**WHITING FORENSIC HOSPITAL**

**ADVISORY & REVIEW BOARD MEETING**
**January 17, 2019**

**PRESENT:** **William B. Wynne, Esq.** (Chairman); **Miriam E. Delphin-Rittmon, Ph.D.,** Commissioner, Department of Mental Health and Addiction Services; **Eugene P. Hickey, LCSW; Leslie Lothstein, Ph.D., ABPP,** (Secretary); **Velandy Manohar, M.D.; Hal Smith, MPS,** WFH Chief Executive Officer; and **Michael A. Norko, M.D.,** DMHAS Director of Forensic Services

**EXCUSED / ABSENT:** **Peter Harding;** and **Jeffrey Shelton, M.D.**

**GUESTS:** **Tobias Wasser, M.D.,** WFH Chief Medical Officer; **Jan Bergin, DNP,** WFH Chief Nursing Officer; **Christine Bouey, LCSW,** Chief Quality and Compliance Officer; **Reena Kapoor, M.D., WFH** Chief of Forensic Services; and **Joe Crego, LCSW,** Chief Operating Officer

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| **Call to Order** | Chairman Wynne convened the meeting at approximately 4:40 p.m. in the Board Room in Page Hall. | |
| **Introductions** | The Board congratulated Commissioner Delphin-Rittmon on being reappointed as the DMHAS Commissioner.<br><br>Hal Smith invited the Whiting Forensic Hospital Leadership Team to join this meeting and asked them to introduce themselves along with the scope of their work:<br><br>Christine Bouey, Chief of Quality and Compliance Officer, oversees the Advocacy Department including the Rehabilitation Support Specialists, allegations and the investigation process, policy development, program improvement, chairs the Investigation Review Committee (IRC), and WFH's accreditation and licensing. Hal included that this is a new position, Dr. Norko had people working in quality assurance, however the CQCO is a new position.<br><br>Dr. Jan Bergin, Chief Nursing Officer, oversees the nursing staff including about 420 nurses, FTSs, and MHAs, 5 Directors of Nursing, and the Nursing Supervisors. | |

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| | Dr. Reena Kapoor, Chief of Forensic Services, oversees a staff of competency monitor, social workers, and psychologists that perform the forensic evaluations, edits/writes the report, and provide testimony of the patients who were sent to us from the criminal justice system. The patients that come to WFH from the criminal courts require a report between every 60 days and 6 months and testimonies, Dr. Kapoor oversees the staff members that complete those evaluations. Dr. Kapoor is Board Certified in Forensic Psychiatry, and oversees the evaluation services.<br><br>Dr. Tobias Wasser, Chief Medical Officer, oversees the psychiatrists and medical providers, the pharmacy department, and the psychology department.<br><br>Joe Crego, Chief Operating Officer, is the incoming COO. Joe will be starting at WFH on February 8th. Once Joe begins, he and Hal intend on discussing the mission in detail.<br><br>The board members introduced themselves:<br>Eugene Hickey has worked in multiple different forensic programs within the past 30 years. Leslie Lothstein is the official secretary of the board for close to 30 years. William Wynne has his own private practice now and has been on the board for 20 years. He was a lawyer at the Connecticut Liberal Rights Project when it first started and was assigned to Whiting Forensic Hospital as the first lawyer to represent a Whiting patient. Dr. Manohar is a Psychiatrist and Medical Director for Aware Recovery Care and occasionally helps at Middlesex Hospital. | |
| **Approval of Minutes** | The minutes of the September 20, 2018 meeting were reviewed. | The minutes were approved as submitted. |
| **DMHAS Commissioner's Report** | Commissioner Delphin-Rittmon reported that the legislative section started last week. DMHAS is anticipating to hear on February 20th what the budget will be. There is a $1.2 billion State deficit and overall, the Commissioner is expecting additional reductions. The anticipated legislation could impact the work DMHAS does as well as the resources coming into DMHAS. | |

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| | Commissioner Delphin-Rittmon discussed the controversy in the legalization of marijuana. If it is legalized here in Connecticut, the question raised is if there will be resources put aside for treatment.<br><br>Additional legislation DMHAS is expecting to see is around sober homes, which comes up every session. The legislation that was passed last year is the sober home legislation that required that sober homes be certified and once certified, posted on the DMHAS website. This served as an incentive to encourage the homes to be certified. The issue is that some people feel like that is not enough and they should need to register as a business. That is where the controversy around the sober homes is—when discussing fair housing laws. If the sober homes were to register as a business, then the sober homes location can be identified and also information about the individuals living there, this is against the fair housing laws. Commissioner Delphin-Rittmon is preparing that this could come up as legislation again.<br><br>Commissioner Delphin-Rittmon announced that she received word from SAMHSA that $5.5 million was coming into the State related to opioids in addition to the $11 Million State Opioid Response Grant we were awarded. DMHAS will be working with the DAS to implement and collaborate. | |
| **WFH CEO's Report** | As a result from the previous September 20th Board Meeting, the Board members had a number of suggestions and requests in regards to looking into the Abuse, Neglect, and Exploitation (ANE) data.<br><br>Tobias Wasser reported on behalf of the WFH Leadership Team: WFH has taken a new approach to allegations and takes each one very seriously. We revised the way we looked at ANE in March/April 2018. The numbers started going up in March due to the revised way WFH was looking at allegations. Since the separation there has been a steady decline. Our threshold for considering allegations is very low—WFH removes staff members when appropriate and only returns them once an allegation is found unsubstantiated. WFH also keeps in mind that some allegations sound highly suspicious due to the patient's illness; however WFH is still receiving them as allegations. | |

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| **WFH CEO's Report** | When viewing the allegations by service, there is about a 50/50 split between Dutcher and Whiting building with slightly more allegations from Dutcher. There was an increase in December which was due to statements regarding incidents in the past that WFH was already aware of and WFH investigated those as new allegations. Since they were reported in December that is where the allegation is counted.<br><br>Dr. Wasser continued to report on the types of allegations over the past 8 months. Physical abuse and verbal abuse accounts for approximately 30% each.<br><br>Majority of allegations occurred on Thursday and Fridays which seemed to correlate with programing. More engagement results in fewer allegations. Increasing programming is a hospital wide initiative. Additionally, Dutcher 2 South experienced the most allegations and followed by Whiting Unit 6. Some of the logical explanation for this is due to the fact that D2S is a competency restoration unit and have a higher acuity of their illness due to the fact they are coming directly from the street or corrections. D2S has a larger volume and has 24 beds in comparison to other units (18 beds). Lastly, D2S experiences more turnovers because they have lower level charges. Whiting Unit 6 is where WFH houses longer term patients and the most challenging patients due to low functioning or personality issues. These patients are our most vulnerable patients. Most allegations occur during 1st and 2nd shift (morning and early afternoon) which is not surprising considering 3rd shift most patients are sleeping. Christine Bouey clarified that allegations are counted during the time the alleger says the incident occurred (i.e., if a patient reports an incident that occurred overnight or 3rd shift during 1st shift or the morning, the incident is counted for 3rd shift).<br><br>Nursing staff account for about 80% of all allegations (i.e., nurses, MHA, or FTS) which is the front line of care. They have the greatest amount of exposure.<br>About 75% have only one initial allegation made against them and approximately 10% have been named more than once in an allegation. An additional 10% were unknown perpetrators as the patient did not report a name. Depending on the type of allegation, there are options on what to do. Generally, if the nature of the allegation is verbal, we | Would like to see the breakdown of RN vs. FTS |

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| | Move the staff member to a different patient care area in order to give space between the staff member and patient. If the verbal allegation is particularly disturbing, the staff member will be removed from patient care. Physical or sexual allegations the staff member is always removed from patient care. If a staff member is placed on administrative leave the staff member does not come into work at all. These options all depend on the allegation and severity. Hal reports all allegations of abuse to the Commissioner. Labor Relations is also made aware if there is some evidence that the allegation could be true. The Union does not get involved at all in the reassignment process.<br><br>WFH recognizes that for a variety of reasons, some patients are at an increased risk of being repeat allegers. In December, there was a big increase however, 9 allegations were made by only 3 patients. Each month there is a "clean slate". If a patient makes more than 2 allegations, the treatment team meets to identify and implement interventions. There is a small group that makes a significant amount of allegations. About 43% of all of the allegations were made by duplicated patients.<br><br>Christine Bouey discussed WFH's process when receiving an allegation. Phase 2 is a full Labor Relations investigation when there is clear proof an allegation has merit. Most cases are closed in Phase 1. The immediate action is to remove or reassign the staff member. Very few allegations are made by a peer on behalf of another peer or by staff members. When staff make allegations it's reviewed on the video to see if there is something of concern. The on-call or attending physician completes a physical examination of the patient. The unit team may meet with the patient depending on the nature of the allegation. A vulnerability risk assessment may also be conducted of other similar patients on the unit. Once that process is occurring, documentation is collected (i.e., video reports, CO information, patient and witness (if any) statements from the advocacy department, and DNs get staff statements). Staff used to be reluctant to provide statements but is now more forthcoming. Next step is to take the case to the Investigation Review Committee (IRC) which meets weekly. Depending on the allegation and findings, we may close out or move to Phase 2 before IRC. If an | |

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| | allegation makes it to Phase 2, WFH no longer is involved in the investigation itself but Labor Relations is assigned and will conduct its own investigation. At this point, the union may get involved by the delegate accompanying the staff member. Labor Relations has 60 days to complete and provide a report to OOC in which Hal will agree (or disagree) with their findings and implement the necessarily discipline actions. WFH has done a lot to expedite Phase 1 and Phase 2. On average, Phase 1 closes in about 12 days. The staff member involve gets notified when the Phase 1 investigation begins and if the case is expected to be longer than 7 days, they receive another notification that it will take longer. For May-December 2018, 75% of allegations were closed at Phase 1 and 25% went on to Phase 2. All of the Phase 1 cases were closed within 30 days. Even if allegations do not have merit, often times other interventions go in place, including a 90 day reassignment to give staff a break. Within the 8 month time frame (May-December 2018), two cases have been found substantiated (one for neglect and one for verbal).<br><br>Cameras have been upgraded and there is a Director of Nursing (DN) on all three shifts. The Executive team gets a report from all three shifts on restraint and seclusion. If the DN sees something of concern, they report that the CEO or CMO need to look at it. The strategy is to check during times when there is vulnerability to ensure staff are appropriately handling the situation. In addition, the DNs do random 20 minute checks from random units at random times. Dutcher should be live with cameras in the beginning of February. DMHAS hired a 24 hour service to look at the cameras from Shew Hall. There are two people monitoring at all times and soon there will be a 3rd person. If they see anything, they call down to the agency police which then sets off a cascade of events. There is one other layer of monitoring-there are cameras watching the 24/7 monitors which is viewed by the agency police. WFH is using the cameras as teachable moments as well to let staff know when they are doing a good job.<br><br>Board members were impressed with the change in such a short amount of time. In the past 5 years, Leslie Lothstein has never seen any hospital that he has reviewed that has had this type of information. Generally the major issues come from nursing. Jan Bergin | |

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| | discussed that with the changes, it has been tough on staff and they have rebelled but are coming to realize that the WFH Leadership Team and the DNs are here to support them. WFH has hosted many Labor Management meeting, trainings, and encourage staff to join committees to have a voice (i.e., policy, staffing plan committee, etc.). The line of communication has helped to give staff opportunity to express their opinions and feel as though they can raise issues and be heard. One of the major goals for WFH is to have staff members remember and consider WFH the patient's living environment.<br><br>WFH has hired a new Director of Advocacy and two RSS and WFH is pitching for more RSS staff members. Hal Smith informed the Board that Will Brady will be returning to train new staff members.<br><br>Since September's board meeting, we have moved our high profile patient into a separate space. He is doing marvelously well. There are 16 cameras in his space with 2 FTS and 1 nurse full time. He is no longer on a 2:1 CO. His conservators are favorably impressed with how he is doing and WFH has increased clinical communication with his conservators.<br><br>WFH has implemented new policies (including dress code which has created controversy but is in compliance so far), initiated computer classes, became a CT Hospital Associated member, hosted multiple Town Hall Meetings, and has affiliated with Yale School of Nursing to have 72 nurses rotate through both buildings. Hal Smith mentioned the organization chart considering WFH has reorganized the structure. Between Jan and Joe, they have the largest scope of staff members reporting to them. DNs are now being accepted by staff as staff members feel a sense of support. Hal Smith reported that the overtime numbers are as good as they ever have been and continue to go down. Lastly, mandatory overtime has plummeted, almost negligible. | |
| **DMHAS Division of Forensic Services Report** | Dr. Norko reported that generally there has continued to be a downward trend in competency to stand trial restoration (CSTR) admissions but notes that the data in the chart do not reflect what is happening this month. There has been a major increase this month with admissions (16 as of yesterday). In January 2016 the record was set | |

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| | at 36, which led to over census conditions for 2 months. At the moment, the discharge rate has kept up with the admissions but it is something we will need to monitor. We plan to discharge everyone we can and move cases forward and adjudicate quicker when possible.<br><br>There is one proposed legislation change. There are two different involuntary medication statutes. One covers everybody except competency restoration patients and the other covers the competency restoration patients. In the one that covers everybody else it says, in case of emergency, you can medicate someone against their will. The Attorney General's office recommended that the one that covers competency restoration patients include the same information to make the two statutory schemes consistent. | |
| **Board Business** | Reappointment letter: still waiting for the formal letter. The new Governor's team is not fully staffed yet.<br><br>The Revised Bylaws were reviewed.<br><br>Status regarding the Task Force: there has been no formal communication. Task Force has not been staffed or convened. Considering there were many legislative visits over the summer, Commissioner Delphin-Rittmon thinks they lost interest, have a positive view, and are comfortable with the direction things are going. | The Bylaws were approved and adopted. |
| **Next Meeting** | The next Advisory and Review Board meeting will be held on Thursday, March 21, 2019. | |
| **Adjournment** | The meeting was adjourned at approximately 5:59 p.m. | |
| **Approved By** | **William B. Wynne, Esq.**<br>**Chairman** | 3/21/19<br>**Date** |

Recording Secretary: Annaliese Faiella