

WELCOME TO ASHBURN



Welcome to Ashburn Clinic

If you are reading this, you almost certainly will have just arrived.

You will probably be feeling bewildered and scared.

First of all **CONGRATULATIONS!**

To be here at all means you are very courageous. This will probably turn out to be the wisest decision of your life.

You may be suffering from one or more of the following problems:

Feeling angry, depressed, anxious or scared. You may have an eating disorder or an addiction problem to alcohol/drugs etc. You may have been abused sexually, or physically, or have post-traumatic stress disorder. You may have been self-mutilating or have had a suicide attempt or you may have lost your way in life.

Whatever has happened to you before your arrival, be reassured that you will be **SAFE** here. The other patients are just like you.

For the first few days it may seem that nothing is happening, and no-one is taking much notice of you. You will be joining our Therapeutic Programme and living in Roy Muir Unit (or Alexander House). You will be on new patient hourly observations, and your movements outside the unit may be restricted. This is not to imprison you but to “hold” you safely while the community gets to know you. This is to understand what particular needs and problems you have, and how best to help you towards greater health, in safe and effective ways.

During this time you may be thinking and wanting to do all sorts of things, like hide in your room, or want to leave, or you may seem unable to unpack your bags.

You may be “detoxing”.

You will certainly be coming to grips with learning to live in a **COMMUNITY**. You will probably have never lived in such close quarters with so many people before. Because everyone else in the unit has also passed through this difficult period, they will have a knowing of how you are feeling. You will have a “buddy”, who will show you the ropes, help to get you to the appropriate unit activities, listen to your worries and fears, and help you settle in.

What will strike you very soon is that there is a tremendous emphasis on **FEELINGS** in this Ashburn Clinic therapeutic community. It does not matter what label you may have as your reason for being here. You will certainly have, in common with everyone else, some buried or ignored feelings, which you will have been unable to express in a healthy way. The aim of the community is to help you get in touch with these feelings as soon and as safely as possible.

This **COMMUNITY APPROACH** is unique. You will learn most from your fellow patients, in the unit, and in day to day community life.

It may seem scary business. You may feel terrified, panicky, exposed or stuck.

However the sooner you learn to be **OPEN** and **DIRECT** with your feelings, the sooner you will progress to feeling better about yourself, others and the world.

There are several other pamphlets which you have been given which explain in more details the various programmes and alternatives. Read these a little later.

In the meantime have a little patience. Do keep asking the staff, your “buddy”, or any other patient, if you are bewildered about anything. Soon things will fall into place and you will develop more trust that there is a purpose behind everything for you. Hopefully you will also start learning to trust others with your feelings and struggles.

IT WILL GET BETTER, and SO WILL YOU.

Privacy and Complaints Information

Privacy of Information

Treatment

During your stay here, you will be asked for a lot of information about yourself, and sometimes about other people. In addition, doctors and nursing staff will write regular notes on your progress and, occasionally, reports about things which have happened to you.

To be effective, our work at Ashburn Clinic depends on the proper sharing of information between staff, and at times in therapy groups amongst fellow patients. There are sometimes issues which the group needs to know about to help patients deal with, or information (such as someone being distressed) that fellow patients need to know to be able to support and help.

We take great care to respect people and the information about them, and any information sharing is therapeutically indicated, and done in the service of helping someone change and in support of the group process.

We are very clear with staff and patients that information about someone and their treatment is not talked about outside Ashburn Clinic, unless indicated in someone's treatment and usually with the patient's permission. Upon your admission you will be asked to sign a consent form for Ashburn Clinic to have permission to contact a person, or persons of your choice should the need arise, eg. if you are at risk and we needed to let family or friends know.

You will have help from the group to complete your treatment plan, and because the plan needs to be available to you and the staff team, it is stored in a place accessible to both.

At your discharge we will write to mutually identified people who will be involved in your ongoing treatment, and a discharge letter will be sent to your referrer.

Your medical record is held in a locked cabinet while you are here and in a locked room once you leave.

Database Information

As a general rule, we try to ask you only about things which directly affect your treatment. However, there are some exceptions which you should know about.

The first is information which the law asks us to collect:

- Information we send to the Ministry of Health (Statistical Services) recording your admission, your discharge and the reason for your stay here, as well as information about your age, living circumstances, marital status and other general information.
- If your stay here is funded by a third party, such as the MoH/ACC, it may be, with your permission, that the results showing your progress are shared with them. It also may be that unidentified, aggregated information about outcome of treatment here is shared with purchasing authorities.

The Ministry holds this information securely, and it is used only for general statistical information which helps us all plan for the future.

Ashburn Clinic has an outcome assessment system called ATOM to monitor patient symptoms and progress. You will be asked to provide information about your problem and fill out questionnaires. Information on our database is stored securely on computer files.

Your Rights

You are entitled by law to:

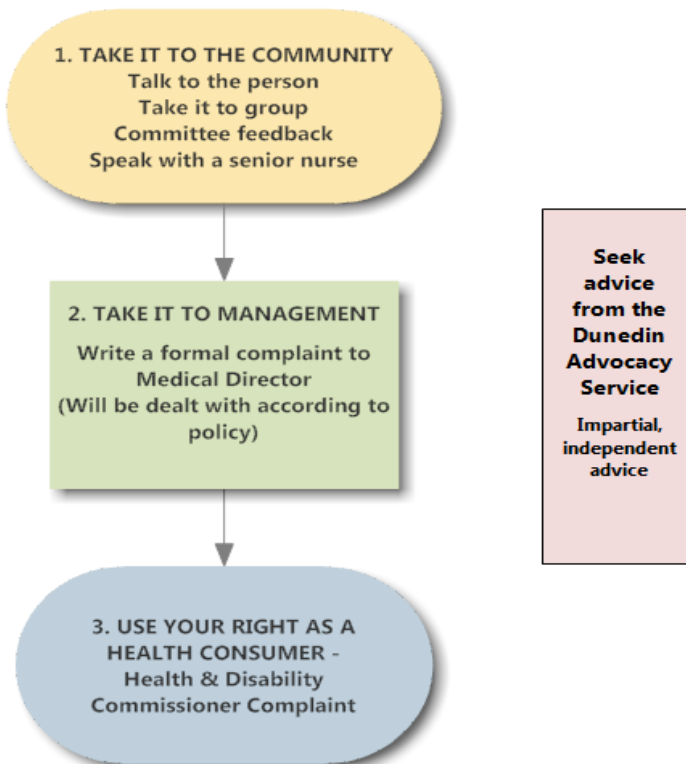
1. Refuse to supply information which might be requested from you. However, this may mean that we cannot provide effective treatment, in which case we reserve the right to refuse to continue treatment.
2. Ask to see the contents of your file. However, we suggest that you discuss the therapeutic aspects of this with your therapist.

Ashburn Complaints Procedure

POLICY

It is recognised that feelings of dissatisfaction, negativity and anger are an important part of the range of reactions and emotions that emerge from time to time within the group and within individuals under treatment in the therapeutic community. Such feelings and reaction form part of the range of emotion and relationship that when worked with can provide therapeutic understanding and change.

Apart from the community processes, patients must have a path to further complaints about the institution, including the practice of its staff. These complaints must be investigated and answered in a full and sensitive way.



PROCEDURE

1. As a part of community functioning, as is encouraged with any issues or emotional reaction, complaints or negative feeling about the hospital, treatment or staff should be accepted and dealt with as normal and valid. Their open expression should be facilitated and they should be treated with similar sincerity to any other issue.
2. When the complaint is not of such a serious nature that it should be dealt with by staff immediately, attempts should be made to help the person air the complaint within the unit group, and with their clinical team. The reasoning behind this is that complaints are often valuable material for a person's therapy and the unit functioning.
3. It would usually be the case that the person's complaint should be followed up by investigating the circumstances. This may be in the first instance by the unit staff who may discuss with the wider clinical team, or when the issue concerns a therapist or psychiatrist, by discussion between that person and other clinical team members.
4. Specific issues may be referred to the structures set up to deal with them. For instance complaints about food should be channeled through the food services meeting. Feedback should always be given to the patient(s) concerned.
5. Issues not resolved in this way should be brought to the attention of the Director of Nursing and Allied Health, and the Medical Director.
6. In general formal complaints should be responded to as follows:
 - a) the complaint is acknowledged in writing within five working days of receipt, unless it has been resolved to the satisfaction of the patient within that period;
 - b) within ten working days of acknowledging in writing a complaint, Ashburn Clinic must either:
 - i. accept the complaint; or
 - ii. not accept the complaint; or
 - iii. determine how much additional time is needed to investigate and if more than 20 working days, why a longer period is required;
 - c) Ashburn Clinic must give monthly updates on any unresolved complaint to the patient. As soon as Ashburn Clinic decides to accept or not accept a complaint, Ashburn Clinic must inform the patient of:
 - i. the reasons for the decision; and
 - ii. any actions Ashburn Clinic proposes to take; and
 - iii. any appeal procedure Ashburn Clinic has established.

7. A Patient Advocacy Service is available to patients. Patients should be made aware that they always have a right of access to the Medical Director to air complaints not resolved through the processes outlined above. Any complaints of a substantial nature, including any that involve alleged misconduct or negligence by staff should be brought to the attention of the Medical Director. His/her duty is to investigate the complaints either directly, or through delegation to the Director of Nursing and Allied Health, Senior Co-ordinators or appropriate supervisor.
8. Such complaints are documented and held in a separate confidential file. A summary may be included in the patient's medical record and/or staff member's personal file as appropriate.
9. Complaints about the hospital or the staff that remain unresolved or that are substantial should be notified by the Medical Director to the Board of Trustees.
10. Unresolved complaints about the Medical Director's functioning can be made directly in writing to the Board of Trustees. The Board may at any time in response to a complaint institute an inquiry, or refer the complaint to an appropriate outside body.

Taku Whakaruru

Nā Paulette Tamati-Ellife i tito mō Ashburn Clinic, 2009©

E te manu maninohea
 Horotete ana i te piere nuku
 Taupua mai kia mahuru ai
 Ki taku whakaruru e

*Ko te wao nui a Tane
 Hai pirika
 Hai punaka
 Ka whakahauora
 Ki taku whakaruru e*

Pūawhe ana te hau
 Ka ua te āwhā
 Taupua mai kia mahuru ai
 Ki taku whakaruru e

*Ko te wao nui a Tane
 Hai pirika
 Hai punaka
 Ka whakahauora
 Ki taku whakaruru e*

Weary bird
 Exhausted by life's extreme difficulties
 Rest here to gather yourself
 In this sanctuary

*The great forest of Tane
 Provides a safe haven
 A place of refuge
 To refresh and revive yourself
 In this sanctuary*

The blustery winds will continue to blow
 The storms will continue to torrent
 Rest here to gather yourself
 In this sanctuary

*The great forest of Tane
 Provides a safe haven
 A place of refuge
 To refresh and revive yourself
 In this sanctuary*