



Haven Behavioral Healthcare Corporate Overview

Mission

The mission of Haven Behavioral Healthcare (Nashville, Tennessee) is to provide superior behavioral healthcare to the people, communities and hospitals we serve. Haven's senior management team members have over twenty-five years of behavioral healthcare experience in the following disciplines: clinical, business development, finance, operations, human resources and accounts receivable. The core values of Haven are integrity, respect, and excellence. We treat all patients with honesty and fairness, while providing the same level of care that we would seek for members of our own families.

Philosophy

Haven is a for-profit behavioral health care organization. Its pledge is to deliver the highest quality behavioral healthcare to its patients while offering outstanding communication and collaboration with its referral sources and the behavioral health community. At Haven our guiding principle has always been to provide quality behavioral healthcare services, not only to patients in need but to their families and the community. Our areas of expertise include older adult psychiatry, adult psychiatry, and adolescent services, chemical dependency, a highly specialized military program for those in active service, as well as providing one of the world's foremost treatment programs for eating disorders.

Haven Behavioral Healthcare services:

Hospital within a Hospital (HIH)

Haven's Hospital within a Hospital concept meets the growing behavioral health needs of the older adults and adult populations in a warm, caring and safe environment. Each HIH has its own governing body, administration and medical staff. A major benefit of a HIH is the ability to couple psychiatric treatment and therapy with medical services. If patients require a higher level of medical care, the proximity to emergency and medical/surgical services offers the patient additional medical support.

Haven Hospital of Eastern Pennsylvania (Reading, Pennsylvania - 48 beds) provides inpatient psychiatric acute and partial treatment programs for both adults and older adults.

Haven Behavioral Senior Care (Thornton, Colorado - 40 beds) An acute inpatient behavioral health program to meet the needs of the older adults experiencing significant deterioration in cognitive functioning or other associated behavioral issues.

Haven Senior Horizons (Phoenix, Arizona - 30 beds) An acute inpatient behavioral health program to meet the needs of the older adults experiencing significant deterioration in cognitive functioning or other associated behavioral issues.

Haven Behavioral Senior Care of Dayton (Dayton, Ohio - 32 beds) An acute inpatient behavioral health program to meet the needs of the older adults experiencing significant deterioration in cognitive functioning or other associated behavioral issues.

War Heroes Hospital

Haven's War Heroes Program treats the behavioral health needs of active duty and retired military personnel including combat stress injury, post traumatic stress disorder, depression and mood disorder, anxiety disorder, psychotic disorder, adjustment disorder family or relationship problems, suicide and depression.

Haven's War Heroes Hospital (Pueblo, Colorado - 30 beds)



Elevators To
Main Lobby

Orientation to Haven

ADDRESSING THE NEEDS OF ADULTS WITH
SERIOUS MENTAL HEALTH ISSUES IN A SAFE
ACUTE INPATIENT THERAPEUTIC SETTING.

Initial Steps: Upon admission to Haven, the patient will receive a nursing assessment, psychiatric evaluation, psychosocial assessment and physical. The patient will be asked to sign in at the nursing station and all personal belongings will be checked. A treatment plan will then be developed to address the individual needs of the patient.

Therapy: We offer a community therapy model and the treatment team provides group sessions that include cognitive and emotional processing, coping strategies and goal oriented treatment interventions. We offer many types of groups including: socialization, reeducation, re-motivation, medication management, psychotherapy, and specialized groups.

Family Involvement: The social worker will hold conferences with willing family members to gather data and educate family members regarding support that the patient may need upon discharge.

Patient Education: A Haven staff member will educate the patient on medication management, discharge planning, continuation of care, stress management, life skills, activities of daily living, and coping skills.

Treatment Plan: An individualized treatment plan will be formulated based on an assessment of the patient's medical, psychological, social cultural, behavioral, familial, educational, vocational, and developmental aspects. The treatment plan will include treatment objectives, measurable individual goals, prescribed program therapies activities and experiences designed to meet these objectives. Our goal is to provide individualized, needs-sensitive care to each of our patients.

Treatment Team: The treatment team consists of a psychiatrist, physicians, nurses, social workers, and behavioral health technicians.

To contact a patient at Haven

Adult Unit Patient: (610)-378-2097 or 610-378-2099

Older Adult Unit Patient: (610) 406-4350

Treatment Services:

Medical Exam

Psychiatric Evaluation
&
Assessments

Stabilization

Medication Management

Treatment Plan

Therapeutic Group Activities

Discharge Planning



HAVEN BEHAVIORAL HOSPITAL
OF EASTERN PENNSYLVANIA

Reading's Premier Behavioral Health Hospital
145 North 6th Street
Reading, PA 19601
www.havenbehavioralhospital.com

Nurses Station

Adult Unit: (610) 406-4345

Older Adult Unit: (610) 406-4383



HAVEN BEHAVIORAL HOSPITAL
OF EASTERN PENNSYLVANIA

Reading's Premier Behavioral Health Hospital

Pre-Admission Nurse to Nurse Report



Checklist



Behavioral Health / Substance Abuse Issues:

Current and Past
Behavioral Health Issues and/or
Substance Abuse Issues
Drug Screen



Commitment Status:

Involuntary
Voluntary

(Originals to accompany patient)



Demographics:

Date of Birth
Name
Sex
Language



Medical Status:

Allergies:
ADL's
Infection Control Concerns:
Medical History
Current Medications
Medications received in ER
Urine (UTI)
Vital Signs



Diabetic:

Last Blood Sugar
Insulin Coverage

Prior to Transfer or Admission of a Patient to Haven:

In order to better serve our patients and ease the admissions process for our referral sources, please have your nurse call our inpatient unit to complete a nurse to nurse review on the patient. This review will take approximately five minutes and include all information listed on the checklist

It is especially important to discuss if the patient is verbally or physically aggressive while in an Emergency Unit/ Crisis Center, Personal Care Home or Nursing Home. If a patient has been or is in restraints while in an Emergency Unit, the patients will need to be out of restraints at least one hour prior to transfer to Haven. All patients transferred from an Emergency Room must arrive in paper scrubs with all of their personal belonging removed and secured.

Please call Haven's nursing stations:

Adult Nursing Station: (610) 406-4345

Older Adult Nursing Station: (610) 406-4383

For more information about our programs go to:

www.havenbehavioralhospital.com

or

call (610) 406-4346 to make a referral.

The nurse to nurse review is required prior to patient admission/patient transfer to Haven Behavioral Hospital.
Thank you for your cooperation!



Older Adult Program Admission/Continued Stay/Discharge Criteria

The older adult program is intended to treat psychiatric conditions primarily associated with the elderly population. Patients must meet the overall admission criteria and the severity of illness (at least one from each) listed below.

Admission Criteria:

- Severe disturbance of mental functioning.
- Significant weight loss/gain not attributed to a medical condition.
- Mental disorder refractory to a thoroughly documented effort at aggressive outpatient or partial hospitalization (e.g., recurrent psychosis not responsive to outpatient treatment, severe depression, or failing to respond to prolonged outpatient drug therapy).
- Toxic effects of therapeutic psychotropic drugs.
- Co-occurring depression, psychosis or behavioral disorder associated with dementia.

Severity of Illness Criteria:

- Suicide attempts;
- Suicidal ideations (e.g., depression, with feelings of hopelessness, helplessness, and worthlessness);
- Self mutilative behavior;
- Homicidal ideation with poor impulse control;
- Assaultive behavior;
- Psychiatric symptoms (e.g., hallucinations, delusions, panic reaction, anxiety, agitation, depression) severe enough to cause disordered, bizarre behavior (e.g., catatonia, mania, incoherence, autism) or psycho motor retardation resulting in significant interference with Activities of daily living;
- Disorientation or memory impairment severe enough to endanger the welfare of self or others.
- Introduction of, withdrawal from, or change of dose of psycho therapeutic medication (s), in cases in which there is a strong reason to believe that potentially serious side effects are likely to occur (e.g., due to high doses and/or concomitant cardiac disease known to be sensitive to the drugs in question.).
- Inability to care for self which is believed due to a treatable psychiatric illness.

Examples of appropriate reasons/situations for admission:

- Suicide attempt or suicidal risk.
- Risk of violence or dangerous assaultive behavior or other acutely uncontrolled behavior.
- Severely impaired social, family, educational, vocational, or developmental functioning or severely disordered behavior. The impairments leading to hospitalization should be acute and inconsistent with the patient's usual behavior.
- Inability to function outside an acute inpatient facility due to:
 - Significant impaired reality testing or thought/mood disorder (i.e., hallucinations, delusions, depression catatonia, mania, autism, etc.)
 - Agitated or psycho motor retardation resulting in significant interference with activities of daily living.
 - Severely disrupted environment which is contributing to the patient's psychiatric disorder, making outpatient treatment impossible.
 - Reinstitution of a drug regime for a high risk patient (i.e., a patient who has previously shown a severe idiosyncratic reaction to drugs or multiple system



Older Adult Program Admission/Continued Stay/Discharge Criteria

Program Limitations (Exclusionary Criteria)

Individuals who do not meet the above criteria are referred elsewhere. These include but are not limited to:

- Persons who would not benefit from a program designed for the geriatric population
- A patient with history of violence beyond the capabilities of the staff and physical environment to contain and safely manage the patient with the current patient population.
- Medically unstable and/or requiring general hospital level of care for example:
 - Changes in Level of Consciousness
 - Recent head injury
 - Acute abdominal pain
 - Dialysis
 - Uncontrolled Diabetes (250 or above)
 - Severe lacerations or trauma/significant bleeding
 - Catheters
 - Per cutaneous Intravenous Catheters
 - Patients enrolled in Hospice program.
 - Patients requiring isolation.
 - Open wounds. Non-Healing wounds
 - Infectious disease
 - Total immobility
 - Calibrated equipment
 - Active Tuberculous
- A diagnosis or prior history of treatment that makes it unlikely a patient can benefit from a short-term crisis stabilization unit such as:
 - Severe mental retardation
 - Severe autism

Continued Stay Criteria:

The following criteria shall be utilized when assessing the continued or extended stay of a hospitalized patient:

- The patient exhibits serious adverse reaction to drugs, procedures or therapies.
- Failure of treatment plan results in continuation of severe impairment of the patient's physical, social or behavioral role functioning.
- The patient continues to remain a danger to self, others and/or property as a result of a mental disorder.
- The remaining degree of psychological impairment is such it precludes the patient from being treated safely at a lower level of care.

Discharge Criteria:

- Exhibits ability to control behavior in less restrictive environment; not unsafe to self or others
- Level of functioning improving.
- No assaultive or destructive behavior observed.
- No evidence of serious medication side effects.
- No suicidal/homicidal threat/behavior 24 hours
- No restraints past 24 hours.
- Nutritional intake adequate.
- Pertinent lab values within acceptable ranges.
- The probability of successful outcome with continued treatment at this level of care is seriously compromised because patient is non-compliant with treatment recommendations. Examples include but are not limited to: refusing medications when clinically indicated, poor attendance treatment modalities offered and /or failure to readily engage in the treatment process. There is little evidence that intervention thus far has improved compliance. Patient is not at risk for harm to self or others.