



Resnick Neuropsychiatric Hospital

4-North

Adult / Medical-Psychiatry Unit

Welcome to the Adult/Medical-Psychiatry Unit located on 4 North, in the Stewart & Lynda Resnick Neuropsychiatric Hospital at UCLA (R-NPH). This packet is designed to provide you with information regarding your hospital stay.

The focus of your brief hospitalization will be *evaluation and stabilization to optimize your health*. The 4-North staff will provide a multidisciplinary approach to your care. The staff will educate you regarding tests, treatments, and aspects of your care, with appropriate discharge plans to ensure a smooth transition back to the community.

Again, the staff of the Adult / Medical- Psychiatric Unit on 4-North welcomes you!

PROGRAM OVERVIEW: 4 North's inpatient program provides intensive evaluation and differential diagnosis of acute emotional and behavioral problems such as mood disorders, dementia and psychosis for the adult 18 years and older. In addition, the inpatient unit provides a comprehensive treatment program to adults who are experiencing complicated medical conditions along with their psychiatric symptoms. 4 North also provides expert care to those patients referred from the R-NPH ECT Department for Electroconvulsive Therapy.

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 is acute or chronic, is treated by experts in the field of geriatric and internal medicine. Other specialty medicine professionals are consulted as needed. Nursing care is provided by licensed nursing staff 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. Our Occupational Therapist and Occupational Therapy Assistant provide daily assessment and management of daily living skills, with a focus on maintaining or improving overall function. The occupational therapy program also includes structure activity groups.

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. Several outpatient

programs, to support and maintain the patient's involvement after discharge, are available if recommended.

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 or sharp items are kept in the greeter 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 greeter station to be checked by your nurse.

In general, you will be expected to be dressed during the day and the following items will be particularly useful:

- Three or four **inexpensive** washable outfits
- Sturdy walking shoes and low-heeled slippers with backs
- A light jacket or sweater
- A robe and night clothes (hospital gowns will also be available)
- 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 greeter station. The unit provides hairdryers and hair curlers.
- Radios without cords are permitted (again, please label).
- All electrical appliances must be checked in at the nurses' station. An electric razor and safety razors are also available from nursing staff.
- You are encouraged to bring pictures for your room (no glass frames please). There is a white board at each bedside.
- The unit has facilities for washing and drying clothes free of charge. Nursing staff can instruct you and your family in their use. If your family would prefer to launder your clothes at home, please inform the staff assigned to your care.

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 Reagan 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 you in maintaining your belongings, **but the hospital cannot assume any financial responsibility for loss or damage to any personal belongings during your hospital stay.**

Use of Personal Lap Top Computers & Cell Phones: It is necessary to prohibit the possession of cell phones and laptop computers by patients during inpatient stays. The primary reason is for privacy. Most cell phones and many lap top computers are now manufactured with built in micro-cameras and recording devices which may be used to compromise the privacy rights of our patients. However, if access to a computer is needed to check emails or use the internet, one will be provided for your use, with supervision from the R-NPH staff.

ACCOMMODATIONS

Day room/dining room: These areas are the hub of community activities where programming will occur and meals will be served. Recommended dress is casual and comfortable when you are in the day/dining room. There are activities, magazines and books available to you during free time, or when the occupational therapist, nurse or psychologist is not having a group. A VCR/DVD player and individual CD/radios are available for your use. Please see your assigned staff or occupational therapist to acquire these items to use during leisure times. Day room TV program selection and choice of music are negotiated by group consensus, and majority opinion prevails. The television will not be available during meals, group hours and quiet hours.

Bedrooms: Each bedroom has closet spaces for your personal belongings. A locked cabinet for toiletries is provided to you in your room. Nursing staff will unlock the cabinet when needed. Your assigned staff will supply clean towels and bed linens. Extra blankets are available on request.

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 day/dinning room and assistance is provided as needed.

Meal Times

Breakfast.....	8 A.M. - 9:00 A.M.
Lunch.....	12:15 P.M. - 1 P.M.
Dinner.....	6 P.M. - 7 P.M.
Evening Snack.....	8:30 P.M.

Phone: Personal phone calls may be made from the pay telephones on the unit. Please limit your calls to 10 minutes, as all patients use these phones. The pay phones have a black dial that allows you to increase the volume when someone is talking to you. Cell phones are not allowed on the inpatient units to protect the privacy rights of our patients. Access to phones to make personal calls or to make discharge arrangements, will be provided if you are not able to use the pay phone. Pay Phone numbers: (310) 208-5857, 5786, 5409.

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 and outdoor decks 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 **12 P.M. - 2 P.M.** and **5 P.M. - 7 P.M. daily**

Visiting outside of regular Visiting Hours can be arranged.

Visiting hours are limited in order to allow 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". We encourage you to visit in the day room/dining room but visiting in your room may be permitted. At times, visitation may be monitored depending on your situation. 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 1:1 with staff.
- A.L. III. May leave unit with staff as part of a patient group. 1:1 with staff for tests.
- 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 with 1:1 staff, based on nursing judgment. Outings off the hospital or campus grounds require a doctor's order.

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, your nurse, social worker, and occupational therapist. You (and your significant others, as you desire) will also be involved in the treatment planning process.

THE PRIMARY MEMBERS OF THE TREATMENT TEAM ARE AS FOLLOWS:

Attending Physician (M.D.): It is the responsibility of the attending psychiatrist to plan, direct, and coordinate each patient's treatment program. The attending psychiatrist meets with the patients individually for an assessment and conducts "Rounds" every day of the week to review each patient's progress. The Attending psychiatrist may work with a psychiatric resident staff member or trainee, who, under the supervision of the attending psychiatrist, coordinates all aspects of patient care and treatment

Nurse Manager: This nurse provides administrative support to facilitate the maintenance of a safe and therapeutic hospital and unit environment.

Clinical Nurse Specialist (CNS): This nurse provides staff supervision to ensure relevant and individualized nursing care to each patient with support and education for patients and families. In addition, this staff assists in the maintenance of a safe and therapeutic unit environment.

Primary Nurse: The nursing care delivery system is called Primary Nursing. The Primary Nurse is a registered nurse who is responsible for developing, implementing, and evaluating a nursing care plan for each patient. Your primary nurse is the RN responsible for the nursing care 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. The nursing staff is committed to excellence in the clinical practice of nursing.

Assigned Nursing Staff: A licensed nursing staff member will be assigned to your care each 8 hour shift. The assigned staff member will administer medications, treatments, provide individual counseling, provide and maintain a safe environment, encourage participation in group activities, and communicate relevant information to the primary nurse and other team members

as needed. Nurses work in collaboration with other treatment team members to provide a comprehensive assessment. 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.

Pharmacist: Although you may not meet with this person individually, the pharmacist is a specialist in psychiatric medications who provides consultation and education to clinical staff. The pharmacist reviews all medication orders before they are carried out.

Clinical Social Worker: This is an LCSW or MSW who will involve the patient and family and collaborate with the interdisciplinary treatment team to provide information and education regarding; understanding and managing the psychiatric condition, mobilizing resources, improving interpersonal relationships, decision-making related to discharge and continuity of care, and locating appropriate post-discharge services. This may include individual and group counseling and family meetings.

Occupational Therapy Staff: An occupational therapist (O.T.) is assigned to each unit. The O.T. leads many of the therapeutic groups and as needed, does individual sessions. The O.T. helps patients assess, identify and practice a wide variety of coping strategies; such as sensory calming/alerting modalities, structured and leisure activities, relaxation techniques, exercise, communication and social skills. The O.T. educates and assists patients in developing their own individual effective care plan for discharge.

Chaplain: The chaplain provides pastoral care services to address the spiritual and religious needs of patients. Chaplains are trained to work on an interfaith basis. Patients may also make a request for a specific clergy and may access this resource through any staff member.

Treatment Groups: Scheduled times for treatment groups will be posted on the unit. 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:

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| Community Meeting | Life Skills |
| Travel Log | Leisure Activity |
| Exercise Group | Current Events |
| Baking and Cooking | Gardening |
| Occupational Therapy Workshop | Reminiscing |
| Activities of Daily Living | Medication Teaching |
| Wellness | Feelings Group |

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 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 treatment teams

have met and have 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 during your hospital stay and after discharge. 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 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.

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.

If you believe that language differences or hearing deficits may be a barrier to clear communications, please inform your nurse and/ or physician. Resources will be provided at no cost to you.



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

Unit Director: James Spar MD

Nurse Manager: Evelyn Hannigan, MSN, RN, BC

Clinical Nurse Specialist: Cheryl Puntill, MN, RN, CS

Other Team Members:

Primary Physician: _____

Phone: _____

Primary Nurse: _____

Phone: _____

Occupational Therapist: Kelly Thongkham - O.T. Assistant Kim Ferrer

Phone: _____

Social Worker: Bill Ruiz, LCSW and Anna Kurtz, LCSW

Phone: _____

Other Useful Phone Numbers:

Nurses Station: _____

Admissions: (310) 267-8008

Patient Accounting: (310) 825-8841

Patient Pay Phone: _____

Spiritual Care Services: (310) 825-7484

Patient Relations Specialist: (310) 825-6962

Mailing Address: **Stewart & Lynda Resnick Neuropsychiatric Hospital at UCLA
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