

WHITING FORENSIC HOSPITAL

ADVISORY & REVIEW BOARD MEETING

March 21, 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; Michael A. Norko, M.D., DMHAS Director of Forensic Services; and Jeffrey Shelton, M.D.

**EXCUSED /** Peter Harding

**ABSENT:**

**GUESTS:** Tobias Wasser, M.D., WFH Chief Medical Officer

TOPIC	DISCUSSION	ACTION
Call to Order	Secretary Lothstein, Ph.D., ABPP convened the meeting at approximately 4:35 p.m. in the Board Room in Page Hall.	
Approval of Minutes	The minutes of the January 17, 2019 meeting were reviewed.	The minutes were approved as submitted.
DMHAS Commissioner's Report	Commissioner Delphin-Rittmon reported that DMHAS had their budget hearing about two and a half weeks ago. During that meeting a couple of areas were discussed in great detail including privatization and community/non-profit providers. Commissioner Delphin-Rittmon stated that this topic comes up often and it is a change for the system which is receiving a great amount of scrutiny. In the budget meeting, discussion took place to restore YAS residential beds in Hartford, Torrington, Danbury, and Bridgeport to convert to community operations, as well as CMHC and TRS beds and the 16 mental health beds in Hartford. However, these possible conversions would not result in a reduction of services. Question raised if there was any guarantee to take under insured/uninsured. Commissioner Delphin-Rittmon responded that yes, it is part of the RFP in which they are required to provide the same services. Commissioner Delphin-Rittmon continued to discuss the budget hearing stating that Danbury and Torrington sites are possible going to be privatized. Commissioner Delphin-Rittmon discussed the impact on the union and the wage increases. Additionally, for the next two years there	

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	<p>will be no bond funds for DMHAS will need to be creative with existing resources.</p> <p>DMHAS had an announcement on March 21, 2019 stating that we will receive an additional \$5.8 million to address the opioid crisis. Commissioner Delphin-Rittmon discussed that DMHAS is going to increase their collaboration with DOC to try to intervene and work with DOC to do more work with parolees, engage in recovery support, re-entry, etc.</p> <p>Commissioner Delphin-Rittmon discussed a current challenge the CVH/WFH campus is facing—staff person passing away on campus [REDACTED]. There was an attempt to link Whiting's challenges to this individual. Groups and services were made available to all staff members and donation of time was given to the husband who also works for the State. A memorial will be held on grounds however no announcement has been made as of now.</p>	
<p><b>WFH CEO's Report</b></p>	<p>Hal Smith reported that the census has been very high however we are managing it with the help of Dr. Wasser and the clinical teams. The census is near the high peak WFH has had in the last two years.</p> <p>CEO reported on the Whiting building and the different options being addressed. DAS funded a cost-benefit study with outside architects to determine what it would cost to get the current building up to Joint Commission standards and DPH licensure standards, move to CJTS, or any other option. The JC standards are rigorous. During the architects walk through it was determined that the boiler system already needs replacement. Kick off meeting occurred about 3-4 weeks ago. The preliminary findings should be available the end of July or August.</p> <p>Reported on the Cusson trial as it relates to [REDACTED] trial. Dr. Wasser has participated in a number of pre-trial meetings and a number of staff are being subpoenaed. There was a motion to subpoena [REDACTED] but the Judge ruled [REDACTED] was incompetent to testify. However, the Judge did grant access for media in the courtroom. [REDACTED] who is one of [REDACTED] has been around the whole time and has</p>	

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	<p>been very helpful.</p> <p>Reported on a patient death that occurred last week. Patient was a [REDACTED] [REDACTED] All the staff did a wonderful job supporting this [REDACTED] who has been here for 20 years and the hospital did have [REDACTED] come in as consultants. Patient had a [REDACTED] indicated the treatment team was [REDACTED] family.</p> <p>Informed the Advisory &amp; Review Board that Dr. Carvalho, Whiting Service Medical Director is leaving and will be Medical Director at CVH.</p> <p>Last meeting the Board received a deep dive into the data. Since it has only been two months, there is not much data to report on. Critical incidents are trending down with some spikes. Dr. Shelton expressed concerns about allegations of ANE during last meeting, asking for a breakdown of allegations. In January there were 5 nurses, 1 FTS, and 1 Nurse Supervisor who has allegations made against them. In February, 1 LPN, 1 FTS, and 2 MHAs had allegations made against them. Another question brought up was do staff ever reports other staff. It was reported that a staff member at WFH just received a 5 day suspension due to another staff reporting the incident. Culture is gradually showing signs of change and staff are now taking ownership for the environment and working together with an increase of trust. All the data is going in the right direction with some occasional spikes. In the last month, Dutcher experienced no restraints. Constant observations are still high (many of these are due to medical necessity). The time in restraints has been cut considerably. Aggressive acts to others and self for the Whiting building are mostly attributed to [REDACTED] [REDACTED] That patient was [REDACTED] Patient to staff assaults increased but the overall trend is still down and stable since the summer. Patient to Patient assaults seem to be trending down as well but again most of them are due to one patient. Board would like to see how many assaults one patient is contributing to the overall number of assaults.</p>	<p>Report on data at next meeting.</p>

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	<p>Hal Smith sent to the Board a harsh blog that was written by a staff member who was caught sleeping. This employee was also pulled over by a CT State Trooper who requested to meet with Hal due to the Trooper's unusual encounter with the employee.</p> <p>Interest on tracking how frequently there is an emergency medical transport. WFH began looking at our process and every time there is a significant event we fill out an incident report but there is currently no box to check off ER visit. Discussion with staff on adding it to the form or come up with another data collection method.</p> <p>Reported that WFH now has video capacity in Dutcher which went live about 4 weeks ago. Video is reviewed by the Directors of Nursing (DNs) and the Senior Leadership looks at the videos as recommended by the DN's.</p>	Collect emergency medical transport data.
<b>DMHAS Division of Forensic Services Report</b>	<p>Dr. Norko reported that Hal already spoke about the 54-56d competency admissions; however, on January 2<sup>nd</sup> WFH experienced the highest it's ever been. In February it went back down. March is looking like it's going to be about the same. This "near census" condition will last a couple of months.</p> <p>Dr. Norko reported on the bills in Legislature which the Commissioner has testified about. On March 6<sup>th</sup> in the Judiciary Committee, Senate Bill 939, changed the requirement of probate court to have two physicians to independently evaluate the patient to just having the psychiatrist evaluate the patient for civil commitment. This part of the bill had very little to no controversy. The part the Judiciary Committee had multiple questions about was the part where the individuals who agreed to complete this work would not be held liable. Otherwise it is hard to attract individuals to do this type of work. Additionally, the pay rate for psychiatrist to do this work increased as this work takes time to complete. Judiciary Committee was worried that this would let psychiatrist do subpar work that they would not be held responsible for. Senate Bill 967 is an effort to make sure that the language regarding emergency medication provision when dealing with involuntary medication for civil patients was consistent with a similar statement for competency restoration patients. Representative Petit asked CLRP to provide some alternate language as they were concerned about the technicality of the</p>	

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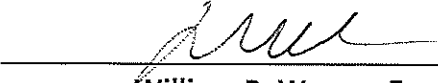
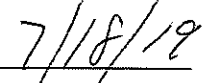
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	<p>language as it creates inconsistencies in the Statute and are looking for a solid definition for emergency. On March 18<sup>th</sup> in the Judiciary Committee, Senate Bill 1055, was our response to a bill from the public defender's office to have access to video recordings. Dr. Norko stated that concern was raised that the public defenders having access is not that simple. If the public defender wanted to use what he/she saw in the video in a PSRB hearing, then the state attorney would need to have access to it as well and if either of them raise it in a hearing then the PSRB will want to have access to it but we don't know if that means showing the video to them in a closed or open session. Another issue is patient consent as it is hard to isolate patients or events using the cameras. WFH would want to ensure patient knows what they are consenting to and understand the potential risks.</p>	
<p><b>Board Business</b></p>	<p>Reappointment letter: still waiting for the formal letter. Commissioner has been in contact with the Governor's Office. The new Governor's team is not fully staffed yet.</p> <p>Future Meeting Schedule: Hal suggested we change the dates of the Board meetings to ensure reporting is done on a quarterly basis. Board agreed to start in July.</p> <p>CMS Report &amp; CVH/WFH Response: In December of 2016 a patient died. Chairman Wynne looked back in the minutes and it was mentioned in the January 2017 meeting but was very brief. Nothing further was mentioned until the CMS report was recently in the paper. Discussion on the role of the Board when incidents occur like this with an ongoing investigation. The event and the report were issued before May, 2018 before Whiting became a separate Hospital. In order to track down the CMS report, WFH needed to go to CVH. The [REDACTED] the death of the individual were in the paper because it was related to [REDACTED] who is suing DMHAS. There was a lawsuit and an effort made by the Attorney General to keep certain material out of the lawsuit but it was overturned which is what the article was about but then it mentioned the CMS report. Unaware of when the CMS report was generated. A suggestion was to leave this on the Board agenda as a standing item if something like this occurs again. Another option proposed to submit redacted DPH reports to the Board. Since DPH licensure (June 2018), WFH has had no reports by DPH. DPH has come in to investigate but no</p>	<p>Continue to be in contact with Governor's Office</p> <p>Send out new meeting dates/frequency.</p> <p>Keep investigations/outside entity reports as standing agenda item.</p> <p>Send WFH CIR policy and DPH reporting guidelines to Board.</p>

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	reports were generated and WFH has had no events that require WFH to report to DPH. DRCT is designated PAMI for the State of CT so they come in all the time. Question regarding what types of events need to be reported. CMS and DPH standards are different. Board needs to determine what is considered a reportable event. If DPH is going to issue a report, then the Board will need to be notified. Idea proposed to have the critical incident reports be shared with the Board.	
<b>Next Meeting</b>	The next Advisory and Review Board meeting will be held on Thursday, July 18, 2019.	
<b>Adjournment</b>	The meeting was adjourned at approximately 5:45 p.m.	
<b>Approved By</b>	 _____ <b>William B. Wynne, Esq.</b> <b>Chairman</b>	 _____ <b>Date</b>

Recording Secretary: Annaliese Faiella