

**CONNECTICUT VALLEY HOSPITAL
WHITING FORENSIC DIVISION**

ADVISORY & REVIEW BOARD MEETING

January 19, 2017

PRESENT:

Joseph E. Milardo, 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.**; **Michael A. Norko, M.D.**, Director of Forensic Services, D.M.H.A.S.; **Jeffrey Shelton, M.D.**; **Helene M. Vartelas, MSN**, Chief Executive Officer, Connecticut Valley Hospital; **Thomas Ward-McKinlay, Ph.D.**, Acting WFD Division Director; and **William B. Wynne, Esq.**

EXCUSED:

Arthur V. McDowell, M.D., FACC, FACP

TOPIC	DISCUSSION	ACTION
Call to Order	Chairman Milardo convened the meeting at approximately 4:34 p.m. in the Norko Conference Room in the Whiting Forensic Service.	
Approval of Minutes	The minutes of the September 15, 2016 meeting were reviewed.	The minutes were approved as submitted.
DMHAS Commissioner's Report	Commissioner Delphin-Rittmon reported that the Governor's budget is coming out on February 8th. One proposal for DMHAS is to move the Capital Region mental health beds to CVH as both a reduction and a revenue option for savings of about \$320,000 per year and also a \$1 million or so in revenue. This would be a change for services in the Hartford region. Transportation would be provided, and an access line would provide links to various services. Another proposal is to move the 21 detox, 21 rehab beds, and 16 mental health beds at Blue Hills Hospital to CVH. Each of these is a no layoff option, and staff will be redeployed to fill vacancies for a savings of about \$2.1 million per year. Increased billing on targeted case management could also bring in further revenue. Commissioner Delphin-Rittmon will be able to provide more of an update on the budget at the next meeting. Discussion followed regarding homelessness and competency restoration admissions.	

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CVH CEO's Report	Helene Vartelas reported that CVH has two advisory committees. One was initially formed for the Whiting Forensic Institute, and another for the overall hospital which was formed in 1994 as a result of legislation passed due to the concerns of the citizens of Middletown over the merger of the State hospitals. The original chair, Dr. David Larson, has recently retired; and the new chairman, upon appointment by the Commissioner, will be Larry McHugh. Ms. Vartelas' Executive Assistant, Patti Sumara, retired on 12/1 after 36 years with the State. A candidate has been chosen, an offer is in process, and the person will be appointed by the Commissioner. The CVH Executive Team has been reconstituted. Lakisha Hyatt, former GPD Division Director, has been appointed to Chief Operating Officer. Lisa Zurolo, formerly with Young Adult Services, has been appointed as GPD Division Director. Julie DeFalco, formerly with the State Auditors Department, has been appointed as Chief Financial Officer, replacing Cindy Butterfield who returned to the Department of Correction. Mrs. Vartelas reported on the choking incident in Whiting on 12/1 of a young man in his early 20's who was taken to Middlesex Hospital and unfortunately passed away. In preparing for regulatory activities following this sentinel event, a full review has been completed along with assessments on all patients with choking risks. Surveys are expected by both the Federal (CMS) and State (DPH) levels and possibly by the Joint Commission. We are in continuous survey readiness, staff retraining has been completed, and an action plan has been created. Overtime is high but being kept at reasonable levels, and we are fortunate to be able to refill critical positions. The 3rd cycle of citizenship activities continue in collaboration with Yale. Dutcher patients continue to provide presentations at Whiting along with question and answer	

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	periods. Several Dutcher patients created an orientation to Dutcher on PowerPoint. They also visit geriatric patients. Dutcher patients work in the gardens at the Middlesex County Historical Society. This is CVH's 150th anniversary, and the hospital's historical committee has been re-energized. Three curio cabinets have been ordered and will contain artifacts. They will be placed on either the second floor or in the library for self-guided tours. Formal programming with the Commissioner will be held to celebrate the past, present, and the future. Dr. Arafah is on the CVH Advisory Council and pledged to help with these activities.	
WFD Director's Report	- Whiting Service: 83 Patients - Dutcher Service: 130 Patients Dr. Thomas Ward-McKinlay presented the Whiting Forensic Division Quarterly Performance Improvement Report for the first quarter of FY 2016-2017 July-September. There were a total of 282 incidents which is an increase from 256 in the previous quarter. The number of aggressive acts remains the same as last quarter at 126. There was a slight increase in the number of contraband incidents. There were four critical incidents this quarter with one in July and three in September. In July, a Dutcher patient made a suicide attempt by strangulation with no resulting injury. In September, a Whiting patient received a fractured jaw as a result of a patient to patient assault; a contraband event involved a Battell 4 South patient with no resulting injury; and a Dutcher patient fell from bed resulting in an elbow fracture. Thorough reviews were conducted in all events and root cause analyses were conducted. There were 77 restraint events which is a decrease from 93; and 132 restraint hours which is also a decrease from 163 the previous quarter. It was noted that data excludes 257 restraint hours from one event of ambulatory restraints from 4/22/14-5/2/14 and	

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	109 restraint hours from two events of ambulatory restraints from 10/4/15-10/7/15. The units with the highest number of restraint events were Whiting Unit 2 with 21, Whiting Unit 3 with 17, and Whiting Unit 1 with 15. Whiting Unit 3 had the highest number of restraint hours with 34.42, followed by Whiting Unit 2 with 33.93, and Whiting Unit 1 with 25.10. There were a total of 31 unduplicated patients who utilized restraints this quarter, and 8 individuals utilized more than 4 restraint hours. Six individuals were presented to the Division Review Committee with subsequent interventions and/or referrals to the Behavioral Intervention Service. Competency restoration admissions resulted in the highest number of restraint hours. There were 13 seclusion events which is a decrease from 17; and 13 seclusion hours which is a decrease from 22 the previous quarter. Whiting Unit 6 utilized the most with seclusion with 6 events and 9 hours. There were two elopements during the quarter and both were from the unit but remained in the building. In August, a Battell 4 South patient was with a group of patients and staff going to the courtyard and ran away from the group out to the hallway. The patient was immediately escorted back to the unit by staff. In September, a unit door malfunctioned and released when a patient body-slammed his weight into it. Staff immediately brought the patient back to the unit and the door was repaired. There were 126 physically aggressive acts to others during the quarter which is in keeping with 125 the previous quarter. Two of these aggressive acts in September met the critical incident criteria for a serious injury. Whiting Units 1, 2, 3, and 6 had the highest number of aggressive acts to others. There is a slight increase in the trend line from July 2013 through September 2016. There were 14 aggressive acts to self which is a slight decrease from 16 the previous quarter. Six units experienced aggression to self, and one of these aggressive acts met the critical incident criteria without serious injury. There were 8 unduplicated patients	

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	involved, and 3 patients had multiple self-injurious acts. All three patients were presented to the Division Review Committee for referral to the Behavioral Intervention Service. Whiting Unit 1 and Battell 4 South had the highest number of aggressive acts to self. There were 28 patient falls during the quarter which is keeping with 27 the previous quarter. 15 falls occurred in Dutcher, and 13 in Whiting. 15 of the falls had no resulting injury, 10 required minor first aid, 2 required no treatment, and 1 required medical intervention. Eight patients experienced 2 falls, and no patients experienced more than two falls. All patients who met threshold for falls received a fall risk assessment and were presented to the Division Review Committee with consultation provided by Ambulatory Care Services. There is an increase in the falls tracking rate, along with an increased vigilance by staff in assisting patients many of whom are older with medical complications.	
DMHAS Division of Forensic Services Report	Dr. Norko reported that in the last six months, there has been an increase in the number of people that are being referred by the courts into mental health with low level bonds and/or only misdemeanor charges. He is trying to pull together data from Whiting and from the court clinics to share with the Chief Public Defender and Chief State's Attorney. This concern matches well a current initiative where the State's Attorney and the Public Defender meet prior to going to court to determine which cases can be resolved without prosecution. Recent data suggest a change in the referral of defendants for competence to stand trial evaluation. For years, half of the competency to stand trial evaluations are recommended as not competent and half are recommended as competent. In December, for all the courts that New Haven covers, that went down to 20% being found incompetent and only 5% in the Waterbury court (where 19 out of 20 people referred for evaluation were actually competent). It is not clear what this changing referral pattern indicates. Coupled with the increase in low charge/low bond cases, it may signal increased efforts by the courts to find mental health treatment for people.	Dr. Norko will distribute a link to this article for those who are interested.

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	Dr. Norko reported that the joint venture between Dartmouth and New Hampshire Hospital and CVH nursing staff on the use of the overt aggression scale continues, and there will be discussions via video conference. There was a two page article in the January 6 edition of <i>Psychiatric News</i> about the New Hampshire program.	
Board Business	Chairman Milardo stated that statutory information as well as the Bylaws are located in the meeting packets. Six members are coming up for termination of office on 9/30/17; Dr. Lothstein, Dr. Manohar, Attorney Wynne, Eugene Hickey, Dr. McDowell, and himself. Chairman Milardo asked members don't wish to be re-appointed to another five year term to please let him know so that a search for candidates may be conducted. The Business Manager position remains vacant. Chairman Milardo thanked the members for their service.	
Next Meeting	The next Advisory and Review Board meeting will be held on Thursday, March 16, 2017.	
Adjournment	The meeting was adjourned at approximately 5:23 p.m.	
Approved By	 _____ Joseph E. Milardo, Esq. Chairman	3/16/17 _____ Date

Recording Secretary: Denise Goldstein