

Geriatric / Adult Medical Psychiatry Unit 3-South

Welcome to the Geriatric/Adult Medical Psychiatry unit (3 South), located in the Stewart & Lynda Resnick Neuropsychiatric Hospital at UCLA. This packet is designed to provide you with information about your hospital stay. The focus of your brief hospitalization in our acute care setting will be *evaluation and stabilization to optimize your health*. The 3-South staff will provide a multidisciplinary approach to your care. The staff will educate regarding tests, treatments, and aspects of care with the appropriate discharge plans to ensure a smooth transition back to the community.

Again, the staff of the Geriatric/Adult Medical Psychiatry unit on 3-South welcomes you!

3 South's inpatient program provides intensive evaluation and differential diagnosis of acute emotional and behavioral problems such as mood disorders, dementia and psychoses to the 55 year old and older adult. The program also provides comprehensive treatment to the 55 year old and below adult who may require more complex nursing care than a general psychiatric unit can provide and/or who are experiencing complicated medical conditions along with their psychiatric symptoms. 3 South also provides expert care to those patients referred from the NPH ECT Department for Electroconvulsive Therapy.

PROGRAM OVERVIEW: The program's experienced interdisciplinary treatment team assesses the biological and psychosocial components of the person's illness and determines a definitive diagnosis and treatment plan. A patient's medical condition, whether it acute or chronic is provided by experts in the field of geriatric medicine, internal medicine. Other specialty medicine professionals are consulted as needed. Nursing care is provided by nurses and Certified Nursing Assistants (Care Partners), trained in the areas of medicine and psychiatry. Our social workers are expert in areas of legal, residential placement, family and psychosocial assessment and intervention. An Occupational Therapist and Occupational Therapy Assistant is provided daily for the assessment, structure and management of daily living skills with a focus on maintaining or improving overall function provide an occupational therapy program.

Summary of comprehensive services may include:

- Specialized medical evaluation
- Psychosocial assessment and intervention
- Assessment of daily living skills
- Neuropsychological assessment
- Treatment of associated medical conditions
- Brief family intervention
- Medications and electroconvulsive therapy, when indicated
- Education regarding diagnosis, management of illness and treatment modalities

Family members are encouraged to participate in treatment and discharge planning. Assistance with residential placement, if necessary, is part of each treatment plan. In addition, the division offers a day treatment program and several outpatient programs, to support and maintain the patient's involvement after discharge.

Items to Bring to the Hospital: Clothing should be casual, comfortable, and **inexpensive**. To prevent loss of articles, **all** clothes and other personal items should be **labeled** with your name

or initials. All clothing and personal items will be checked by a staff member, in your presence. Items such as scissors, razors, metal nail files, wire hangers, knives and other pointed items are kept in the nurses' station, in a drawer with your name on it and will be available to you under supervision when needed. Anyone bringing items to you during your stay will be asked to bring the items to the nurses' station to be checked. In general, you will be expected to be dressed during the day.

The following items will be particularly useful:

1. Three or four **inexpensive** washable outfits
2. Sturdy walking shoes and low-heeled slippers with backs
3. A light jacket or sweater
4. A robe and nightgowns (hospital gowns will also be available)
5. Toilet articles such as shampoo, body soap, toothpaste, toothbrush, comb or brush and deodorants. All must be in plastic, non-breakable containers. Glass mirrors must be kept in the nurses' station. The unit provides hairdryers and hair curlers.
6. Radios without cords are permitted (again, please label). Personal TVs are not permitted; however, there are several TVs on the unit.
7. All electrical appliances must be checked in at the nurses' station to be checked by facilities services. An electric razor and safety razors are also available from nursing staff.
8. You are encouraged to bring pictures for your room (no glass frames please). There are calendars and clocks in all rooms. There is also a bulletin board at each bedside.
9. The unit has facilities for washing and drying clothes free of charge. Nursing staff can instruct you and your family in their use. Laundry soap is also available. If your family would prefer to launder your clothes at home, please inform your primary nurse.

Cash and Personal Valuables: ***Please*** send **ALL** jewelry and other valuables home. If you are unable to do so, they will be stored in the safe in the Medical Center Admissions Office until your discharge. You will be unable to take items out of the safe during your hospital stay unless you are sending them home. You are also encouraged to keep no more than \$5 in your possession. Quarters and dimes are helpful for the pay phone. We will assist in maintaining your belongings, **but the hospital cannot assume any financial responsibility for loss or damage to any personal belongings during your hospital stay.**

ACCOMMODATIONS

Day room/dinning room: These areas are the hub of community activities on 3-South. Appropriate dress is casual and comfortable. Robes are allowed at breakfast time only. There is an occupational therapy closet in the dayroom containing a variety of games and arts and crafts supplies for leisure activities. In addition, there are magazines and books available. A television, VCR, stereo, tape deck and piano are there for your use. TV program selection and choice of music are negotiated by group consensus, and majority opinion prevails. Please return personal belongings to your room at end of the day. The television will not be available during meals, group hours and quiet hour.

Bedrooms: Each bedroom has a closet for your personal belongings. Nursing staff if you request it can lock it. Your assigned staff supplies clean towels and bed linens. Extra blankets are available on request. Clean towels and washcloths are available in the restroom cupboards.

Refrigerator for Patients: Although you are not allowed to keep food in your bedroom, you may keep food in the patients' refrigerator located in the kitchen. **Please label your items with name and date.** Due to limited refrigerator space, staff will discard food more than a few days old.

Meal Times and Dietary Needs: Menus will be distributed to you to be filled out, with assistance provided as needed. Please return menus to the nursing station when completed. A dietitian is available to talk to you about your dietary needs, and your doctor must order special diets.

You will be eating in the dinning room and assistance is provided as needed.

Meal Times

Breakfast.....	8:30 a.m. – 9:30 a.m.
Morning Snack.....	10:30 a.m. – 11:00 a.m.
Lunch.....	12:30 p.m. – 1:30 p.m.
Afternoon Snack.....	2:30 p.m. - 3 p.m.
Dinner.....	6 p.m. - 7 p.m.
Evening Snack.....	8 p.m. - 9 p.m.

Phone: Personal phone calls may be made from the pay telephone on the unit. You may give this number (310-824-9080) to anyone who wishes to contact you during your stay. Please limit your calls to 10 minutes, as all patients use this phone. The phone has a black dial that allows you to increase the volume when someone is talking to you.

Smoking: The Stewart & Lynda Resnick NPH is a non-smoking facility. Visitors are not allowed to smoke anywhere in the hospital. Patients may only smoke in designated areas on the hospital grounds when accompanied by staff, and *only* if they have a doctor's order. Patients are not allowed to have their own lighters and matches.

Visiting Hours

Visiting hours are from **12p.m. - 2p.m.** and **5p.m. - 7p.m.**

Visiting hours are limited in order to allow enough time for medical testing and unit programs. Please remind friends and family to call to make sure you will be available when they visit, as some tests are done "on-call". You may visit in the day room/dinning room. Visiting in your room is also permitted, with your roommate's approval. Visitors of any age may visit. Children 12 and under must be supervised by an adult at all times.

PROGRAM PLANNING

Activity Levels: After your treatment team completes your initial evaluation, including assessment of your symptoms, behavior, ability to care for yourself, and ability to preserve personal safety, and after your treatment plan has been devised, you will be assigned an Activity Level (A.L.) The initial assessment of your A.L., and any subsequent changes in your A.L will be made in consultation with you, your doctor, and other members of your treatment team. Freedoms and restrictions associated with each A.L. are described below:

- A.L. I. Restrict to ward.
- A.L. II. May leave unit for tests or outings 1:1 with staff.
- A.L. III. May leave unit with staff as part of a patient group. 1:1 with 3-South staff for tests. Outings off campus to Westwood Village require a doctor's order.
- A.L. IV. May leave unit with staff as part of a patient group. May go to tests with hospital escort. May leave unit with family for brief outings*.

*Family outings may be scheduled after consultation with assigned nurse and with a Doctor's order. Patients may not miss meals, scheduled unit activities (they are expected to attend according to their treatment plan), medications or physician rounds. Involuntary patients may not go on family outings but may go to off-unit activities based on nursing judgment.

It is your responsibility to inform your assigned nurse and unit secretary when leaving and returning to the ward.

Treatment Team: To gain the most from your hospital stay, participation in your treatment program is essential. Your treatment plan is developed after a thorough evaluation of your needs by a team of professionals. This team is made up of your physician and other medical consultants as needed, and your nurse, social worker, and occupational therapist. You (and your significant others, as you desire) will also be involved in this process.

Nursing Care: Nurses work in collaboration with other team members to provide a comprehensive assessment of the older adult. The goal is to preserve dignity, promote independence, and identify and build on existing strengths. Nursing care also focuses on promoting and optimizing psychological and physical well-being. The nursing care delivery system is called Primary Nursing. The Primary Nurse is responsible for developing, implementing, and evaluating a nursing care plan for each patient. Your primary nurse is responsible for the nursing care of his or her assigned patients from admission to discharge. The goal of this type of nursing care delivery system is to achieve continuity of care that is comprehensive, organized and individualized. 3-South is committed to excellence in the clinical practice of nursing and the delivery of patient care.

Treatment Groups: Scheduled times for treatment groups are located on the Program Board across from the dining room. The purpose of the treatment group is to identify your interests, capabilities, and areas of strength. In addition, these groups can help you explore problem areas and identify ways to use your strengths to deal with these problems. Information gained during treatment groups can assist team members in establishing treatment priorities, and assist you in setting realistic goals.

Some typical group topics are as follows:

Community Meeting	Life Skills
Travel Log	Leisure Activity
Exercise Group	Current Events
Baking and Cooking	Gardening
Occupational Therapy Workshop	Reminiscing
Activities of Daily Living Assessment (ADLs)	

Family Involvement: Family and significant others are an important part of your treatment plan. We welcome their involvement and encourage their input. Along with you, they will be dealing with your treatment team on a regular basis. The best way for them to contact the members of your treatment team is to designate one family member who will gather the information for the family and make an appointment to meet with the primary nurse, social worker or physician to discuss areas of concern. When contacting the unit by telephone we would appreciate your arranging for one family member to make the calls for the family, as each telephone call takes staff away from patient care. The best time to call is in the afternoon after the teams have met and reviewed the information gathered from the day before. The treatment team will also set up a meeting with you and your family to provide you with information and education about your illness and treatment. Patient and family education is an important part of your treatment plan.

Patient and Family Education: The goal of patient and family education is to provide you with the knowledge necessary to promote and maintain healthy behaviors. This knowledge enables you and your family to be involved in decisions about your care, and increases the likelihood that you will follow your therapeutic plan. Education will be done individually, and in group and family sessions. Relevant handouts will be provided to you.

Discharge Planning: Discharge planning begins at the time of admission and is made with the cooperation of you and your family/significant others. They will take into account your physical and emotional needs, as well as the social and financial resources available. In many cases, a series of alternate plans are devised, since it is not always possible to precisely predict your level of functioning at the time of discharge. The goal of discharge planning is to provide optimal medical aftercare and to maximize your chances of remaining out of the hospital at the highest possible level of health and well-being. An exit interview will be scheduled involving you, your treatment team, and your family to review your hospitalization and plans for after discharge. A written list of your medications, care instructions, and follow-up appointments will be reviewed and given to you. You are encouraged to ask questions. On the day of discharge, your family will be given an appointment time, usually **before 11a.m.**, at which time last-minute information can be reviewed and questions can be answered.

OUTPATIENT PROGRAMS: A range of outpatient services is available after discharge.

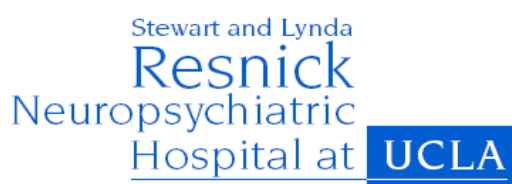
Day Treatment: The Day Treatment Program provides structured activities in a supportive setting to help the older adult with the transition back to the community after hospitalization. Self-responsibility and personal growth are promoted through participation in a series of specialized groups in which older adults learn to structure time, expand leisure interests, enhance self-esteem, and develop skills and habits to deal with diminished functions. Relationships that develop in the groups also help decrease effects of social isolation and loneliness that are often associated with illness and disability. Referrals are insurance based.

Outpatient Assessment: Since many of the common problems of aging such as depression, anxiety, psychosis, sleeplessness and chronic pain can effectively be treated with medications. The Geriatric Assessment Program provides expert psychopharmacologic assessment, treatment and long-term monitoring for patients discharged from 3-South.

FINANCIAL CONSIDERATIONS: Medicare assignment is accepted for Geriatric Division programs. Access Center staff (310-825-9989) can help patients determine which services may be covered under individual supplemental policies.

CONCLUSION: The Stewart & Lynda Resnick Neuropsychiatric Hospital is an acute care hospital, so your stay with us is likely to be brief. The goal of hospitalization is to assess, treat and stabilize the conditions that brought you to the hospital. Once this occurs, we will assist you in moving to a less acute level of care. This may be home care with outpatient therapy and supportive services, or a Board and Care home or another type of assisted living facility. We will work with you to make this a smooth transition so that you may continue working towards your best individual level of functioning.

6/07cp



The Geriatric/Adult Medical Psychiatry Inpatient Unit is under the direction of:

Unit Director: James Spar MD

Nurse Manager: Evelyn Hannigan, RN, MSN, BC

Clinical Nurse Specialist: Cheryl Puntill, APRN, BC, CNS

Other Team Members:

Primary Physician: _____

Phone: (310) 825-0417

Primary Nurse: _____

Phone: (310) 825-0417

Occupational Therapist: Kelly Thongkham - Certified O.T. Assistant Kim Farrar

Phone: (310) 825-0161

Social Worker: Bill Ruiz, LCSW

Phone: (310) 825-0555

Other Useful Phone Numbers:

Nurses Station: (310) 825-0417

Admissions/Financial Counseling: (310) 794-1022

Patient Pay Phone: (310) 824-9080

Spiritual Care: (310) 825-7484

Patient Relations: (310) 825-6962

Mailing Address: **Resnick Neuropsychiatric Hospital at UCLA
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