

The Inpatient Psychiatric Setting

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Important Points to Know about Admitting a Resident to the Inpatient Psychiatric Setting



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The Value of Early Preparation

- ☯ Families are your best allies when caring for the patient. Establish trust.
- ☯ Communicate any changes in the patient's mood, behavior, or affect to the family. Provide frequent updates. Avoid surprises!
- ☯ Keep in mind the difference between “alerting” versus “alarming” the family. Present information with sensitivity and tact in mind. Be honest.
- ☯ Positive relations with families result in increased trust and improved collaboration.

Advance Directive/ Health-care Proxy

- ☉ Important discussions need to occur regarding advance directive and health-care proxy.
 - Why are these documents important?
 - What is the difference between these documents?
 - Family who are listed as patient contacts are not legal representatives, if there are no legal documents indicating the same.

Important Resources

- ☯ Be proactive and prepared for emergencies.
- ☯ It is important to establish a professional relationship with the consulting psychiatrist at your facility.
- ☯ Become familiar with the mental-health care facilities in your area.
- ☯ Families often ask questions, such as:
 - “Where are these facilities?”*
 - “What do they look like?”*
 - “Are there dangerous patients on these units?”*
 - “Will my loved one be ‘strapped down’, forced to take medication, or be given shock treatments?”*



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Establishing Professional Contacts and Relationships

- ☯ Respond to the patient and family with confidence.
- ☯ Do not wait for an emergency. Be proactive!
- ☯ Visit local psychiatric facilities to collaborate and determine the following:
 - “What is the admission process?”***
 - “What is the estimated length-of-stay?”***
 - “Do you accept both voluntary and involuntary patients?”***
 - “Do you have an emergency department?”***
 - “Do you admit patients during evening, night, and weekend hours?”***



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Inpatient Psychiatric Unit Admission Criteria

- ⊗ How do you know when to hospitalize a resident?
- ⊗ When behaviors present a danger to:
 - a. self,
 - b. others , and
 - c. property.
- ⊗ Grave impairment
- ⊗ Medical necessity



Voluntary vs. Involuntary Psychiatric Admission

Voluntary admission:

- Informed consent
- Patient signing-in
- Power of attorney or health-care proxy

Involuntary admission:

- Private route
- Public route



Admission to an Inpatient Psychiatric Facility/Unit

Important documents to be forwarded to the admissions office:

- Power of attorney, advance directive, living will, and DNR
- Face sheet, copies of insurance cards, progress notes
- Psychiatric evaluation, social work and nursing assessment, lab work, immunization record.
- Medication Administration Record/MAR; also important to include medications prescribed but ineffective.

The Treatment Team

Upon arrival, the resident is assigned to a treatment team.

The goal of the team is to provide quality care and work with the patient and family to achieve very good outcomes.



The Treatment Team

☐ Discuss with the treatment team:

- expectations for the hospitalization and
- treatment goals for the hospitalization.

☐ Inform the treatment team about:

- the most important things they should know about the patient to provide quality care.
- food, activity, and environmental preferences
- likes and dislikes
- resident's former profession/career
- acceptable outcomes for the hospitalization



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Treatment Planning

- ④ The patient's individualized treatment plan is initiated and contains:
 - interventions and patient specific goals for hospitalization;
 - goals established by clinical information from interdisciplinary assessments;
 - discharge planning, which begins at the time of admission; and
 - treatment goal, which is to stabilize symptoms.



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Discharge planning begins upon admission.

- ④ Hospitalization goal is to provide:
necessary care and symptom stabilization.
- ④ Discharge plans include:
follow-up treatment plans for continued care.

Group activities are an important part of a patient's treatment plan.

Group activities focus on building skills to assist the patient in his/her wellness and recovery.

Visiting hours are different in the inpatient psychiatric setting than they are in assisted living and long-term care.



Patient and family education are an important part of the treatment plan.

- ☞ Patients and families are encouraged to ask questions about care and treatment.



Knowing what medications are being taken and why is extremely important in transitioning back to the assisted living or long-term care setting.

Psychoactive Medications

- Σ Prescribing, monitoring, and adjusting psychoactive medications is a large part of the patient's treatment during and after psychiatric hospitalization.
- Σ Knowledge related to symptom stabilization, need for continued use of psychoactive medication (on a long-term basis, post-discharge) is important information to obtain from the hospital.
- Σ This information will need to be referenced when the patient returns to the assisted-living or long-term care facility and when gradual dose reduction is being considered or reviewed for the patient.

Involuntary Medication Administration

- ⌚ If a patient is presenting a danger to self and refusing medications while in a psychiatric facility
- ⌚ Whether the patient is a voluntary or involuntary admission status
- ⌚ A psychiatrist can utilize a three-step process to provide the patient the needed treatment.



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Summarizing the Main Points

- ☯ Discuss advance directives upon admission to your facility.
- ☯ Keep families updated and “alerted.”
- ☯ Every long-term care facility should have a consulting psychiatrist (preferably one with a sub-specialty in geriatric psychiatry).
- ☯ Forge a positive working relationship with a trusted psychiatric facility in case of behavioral emergencies.
- ☯ Encourage families to visit the facility themselves, if the need arises.
- ☯ Be prepared and proactive so that you are confident and ready if an emergency arises.

In an Emergency Situation

- ☐ It is important to know the screening centers in your county.
- ☐ What is a screening center?

A Sample of Screening Centers in New Jersey 24-hour Emergency and Referral

Bergen County (201) 262-4357
Essex County: (973) 926-7444 [Irvington only]
(973) 972-0480 [Newark only]
(973) 266-4479 [Remainder of Essex County]
Hudson County: (201) 915-2210
Morris County: (973) 625-6150
Ocean County: (732) 886-4474
Passaic County: (973) 470-3025
Sussex County: (973) 383-0973
Warren County: (908) 454-5141