



## **Tuality Center for Geriatric Psychiatry**

### **An Overview of the Hospital Stay**

Tuality Center for Geriatric Psychiatry provides very specialized mental health care and treatment for patients who suffer from debilitating episodes caused by disease. These diseases may cause the patient to be a danger to self or others. Our goal is to find the treatment and care that will allow the patient to be discharged to the safest and most successful community based setting. Our treatment team works in a multi-disciplinary structure with the goal of maximizing quality of life for every patient. To achieve this goal we have a typical series of events that occur during the average 10-14 day hospitalization here at the Center for Geriatric Psychiatry. Details of each patient's hospital stay will vary from person to person, and will be specific to the patient's needs. The actual time each patient stays is directly related to the patient's psychiatric needs.

#### **Beginning of hospitalization:**

A patient's stay starts with a referral to confirm that the patient meets the Centers for Medicare and Medicaid Services (CMS) criteria for admission to our geriatric psychiatric hospital unit. Our psychiatrists are responsible to ensure all patients meet these strict criteria.

***We cannot guarantee the return of patient valuables*** unless they are locked in our safe. Our best advice is to leave valuables at home. Provide only 3 changes of machine washable clothing.

When the patient arrives, the treatment team starts assessing the patient. The treatment team includes psychiatrists, nurses, social workers and occupational therapists. As the assessments are completed, the treatment team designs a treatment plan with goals specific to each patient. These goals focus on stabilization of behavior to enable a return to the community. Legal status becomes a concern if a patient is admitted to this unit involuntarily or becomes involuntary during hospitalization. There are legal processes to protect each patient's civil rights.

#### **Middle of hospitalization:**

The treatment team meets formally Monday through Saturday to discuss every patient's daily progress. Team members contribute their clinical findings and recommendations. They also discuss what treatments or interventions aren't working for the patient. They continue to adjust treatments and interventions, to benefit the patient, throughout the stay. The team presents their findings to the family and/or the patient at the one care conference scheduled during this time. The team will also recommend a discharge level of care based on assessments and behavior in the hospital. It is up to the family to make the final decision as to the level of care and the facility of choice for the patient to live.



## **End of hospitalization:**

Preparations are made for each patient's discharge from the hospital. The patient will have made progress towards their treatment goals and/or they no longer meet the CMS criteria for continued geriatric psychiatric hospitalization. Other concerns such as legal status (i.e. guardianship, conservator or court commitment) have been resolved to allow a safe discharge. There will likely be a new medication regimen and new information about how to ensure the environment and caregivers can help the patient remain successful. This information is passed on to care providers verbally and/or in writing. The prescriptions for medications to be taken after discharge are also reviewed with the caregivers. **Prescriptions must be filled by the patient, family or facility accepting the patient.**

We are pleased to be of service to patient and families. We work hard to provide the best care possible. We know hospitalization here can often be under extremely stressful circumstances. Please work with us to help provide the best care and meet the patients' needs.

Please note that different clinicians are responsible for different components of the hospitalization:

**Social Workers** coordinate the discharge process with families and facilities, have information on legal status, such as guardianship, and can answer many of the logistical questions around the hospitalization and discharge. If you don't know who to ask, ask a Social Worker.

**Certified Nurses Aides** can provide information about specific day-to-day activities such as showering, changing clothes or eating meals, and can describe interventions that work or don't work.

**Nurses** can explain medications, and discuss daily behaviors and interventions.

**Psychiatrists** are the physicians ultimately responsible for care and treatment of patients. They prescribe medications, order medical tests/exams and interpret overall results of evaluations, assessments and tests by other team members. Psychiatrists oversee all of the care provided during this hospitalization.

**Occupational Therapists** assess and test the cognitive and functional abilities of each patient and report to the rest of the team. These results are used to design the functional and behavioral parts of the care plan. Occupational Therapists can often design creative behavioral interventions to help patients achieve their potential.

For more information, please contact:

- Lisa Downing, Community Education Manager at 503.359.6962

To refer or discuss a specific patient, please contact:

- Jill Hibbs, Clinical Assessment Coordinator at 503.359.6969, option 1

