

Guide to ADULT INPATIENT CARE

at Smokey Point Behavioral Hospital

Information for Patients, Families, and Caregivers



Hello and welcome to Smokey Point Behavioral Hospital,

Each member of our team strives to achieve our mission of providing a supportive, compassionate, and innovative environment of patient-centered care. You are the most essential member of our team and it is our goal to help you on your way toward recovery and well-being.

We will work collaboratively with you and your care team to develop and implement an individualized treatment plan that provides you with the necessary support and tools to help you better understand and manage your illness and symptoms, strengthen your resilience, and improve your mental health moving forward.

We prepared this handbook as an overview of what you can expect when you arrive at Smokey Point Behavioral Hospital and to address questions and concerns that you and your family may have. We hope that you find this information helpful.

As your community provider for mental wellness, we thank you for trusting Smokey Point Behavioral Hospital.



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How Long Does the Admission Process Take?

Typically, this process takes 2 to 4 hours — when you first arrive at Smokey Point Behavioral Hospital, you will meet with an Intake staff member in the Intake Department – for your safety and the safety of others, your belongings will be taken and kept in a safe and locked location. At the same time, the Intake staff will provide you with registration paperwork and work with you to complete a basic health questionnaire.

After the completion of your registration paperwork, an Intake mental health professional will meet with you for an initial behavioral health assessment to determine which level of care is right for you. If it is determined that being admitted to the hospital is right for you, you will be admitted to the specific program that meets your needs. Once you have been admitted into our system, you will be given an identification wristband, which you must wear at all times.

Next, a registered nurse will conduct a nursing assessment, take your vitals, and address any unstable medical conditions or safety concerns. Your participation is very important during this process. Please ask questions and share your concerns.

Up to two family members or friends, except for children under 18 years old, may stay with you during the admission process (if you permit them) while you are in the Intake Department – with your permission, family and friends may be asked to take part if they are present. Otherwise, family and friends will be asked to step out of the room for all, or part of the assessment. Formal family meetings are not routinely part of the initial evaluation, these may occur later at the inpatient program with staff who will follow you throughout your stay and become more familiar with you and your family.

Finally, a member of the Intake team will accompany you to the inpatient program in which you will be staying and introduce you to the nursing staff there. You will be assigned a clinical treatment team who will address your treatment needs during your stay.



What Releases Will I Be Asked to Sign?

You will be asked to sign release of information (ROI) forms for any family or friends for which you authorize SPBH to exchange information with, as well as, a primary care physician, psychiatrist, and therapist (if you are established with these services). These releases are encouraged so we may communicate with your health care providers outside of SPBH.

Is Financial Assistance Available?

Smokey Point Behavioral Hospital recognizes that some patients have limited means and may not have access to insurance coverage for all services.

We have a financial assistance program for qualified uninsured and underinsured patients with limited financial resources.

What personal items and belongings will I need during my hospital stay?

Medication List: Make sure to provide a list of your current prescription and over-the-counter medications, including dosages and frequency.

Medical Equipment: You should also plan to bring any durable medical equipment you may need such as a, CPAP machine, and hearing or visual aids. Items with cords may need to be kept at the nursing station. Please mark your name on all personal care items.

Cellphones: To help promote focused engagement during group therapy and other aspects of treatment, **cellphone use is NOT allowed.** During the admission process, you will be given a form to write down important phone numbers and your cellphone will be securely stored.

What Do I Need to Know Once I Arrive to the Inpatient Unit?

In general, family and friends are not allowed on the unit during the second half of the admission process. A mental health technician (MHT) and/or nurse will help you get oriented to the program and settled into your room. Staff are available to answer general questions and address concerns that you may have. If you have specific questions regarding your treatment plan, goals, or discharge, please speak with your attending provider or program therapist.

During your stay, your treatment team comprised of psychiatrists, therapists, and nurses will oversee your care and treatment to help you on your way to recovery.

Why Do Different SPBH Staff Ask Me The Same Questions?

You will most likely be asked to tell us about yourself a few times, one time with each professional, such as a psychiatrist, masters-level therapist, registered nurse, and potentially a chemical dependency professional – different staff will listen to your answers for different purposes. We want to be as thorough as possible as we work with you to develop your individualized treatment plan.

How long can I expect to stay in the hospital?

Length of treatment is individualized for each patient admitted to the program.



WHAT TO BRING

When you arrive on the unit, your personal belongings will be checked in by a mental health tech. You will be allowed to keep your clothing in your room.

Smokey Point Behavioral has washers, laundry soap and dryers available on each treatment unit. Dirty clothes are kept in brown paper bags with your name on the bag. Laundry service is provided for you, and your clothes are returned in a brown paper bag. Laundry is generally done at night.

Suggested Items to Bring:

- Insurance Card, Photo ID, and contact list of current providers
- **Three to five days** of casual, comfortable clothing with no drawstrings
 - 1 pair of pajamas (**no drawstring**)
 - 3 pants and/or shorts (**no drawstring**)
 - 3-5 t-shirts/long sleeve shirts
 - 2 sweatshirts, sweaters or jacket (**no hoodie or drawstring**)
 - 3 bras (**no under wires**)
 - 3 pairs of underwear
 - 3-5 pairs of socks
 - 1 pair of sneakers (**no laces**)
 - 1 coat, 1 pair of gloves (**no drawstring**)
- Shorts must be at least fingertip length (shorts must be worn under dresses or skirts)
- No sagging or unbuttoned pants
- Pajamas must be worn at bedtime. All patients must sleep in a shirt and bottoms
- Socks and/or shoes/slippers must always be worn
- **Unframed** photos of family
- **Medications:** inhalers, birth control pills and antibiotics if needed. We supply all other medication. **Please bring a current, accurate list of your medications and dosages.**

* All clothing must provide adequate coverage. Staff may request that clothes be changed if they consider the attire to be inappropriate (too tight, too short, offensive, dirty, etc.) Any inappropriate clothing will be marked with your name and stored for family to pick up or until you are discharged.

** Jewelry is limited to a **wedding ring only**. All other jewelry is prohibited and will be securely stored.

*** Exchanging, borrowing, or lending any clothing or personal items is not allowed.

Hygiene Toiletries:

- Toothbrush & Toothpaste
- Shampoo/Conditioner
- Hairbrush/eyeglasses
- Deodorant
- Feminine hygiene products

*Basic hygiene kits can be provided at no cost to you if you do not have these items (all toiletries are placed in plastic containers behind the nurse's station).



WHAT TO LEAVE AT HOME?

We strive to keep our building free of potentially hazardous items. As a result, we have determined what items are considered contraband and are not approved for patients admitted to SPBH. The list includes, but is not limited to:

- Alcohol, drugs or illegal substances
- Bedding, blankets, pillows, and stuffed animals – for Infection Control (*we will supply all the linens and pillows you need during your stay*)
- Belts, shoelaces, handkerchiefs, hats, scarves, stockings, panty hose or tights, any clothing with ties
- Boots (includes steel toe)
- Cans (aluminum, metal or plastic – such as aerosol cans)
- Cameras, Cell phones, Computers
- Clothing with offensive language
- Cigarettes, Cigars, e-Cigarettes or opened cigarettes (***we are a smoke-free facility***)
- Cosmetic containers / Make-up
- Ear / Facial piercings deemed a safety risk (stud earrings and piercings are acceptable; hoop earrings are not)
- Food of any kind outside of SPBH is not allowed on units or patient rooms and will not be delivered
- Lighters and Matches
- Mouthwash/Gel toothpaste containing alcohol, aerosols
- Drawstrings, Rope, Chains or Other Corded Items
- DVDs & DVD Players
- Earphones
- Electronic devices (all) -- cameras, cell phones, computers
- Glass or ceramic objects and picture frames
- Hats or Headbands
- Hair Dryers, curling irons, Straightening Irons
- Hairspray
- Hand sanitizer with alcohol
- Hard-Backed Books (soft cover books are acceptable)
- Metal items such as; combs, metal nail files/nail clippers, manicure sets, and picture frames
- Mirrors (including make-up compacts with mirrors)
- Nail polish or polish remover
- Neck Jewelry
- Needles
- Paperclips, Pens & Spiral Bound Notebooks
- Perfume & Cologne
- Pins (includes straight and safety pins)
- Plastic bags of any size
- Purses, luggage, backpacks (*will be stored until discharge*)
- Razors
- Scissors
- Sewing needles, hooks or scissors of any kind
- Underwire Bras and Sport Bras
- Weapons of any kind (e.g. guns, knives, mace/pepper spray, etc.)

**** Flowers & Balloons** – We strongly discourage our visitors from bringing/sending these items to the hospital. **IF flowers or balloons are brought in, they will be kept off unit and until discharge and cannot be in patient rooms.** We suggest that you wait until the patient returns home to present these items so that they can fully enjoy them.

***** Packages** – Due to short lengths of stay, mailed packages tend to arrive post discharge, therefore we encourage visitors to drop-off packages in person, so to ensure patients receive their items in a timely manner.



INPATIENT CARE AT SMOKEY POINT BEHAVIORAL HOSPITAL

Treatment Philosophy

Our treatment philosophy is based around a therapeutic milieu that fosters personal growth, integrity, and empathy. Group therapy is the core component of treatment and provides you the opportunity to interact with others at your own pace and comfort level and, in so doing, contributes to positive outcomes of working within a group experience in a caring, safe, and supportive environment—an essential factor in your recovery.

You will receive a copy of the group program schedule on your unit so you can plan to participate. Group meeting times and schedules are also posted on each unit.

Our goal is to help you reach your potential by strengthening your daily functioning and by accomplishing your short-term and long-term treatment goals, working with you, your family, and as a member of the therapeutic milieu. Change can be difficult and painful, but the result is growth and our staff will make every effort possible to support you and your family to make the necessary changes to lead a fulfilling life.

Respect and responsible behavior for all members of our therapeutic milieu is an important aspect of our treatment philosophy and we encourage you to share your feelings in an open and trusting atmosphere.



Change Process

You entered the Adult Inpatient program in order to grow and develop, which can evoke feelings of anger, sadness, loneliness and even fear. Our staff will support you, your family, and friends through the change process to ultimately have a positive experience.

Our goal is for you to develop coping skills that are necessary for your safety and to achieve success in addressing and completing your treatment goals. One of the objectives is to assist you to work with your feelings in a constructive and safe manner. Our staff will work with you to allow for healthy expression in a productive fashion. You will learn how to obtain the support that is both desired and necessary for personal growth—the goal during treatment is improvement in your ability to resolve problems and form healthy relationships with others.

Ultimately, we hold you, the patient, responsible for your own behaviors. You will be taught to connect the decision-making process, the behaviors and the final outcome. Our staff will ensure your safety, the safety of others on the unit and assist you to take responsibility for your own decision-making.

Assessments and Treatment

The Adult Inpatient Program addresses the biological, psychological, social, spiritual, and physical components of human behavior within the context of a brief hospitalization. You will be assessed by a comprehensive team of doctors, nurses, and therapists in order to determine the specific needs for your treatment. The problems identified in the assessments are used in the development of your individualized Master Treatment Plan.

Nursing Assessment:

A comprehensive nursing assessment is completed by a Registered Nurse within 8 hours.

Psychiatric Evaluation:

A psychiatrist/ARNP will complete within 24 hours.

History and Physical Assessment (H & P):

A physician or designee will complete within 24 hours.

Psychosocial Assessment:

A therapist will prepare a psychosocial evaluation within 72 hours of your admission.

Recreational Activity Assessment:

A Certified Recreational Therapists will complete within 72 hours.

Other Assessments:

Other assessments will be conducted as ordered, i.e., Chemical Dependency, Dietary, etc.

You will attend group sessions to help you better understand your illness and manage your symptoms, learn strategies and skills to assist in your recovery, and work on lifestyle and safety plans for maintaining your recovery and wellness. Your treatment will include medication evaluation and management, group and family therapy (case-by-case), education, intervention, and support.

Your nursing staff will be available to answer any questions during your treatment and is also responsible for providing you with medication. Throughout the day, you will have opportunities to meet other patients who may be dealing with similar issues and challenges. They can offer valuable wisdom, support, and insight and can help you in your recovery.

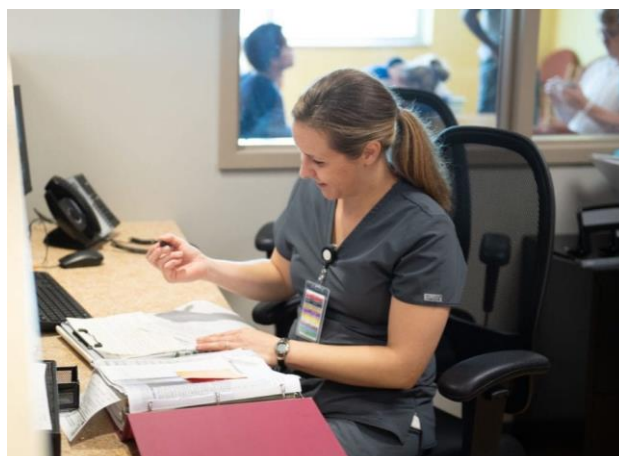
Treatment Planning

An individualized treatment plan will be developed utilizing the identified problems from within your completed assessments listed above, taking into consideration your bio-psycho-social, spiritual, and physical attributes, as well as your strengths and limitations.

Your treatment plan addresses the specific goals and objectives which define appropriate interventions to be utilized and ultimately documents ongoing efforts to restore you to a higher level of functioning that would either permit discharge from the program or reflect the continued need for the intensity of inpatient hospitalization.

Treatment Team

Your treatment team includes clinicians responsible for your care during your stay at SPBH. They work together to provide excellent, compassionate, and effective care, and work with you to decide on the best treatment plan.



My Attending Psychiatrist is: _____ Assigned on unit

My Program Therapist is: _____ Assigned on unit

- **Medical Staff:** Psychiatrist, Advanced Registered Nurse Practitioner (ARNP), Primary Care Physicians (PCP).
- **Program Therapist:** Masters-level clinicians help coordinate your overall care (referred to as “case management”). They communicate with family and outside caregivers, lead family meetings, help with aftercare plans, and arrange for follow-up care. Your Program Therapist also helps you understand and manage your illness and provides support for your recovery.



- **Nursing Staff:** Registered Nurses (RN) and License Practical Nurses (LPN) may administer medications, provide support, and help coordinate your care, provide information to you and your family, and answer many of your questions. Each day and on each shift, a specific nurse is assigned to your care. Student nurses sometimes assist registered nurses in providing care.
- **Recreational “Rec Therapist” Activity Therapist:** Lead recreational activities, such as art therapy, music, and structured games. These groups help you learn skills, gain insights about yourself, and connect with other patients.
- **Mental Health Technicians:** MHT’s assist the nurses in monitoring your symptoms and functioning, taking vital signs, supervising meals, organizing activities, leading groups, and maintaining patient safety on the unit.

As with all health care, collaboration between you, your family, and your treatment team is crucial. We encourage you to learn as much as possible about your illness, including your symptoms, recovery, resilience, and wellness. Your treatment team needs to know about you—your strengths, your interests and abilities, the history of your illness, and your symptoms and behavior. While at SPBH, please ask questions and express concerns about your health and treatment. Learning about your illness will help you in your recovery.

You can identify staff members by the identification badges that they wear, displaying their name, photo, and department. All staff members must always wear Smokey Point Behavioral Hospital photo identification badges. If anyone without an identification badge approaches you, ask that he or she display his or her badge.

Structure of the Program

- **Group Therapy** – Group therapy is held each day with a focus on skill development and cognitive behavioral interventions to improve interpersonal, social, and occupational functioning. You will have the opportunity to meet with your therapist in a group-setting to address treatment issues in a supportive environment. Issues such as low self-esteem, stress management, relaxation, anger management, anxiety, depression, and mania are included in the focus of this group therapy.
- **Psycho-educational/Skills Group** – Psycho-educational/Skills Groups are held daily to provide patients with education on mental illness and to improve coping strategies to decrease symptoms.
- **Individual Therapy** – Your Program Therapist provides individual therapy on an as-needed-basis. Group therapy is the primary treatment model.
- **Family Therapy** – Family members may be requested to participate in family therapy with consent from you (the patient) and at the discretion of the treatment team.
- **Addiction Education** – You will explore the cause and effects of drugs and/or alcohol on physical, emotional, mental, and spiritual wellbeing if you have identified issues with chemical dependency.
- **Activity Therapy** – The Recreational Activity Therapy program helps you to structure leisure time while developing new skills. This program encourages the development of motor, cognitive, and social skills.



Program Rules and Guidelines

General Rules

- Be respectful of yourself and others.
- Patients are expected to talk to a staff person about the issues that led to admission.
- Patients need to follow staff directions.
- **No physical contact between patients.**
- There is a TV for general use and there are rules governing appropriate behavior in the dayroom and rules for deciding what is played on the television.
- Television will be turned off and other activities put away during scheduled groups to encourage active participation in the treatment program.
- Patients are responsible for making their own beds and keeping their rooms neat.
- Room checks are done daily by staff to make sure rooms are safe;
 - If prohibited items are found they will be removed.
- Room doors are locked during programming but are open during free.
- Furniture and mattresses are not to be moved due to hospital safety regulations.

Confidentiality

Privacy and confidentiality of all patients and their families is respected and protected. Personal Health Information (PHI) is available only to the staff directly responsible for your care in order to provide treatment. Efforts are strictly enforced to keep confidentiality and to maintain privacy within the treatment setting.

For privacy and the privacy of others, names of clients should never be shared outside of the program. Please do not discuss information about other clients. Do not share information: address, email, phone number, etc. with other clients. For confidentiality and protection this is strictly prohibited.

Patient Identification Number aka “ACCESS CODE”

While you are a patient at SPBH, confidentiality and privacy are carefully protected by the entire SPBH staff in accordance with state and federal laws.

To assist in preserving confidentiality, each patient is assigned an identification number upon admission.

This will be your access code while receiving treatment—**your friends and family will not be able to contact you without being able to provide your access code.**

My ACCESS CODE # is: _____

Telephone Calls

Be sure to share your **access code** with friends and family that you want to receive phone calls from while at SPBH. If your family or friends try to contact you and cannot provide your 4-digit code, SPBH cannot confirm or deny that you are a patient here.

Phone calls may be limited in duration, due to all patients needing phone time.

SMOKEY POINT BEHAVIORAL HOSPITAL

Mail

Incoming mail is given out daily. Letters and packages must be opened in front of staff to prevent the possibility of dangerous or restricted items getting into patients' possession.

Meals and Snacks

Each Inpatient Program have allotted mealtimes for breakfast, lunch, and dinner and are served in the dining room, unless a written order indicates you must have your meal on the unit. Snacks are also available on each unit. SPBH's Dietary Services accommodate diets for patients with medical restrictions (e.g., diets appropriate for patients with diabetes or food allergies). Dietary Services can also provide meals for vegetarians and vegans and meals based on religious principles (e.g. kosher). This will be identified during your intake assessment. We do not provide caffeinated beverages during your inpatient stay as these may affect your metabolism. **Food is not allowed in patients' rooms.**



Outside Food

For safety, sanitation, and dietary management purposes, visitors may **NOT** bring you outside food or beverages. Additionally, certain foods pose a risk to your health if you are taking a class of medications known as MAO inhibitors. Your physician and nurse will instruct you about food or beverage restrictions related to your medication. Ask your nurse if you have questions or concerns about what you should or should not be eating and drinking. Meals and snacks are provided by the hospital.

Secure Units

All inpatient units are locked and all patients are seen by staff at regular intervals to promote a safe environment. Some inpatient units allow patients to leave the unit with family or friends while supervised. Please check with your treatment team.

Mailing Address

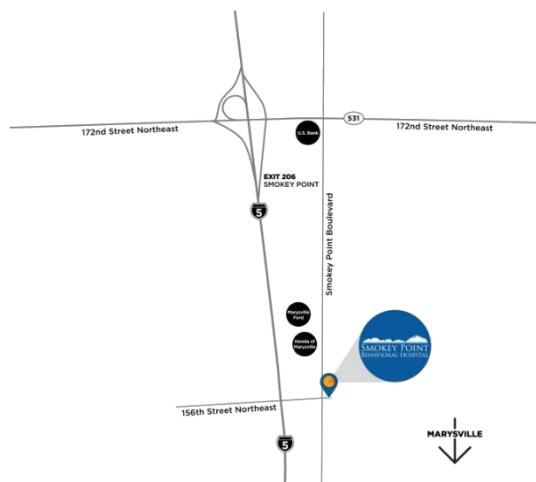
Smokey Point Behavioral Hospital

3955 156th St. NE,
Marysville, WA 98271

Phone #:

(Toll-free): 844-202-5555

(Local): 360-651-6400





SMOKEY POINT BEHAVIORAL HOSPITAL



Visitation

We understand the importance of seeing loved ones receiving care, and we know the value visitors bring to our patients. However, given the concern about COVID-19 and the recommendations by the CDC, we are limiting outside visitors to reduce the risk of infection in our hospital. We ask that visitors adhere to these restrictions so that we can maintain the safest possible environment for everyone.

Effectively Immediately: We are canceling all visitation and non-essential onsite meetings and tours. We encourage patients and their families to communicate through phone as possible. Please check with the facility for any visitation changes before arriving at the facility.



Physical Care

Physical care includes medical evaluation, treatment or possible consultation of physical problems and complications. The medical and nursing staff work together to observe, evaluate, and treat the physical, medical, and your nursing needs. Medications are determined and specifically ordered by your attending psychiatrist/provider in accordance with your diagnosis, evaluation and treatment plan.

Worship

You are permitted to exercise your religious beliefs and staff will assist you in facilitating practice of those beliefs. Patients are helped to explore spirituality in a non-threatening manner.

Property Damage

While the hospital recognizes that many of the patients admitted to SPBH have trouble in managing their anger, deliberate destruction of hospital property will not be accepted. In instances where this occurs, the cost for repairs will be billed to you (the patient).

Special Precautions

Special precautions must be taken with patients who are at risk for self-injury, assault, running away or setting fires. We have a deep commitment to the safety of all our staff and others. If a patient is believed to be in danger of harming themselves or someone else, the use of physical restraint or seclusion may be necessary. **This is always used as a last alternative.** These precautions require clinical justification and are employed only to protect the patient from self-injury or from injuring others. Orders for restraint or seclusion must be given by the attending or on-call provider while working in conjunction with nursing staff.

Restrictions

Patients are expected to assume responsibility for their own behavior while at SPBH. Certain rules and guidelines must be adhered to by patients in order to maintain a safe and therapeutic milieu. When patients break rules or conduct themselves in a manner that is destructive to the program, specific consequences for that behavior are immediately administered. Staff members recognize that restrictions and consequences must be given, considering the capabilities and limitations of each patient.

A definition of restrictions and consequences are as follows:

- **Time Out** – time out is the removal of the patient from the milieu to a designated area for a specific amount of time to collect their own thoughts and to reflect on inappropriate behavior.
- **Close Observation** – when a patient needs additional support and monitoring, they may be placed on close observation.
- **Unit Restriction** – if communication and cooperation between the patient and other patients or the staff breaks down, patients may be restricted to their unit. Activities and meals take place within the unit during this restriction. Visitation may be limited or unavailable during this unit restriction, but family therapy sessions are not affected by unit restriction.
- **Room Restriction** – patients may be restricted to or from their room when they cannot be trusted to control dangerous and destructive behaviors.



- **Association Restriction** – if patients are having relationships with other patients that may be detrimental to their treatment goals, they may be prohibited from interacting.
- **Dayroom closure** – staff may temporarily close the common areas on the unit to help regain a therapeutic environment if individuals engage in disruptive behaviors.

Discharge Planning

Discharge planning begins upon admission and is an integral part of the treatment process and is documented throughout treatment.

During treatment plan review sessions, the discharge plan is assessed and revised by the entire treatment team and you are encouraged to participate in this process. The physician and/or treatment team advises the patient of the criteria for discharge and modifications that might occur.

Under the direction of the attending psychiatrist, the treatment team coordinates discharge planning. The goal of discharge planning is to ensure continuity of care which best meets your needs and facilitates a successful return to the community. Discharge planning activities include linkage with community resources, supports, and providers in order to promote a patient's return to a higher level of functioning in the least restrictive environment.

Discharge planning provides you a process for addressing your need for continuing care, treatment, and services after discharge. The discharge plan describes the reason for and conditions under which you are discharged. The discharge plan also describes the shifting of responsibility of care following discharge and it is

essential that the discharge aftercare plan be completed sufficiently prior to discharge to allow for you to be connected to appropriate clinicians, programs, or services.

The criteria for discharge will vary from patient to patient according to each patient's specific circumstances and needs. For a patient to be discharged from the Adult Inpatient Program the following criteria must be met:

- ✓ The goals of the treatment will have been substantially met at this level of care (unless transfer to another treatment facility is indicated) and a discharge plan is in place that meets any continuing needs
- ✓ Follow-up goals and treatment plans for a lesser level of care have been established
- ✓ Releasing or transferring the patient to a less intensive level of care does not pose a threat to themselves, others, or property

Any discharge from the hospital requires the written order of a physician. The order should specify the day of the discharge, the condition of the patient at discharge, and the discharge diagnosis. Aftercare services are defined in the discharge plan.

Discharges are generally scheduled Monday-Friday before 12pm to ensure a smooth transition including reliable transportation, access to medications you may have stored in our pharmacy, access to outpatient support resources and your pharmacy to get prescriptions filled. We will work with you to coordinate your day of discharge plan.



Discharge Against Medical Advice (AMA)

Discharges Against Medical Advice may occur under the following conditions:

- The Patient / Legal guardian(s) enters a written request for discharge.
- The Patient / Legal guardian(s), after being counseled by the attending physician, continues to demand a discharge.
- The Patient is assessed and is no longer a danger to themselves, others or property. If the patient does represent a danger to self or others, the attending physician will seek court-ordered detention of the patient for the safety of the patient or others.



PATIENT RIGHTS AND RESPONSIBILITIES

The hospital shows its support of rights by how its staff interacts with patients and involves them in decisions about their care, treatment, and services. The hospital respects the culture and rights of patients during those interactions and is committed to these rights of providing quality medical care, treatment and services to patients and ensuring each patient's privacy, individuality and dignity.

PROVISION OF CARE

- The patient has the right to reasonable access to care, treatment and services. The patient has the right to considerate and respectful care, to include consideration of psychosocial, spiritual and cultural variables that influence the perceptions of illness.
- The patient has the right to receive adequate information about the person(s) responsible for the delivery of their care, treatment, and services.
- The patient has the right to be free from all forms of mental, physical, sexual, and verbal abuse, neglect, and exploitation.
- The patient has the right to expect that, within its capacity, the hospital will make a reasonable response to the request of a patient for services. The hospital must provide evaluation, service and/or referral as indicated by the urgency of the care. When medically permissible, a patient may be transferred to another facility only after another facility has accepted the patient and the patient has received complete information and explanation concerning the need for transfer as well as the benefits and risks associated with it.
- The patient has the right to receive care, treatment and services in an environment that is safe.
- The patient has the right to expect reasonable continuity of care after discharge, including information on continuing health care requirements and names and contact information for physicians and others who can provide ongoing care.
- The patient/family has the right, in collaboration with the physician, to be informed about and to make decisions involving his/her health care, including the right of the patient to accept medical care or to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.
- The patient or his/her designated representative has the right to participate in the consideration of ethical issues that arise in his/her care.
- The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his/her care of treatment. The patient has the right to refuse to participate in such research projects.
- The patient has the right to appropriate assessment and management of pain.
- The patient has the right to be involved in all aspects of their care, treatment and services including pain management.
- The patient has the right to the freedom from the use of restraints unless clinically required.
- Voluntary patients have the right to request discharge at any time. Patient requesting discharge may be referred for evaluation for involuntary treatment if the psychiatric provider has reason to believe the patient may be a risk to themselves or others if released from the hospital.



PROVISIONS OF MEDICAL INFORMATION

The patient has the right to obtain from physicians' complete information, in comprehensible terms, concerning his/her diagnosis, treatment, prognosis, alternatives for care or treatment, and the names of professionals responsible for his/her care. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his/her behalf.

- The patient has the right to receive from his/her physician, information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies such information for informed consent should include, but not necessarily be limited to, the specific procedures and/or treatment, the medically significant risks involved, alternatives, and the probable limitation during the recovery period.

PROVISIONS OF HOSPITAL INFORMATION

- The patient has the right to examine and receive an explanation of his/her bill regardless of the source of payment.
- The patient has the right to obtain information relevant to his/her care, or any relationship between the hospital and other health care and educational institutions, as well as on the existence of any professional relationships among individuals, by name, who are treating them.
- The patient has the right to information at the time of admission about the Hospital's Patient's Rights policy.
- The patient has the right to obtain information from the Hospital with regard to the Hospital's and the state's mechanism for the initiation, review and resolution of complaints concerning the quality of care received.
- The patient has the right to obtain information from the Hospital as to how he/she can formulate advance directives and to appoint a health care agent to make health care decisions on his/her behalf to the extent permitted by law.

CONFIDENTIALITY AND PATIENT RECORDS

- The patient has the right to security, personal privacy and confidentiality of information concerning his/her own medical care program. Case discussion, consultation, examination and treatment, and all communications are confidential and should be conducted discreetly. Those not directly involved in the care of the patient must have his/her permission to be present.
- The patient has the right to the confidentiality of his/her medical records and to have access to information contained in his/her medical records within a reasonable time frame. The hospital will not "frustrate the legitimate efforts" of the patient to gain access to their own medical records and will actively seek to meet these request within the limits of the law.



PATIENT AND FAMILY RESPONSIBILITIES

Hospital patients and their families also have responsibilities while in the hospital, including the following:

Provision of Information: The patient / family is responsible for providing, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medication, changes in conditions, and other matters relating to the patient's health.

Compliance with Instruction: The patient / family are responsible for following the treatment plan developed with the practitioner and should understand that noncompliance could affect outcome. While the plan is being developed, the patient / family should express any concerns regarding ability to carry out the proposed course of treatment. Every effort should be made to adapt the treatment plan to the patient's specific needs and limitations.

Refusal of Treatment: The patient / family are responsible for the outcomes if treatment is refused or the plan of treatment is not followed.

Adhering to Hospital Rules and Regulations: The patient / family are responsible for following the hospital's rules and regulations as detailed in the admission packet and as posted on hospital signage.

Showing Respect and Consideration: The patient / family are responsible for being considerate of the rights of other patients and of hospital personnel. This includes controlling personal noise, smoking and distractions.

My Rights and Responsibilities have been reviewed with me and I have had an opportunity to ask questions regarding the information contained in this document.

Mental Health Advance Directives

Information for Consumers



What is a mental health advance directive (MHAD)?

A mental health advance directive (MHAD) is a written document that describes your directions and preferences for treatment and care during times when you are having difficulty communication and making decisions. It can inform others about what treatment you want or don't want, and it can identify a person called an "agent" who you trust to make decisions and act on your behalf.

Should I have a mental health advance directive?

There are advantages to having a mental health advance directive:

- You have more control over what happens to you during periods of crisis.
- Providers and others will know what you want even if you can't express yourself well.
- Your directive can help your case manager and others who are involved in your mental health treatment.
- The law requires providers to respect what you write in a mental health advance directive to the fullest extent possible.

What's included in a mental health advance directive?

Anything that might be involved in your treatment can be a part of a mental health advance directive. For example:

- consent for, or refusal of, particular medications or inpatient admission;
- who can visit you if you are in the hospital;
- who you appoint to make decisions and take actions for you (your agent);
- anything else you want or don't want in your future care.



Should I have an agent?

You have the option of naming an agent:

- Who is at least 18 years old.
- Who knows you and knows what you want when you are doing well.
- Who can inform treatment providers about your preferences and can advocate for you.

By law, your agent cannot be your doctor, your case manager or your residential provider unless that person is also your spouse, adult child, or sibling.

Who should get a copy of my mental health advance directive?

If you name an agent, that person must be given a copy. After that, it is up to you who you give a copy to. Think about giving one to your current mental health provider, your lawyer (if you have one) and trusted family members. Bring a copy if you are being admitted to a mental health facility. Any treatment provider who gets a copy is required to make it a part of your medical record.

Will everything in my mental health advance directive be followed?

Here are the instances in which your mental health advance directive may not be followed:

- Your instructions are against medical standards or are unavailable.
- Following your directive would violate state or federal law.
- You are hospitalized under the Involuntary Treatment Act, or are in jail.

What can I do if I feel my mental health or medical health advance directive is not followed?

If you feel your mental health or medical health advance directive was not followed, you can receive information or file a complaint with the Washington State Department of Health (DOH):

- You may call DOH at 1-360-236-2620;
- You may email DOH at HSQAComplaintIntake@doh.wa.gov; or
- You may go online to DOH at www.doh.wa.gov

All complaints are reviewed by DOH to decide if there is a violation of the law or if DOH has authority to take legal action. If there is a violation of the law and authority to take legal action DOH conducts an investigation.

Can I change or revoke my mental health advance directive?

As long as you have capacity you can change or revoke your mental health advance directive at any time. If you are incapacitated, you can only change or revoke your directive if it is already written in. Changes need to be made in writing. Be sure to tell everyone who has a copy if you revoke or change your directive.

What if I already have a living will or other durable power of attorney?

If there is a conflict between a mental health advance directive and any other directive, like a living will, the newer document will have legal priority. To reduce confusion, it is probably best to have one-person act as your mental health advance directive agent and durable power of attorney.



Where can I go for more information about mental health advance directives?

- To create a mental health advance directive, go to: www.dshs.wa.gov/dbhr/advdirectives.html.
- Read the law, Revised Code of Washington (RCW) 71.32 on-line at <http://www.leg.wa.gov>.
- Call your local mental health provider or ombuds service.
- Call the Division of Behavioral Health and Recovery's (DBHR) office of Consumer Partnerships at 1-800-446-0259, ext. 7.
- Ask your Program Therapist to provide you with a form to complete.



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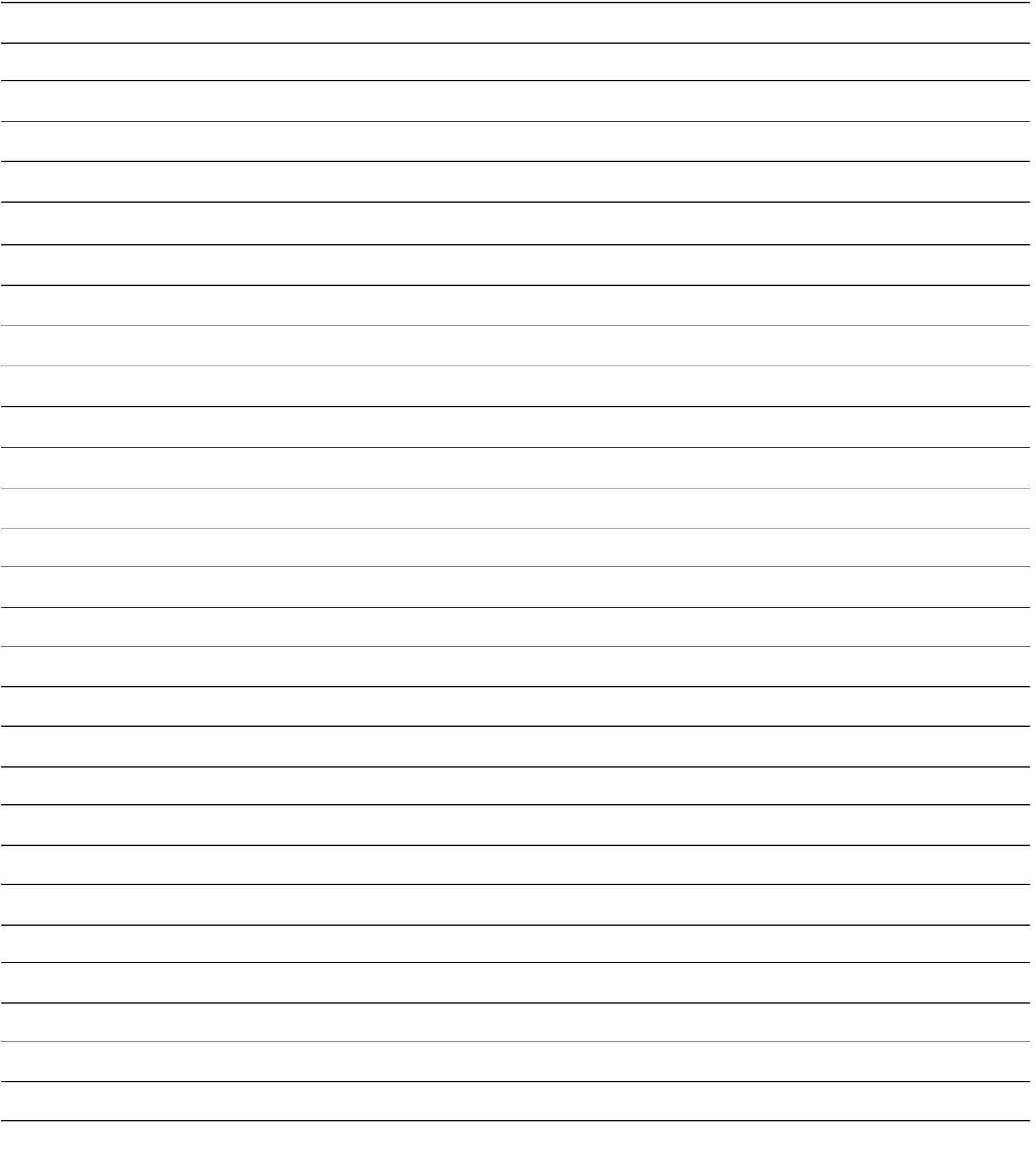
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