMDNJ) School of Health-Related Professions. Membership includes Ancora staff, UMDNJ staff, consumers, and family members.

In addition, Ancora will open an in-house consumer-run Self-Help Center in September 2008. The current Media Conference Center, located next to the Human Resources Department (soon to be part of the Treatment Mall), will be utilized for this purpose. Community-based Self-Help Center staff will operate on a rotational basis to facilitate linkages between hospitalized patients who are soon to be discharged to the community with peer support and peer counseling on a regular basis. **The Ancora Self-Help Center will be the first of its kind in New Jersey and among the first of its kind in the United States.**

E. Staff Development

The Administrative Order describes the blueprint to create a training-focused unit at Ancora for staff development on an ongoing basis. An ad-hoc task force has been formed to devise the training unit including staff from UMDNJ, administrative and clinical staff of Ancora, and staff from the Ancora Staff Development Department. **The model and curriculum for the training unit is expected to be completed by September, 2008 and is expected to rely not only on UMDNJ and Ancora staff, but also on newly developed affiliations with county and state colleges.**

The initial proposal calls for the training unit to be located in Larch Hall, where we have also begun implementing the Nurse Directed Care Model. This new initiative, among other clinical gains, will ensure that the same staff works consistently with the same patients day after day. To facilitate implementation, the hospital applied a "weekends only" and a "weekday only" nursing schedule, which increases the number of nurses per ward on day and evening shift and ensures consistency of coverage.

In accordance with the requirements of the Administrative Order, stakeholder meetings are being held quarterly with a large attendance from relevant community agencies, advocacy groups, NAMI New Jersey, representatives from the Public Defender's Office, New Jersey Protection and Advocacy, and consumer groups. These meetings have proven helpful in sharing information regarding operations of the hospital and to receive feedback and recommendations from community-based constituencies.