



**STATE OF CONNECTICUT  
CONNECTICUT VALLEY HOSPITAL  
ADVISORY COUNCIL**

CONNECTICUT VALLEY HOSPITAL ADVISORY COUNCIL  
MEETING MINUTES  
December 20, 2019  
CVH Board Room, Page Hall  
Middletown, Connecticut

Present Council Members:

Lawrence McHugh, Chairperson; Lakisha Hyatt, CVH-Acting CEO; Lisa Zurolo, CVH- General Psychiatry Division Director; Miriam Delphin-Rittmon, Commissioner, Department of Mental Health & Addiction Services; Lt. David Goodwin, Middletown Police Department; Sean Keane, CVH-Addiction Services Asst Division Director; Phillip Pessina

Absent/Excused Council Members:

Mehadin Arafeh, David Bauer; Joann Kiernan; Bennett Moehl, Rushford; Nancy Navarretta, Deputy Commissioner, Department of Mental Health & Addiction Services; Joseph Havileck, City of Middletown; Margaret O'Hagan-Lynch, CVH-Addiction Services Division Director; Ben Florsheim, Mayor

Call to Order: Larry McHugh called the meeting to order at approximately 8:00 am

Approval of Minutes: A motion for the September 13, 2019 meeting minutes was made and seconded to be accepted as submitted. All were in favor.

| Topic                | Discussion  | Actions/Recommendations   |
|----------------------|---|---|
| Commissioners Update | <p><b><u>Updates from Commissioner Delphin-Rittmon</u></b></p> <ul style="list-style-type: none"> <li>▪ Gearing up for the legislative session.</li> <li>▪ Electronic Medical Record, EPIC, to keep the hospital current.</li> <li>▪ DMHAS currently overarches all the hospitals. Looking to be one healthcare entity.</li> <li>▪ For Whiting Forensic Hospital (WFH), patient room searches will have patients present.</li> <li>▪ A DRCT Report was released about 3 weeks ago. DMHAS is finalizing their response. <ul style="list-style-type: none"> <li>○ False Statement: Failed licensing <ul style="list-style-type: none"> <li>▪ Hospital failed on first try.</li> </ul> </li> <li>○ False Statement: Mechanical Seclusion Restraint used inappropriately. <ul style="list-style-type: none"> <li>▪ Hospital has low rates, below national average.</li> </ul> </li> </ul> </li> </ul>   | <p>Commissioner Delphin-Rittmon will share the DMHAS response with Mr. McHugh once finalized.</p> |
| CVH Update           | <p><b><u>Updates from Lakisha Hyatt, Acting CEO</u></b></p> <p><b>Announcements:</b><br/>Anne Barrins will be returning as consultants in March to focus on data management.</p> <p><b>Regulatory Activities:</b><br/>Joint Commission</p> <ul style="list-style-type: none"> <li>▪ We successfully completed our TJC survey February 2019. In order to remain survey ready. Our Regulatory Compliance and Quality Improvement teams have enhanced our compliance monitoring tools to be more consistent with TJC.</li> <li>▪ Gearing up for our Joint Commission Mock survey; Last mock Survey February 2019; Plan to make the more consultative in nature; a number of managers and supervisors have joined the team—able to make the sessions more educative and beneficial to the team development; Strong focus on data use versus data collection and ensuring that the data flow ends with the treatment planning process</li> </ul> |   |

and informs program development

CMS/DPH

We had an unexpected cardiac related death August 2019; CMS via the Department of Public Health completed a site visit September 2019 and revisit demonstrated all necessary corrective actions November 2019 Because we conducted a thorough critical incident review immediately following the sentinel event, we had identified and had corrective actions already implemented upon their arrival.

1. Based on our critical incident management process we identified the need for a more robust Assessment procedures (bowel assessment; neurological assessment, assessment immediately following a fall)
2. Documentation- needed to reinforce Nurses medication transcription process
3. Safe management of medical emergencies (identified that we needed longer cords for our oxygen on the emergency carts

We use these finding as an opportunity for immediate change and moderate/longer term changes.

1. 100% of nurses were re-educated in the following areas.
  - a. Assessment immediately following a fall
  - b. Essential elements of a neurological assessment
  - c. Essential elements of a bowel assessment
2. All nurses, MDs MHAs were re-educated in the roles of medical emergency.
3. Increase the number of medical emergency drills related to cardiac emergency and respiratory emergency.

Quality and Risk Indicators Performance

Specific key performance indicators, we are proud to see a decrease in:

1. Aggressive acts toward others
2. Polypharmacy use
3. Aggressive acts of harming your self
4. Seclusion
5. Allegations of Abuse

6. Medication Errors  
Quality Departments will be issuing a FEMA and Culture of Safety survey 2019

Clinical Services Enhancements

1. Increased weekend clinical hours – adding social work clinical hours to Saturdays and Sundays.
2. Increased our Healing from Within offerings of services for patients and staff.
3. Increased evening programming with unit based yoga and evening mindfulness & mediation offerings.
4. We just applied for another grant to expand our Integrative Medicine Auricular Acupuncture program to a total of 8 certified providers.
5. Citizenship – Our CVH Citizenship curriculum has been enhanced revised and we are prepared to start classed as soon as the 2 new Recovery Support Specialists are hired & oriented.
  - a. A Citizenship Refresher was provided to supervisors & managers (it was required).

Our Citizenship Project continues as we branch it out to our Divisions. Unit Based Citizenship Program.

Recently the Young Adult Program is reading favorite stories to our Seniors in The Geriatric Population Three units will study the meaning and application of the five R's and then identify a valued roles project that the patient and staff can work on. We are also asking team to evaluate their programming based on Values rooms have one.

Human Resources:

- Currently hiring 2 new Recovery Support Specialist
- We are recruiting for 2 BHUS
- We are recruiting for 3 Directors of Nursing

Workforce Development

Expand the Education and training provided to new leaders. All new supervisors or managers are required to complete at least 6 hours leadership

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|  | <p>training. CVH has expanded its mediation program to include four trained mediators and when mediation sessions are not requested we require our mediators to provide team development using the conflict mediation strategies from the curriculum.</p> <p>Expanding our use of National Seminar Training. Over the course of three months September – November, we offered 7 webinars in the areas of: difficult conversations, leadership critical thinking. Topics are offered specifically to address the issues we are working to address. Attendance average of 60 employees per month.</p> <p><u>Employee Engagement for Sustained Change</u></p> <ol style="list-style-type: none"> <li>1. Quality of Work Life</li> <li>2. Employee Recognition</li> <li>3. Employee Retention</li> <li>4. Culture of Safety/Violence Prevention</li> <li>5. Task force to Strengthen the Therapeutic Benefit &amp; Overall Safety of Special Observation</li> <li>6. Campus Mediation Program – Four trained mediators: Director of Social Work, Art Therapist; An MHA, and a Chaplain</li> </ol> <p><u>Community Projects</u></p> <ol style="list-style-type: none"> <li>1. November 2019: Participated in the Turkey Drive, surpassed the can drive collection of previous years and delivered 100 Turkeys</li> <li>2. December 2019: Participated in the Chamber Job Fair</li> <li>3. Community Tour Drive and magician Show,</li> <li>4. Battell 2 North Caroling for the Battell Building</li> <li>5. Toy Drive and Annual Carol Sing</li> <li>6. Monthly Volunteer at Saint Vincent’s de Paul</li> <li>7. CVH is scheduled to host the annual Mentor Picnic</li> <li>8. Mentor Picnic tentatively scheduled for May 2020</li> </ol> |  |
| <p><b>Sub Committee Reports</b></p> <p>Safety &amp; Security</p> | <p><b><u>Report given by Lisa Zurolo, Division Director – General Psychiatry Division</u></b></p> <p>Connecticut Valley Hospital is committed to the enhancement of safety and</p>  |  |

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| <p>Subcommittee<br/>AWOLS Report</p> | <p>security of the CVH community. As such, there has been continued focus on physical plant improvements as well as review of clinical processes. The focus and importance on safety and security is for the benefit of patients as well as all stakeholders including the Middletown community.</p> <p><b><u>Hospital Security Improvements</u></b></p> <p>A.) Stanley / HSM continue to serve as the contracted agency that maintains all access control, alarm systems, and cameras.</p> <ul style="list-style-type: none"> <li>• Continued monitoring of cameras in Woodward Hall and on Merritt 4D</li> <li>• Use of cameras footage as a teaching tool with staff</li> <li>• Managerial random review of Woodward and Merritt 4D Young Adult Services cameras</li> <li>• Camera Installation Project underway in Battell Hall. Currently identifying the best locations for camera placement.</li> </ul> <p>B.) DMHAS continues to contract with United Security services for patient visiting areas</p> <ul style="list-style-type: none"> <li>• Battell Hall Visitor’s Center</li> <li>• Merritt Hall Visitor’s Center</li> <li>• Page Hall Visitor’s Center- implementation of on-site Photo ID capability from Page Hall Visitor’s Center.</li> </ul> <p>As of May 1, 2018, Connecticut Valley Hospital is organized by of two divisions; General Psychiatric Division and Addiction Services Division. The Forensic Service is now known as Whiting Forensic Hospital and encompasses two buildings; the Whiting building and the Dutcher building. The movement of patients within Connecticut Valley Hospital is based upon clinical stability and the mitigation of the individual’s risk issues. The ability of a patient to spend time off of a unit in a building, off of a unit and remain on campus, and/or off of a unit and travel off campus is based on clinical considerations related to the assessment of the patient’s progress towards recovery goals and mitigation of risk factors.</p> <p>The following definitions are utilized for reporting purposes:</p> |  |
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- a) Absent Without Leave (AWOL) is defined as either
- The absence of any legally committed or voluntary patient from the unit, building, or grounds without permission; or,
  - The failure of any patient to appear at any activity, therapy assignment, work, or other appointment – or the departure of such patient from those areas – without permission; or,
  - The failure of any patient to return to the unit at curfew or at another stipulated time from limited grounds privileges, therapeutic activities, or an authorized leave.
- b) There are two categories used for patients who are absent without leave from CVH:
- 1. Escape: The elopement of a patient**
    - a. Under the jurisdiction of the Psychiatric Security Review Board (PSRB) or
    - b. Confined pursuant to Section 54-56d, C.G.S. (Competency to stand trial)
  - 2. Unauthorized Absence: This category applies to the elopement of a patient who is.**
    - a. Committed by the probate court system or
    - b. Committed to DMHAS under a Physician’s Emergency Certificate or
    - c. Admitted voluntarily

**General Psychiatry Division**

Number of AWOL Events by Type

**GENERAL PSYCHIATRY DIVISION**  
**1/1/19 - 11/30/19**

| Type of AWOL/Elopement/Unauthorized Absence   |                              |
|---|------------------------------|
| Types of Events Where Patients Do Not Leave the Grounds   |                              |
| <b>TYPE 1</b><br>Attempted, but unsuccessful AWOL   | 7                            |
| <b>TYPE 2</b><br>Completed AWOL from area, but patient remains in the building  | 8                            |
| <b>TYPE 3</b><br>Completed AWOL from building, but patient remains on CVH   | 1                            |
| <b>TYPE 4</b><br>Completed AWOL, off campus<br>a) Left from activity on campus (returned within 24 hours)<br>b) Left from authorized off campus activity (returned within 24 hours)<br>c) Left from activity on campus (did not return within 24 hours)<br>d) Left from authorized off campus activity (did not return within 24 hours) | a) 4<br>b) 4<br>c) 2<br>d) 1 |
| <b>TYPES</b><br>Voluntary patient discharged after inquiry patient considered not dangerous<br>a) During admission process, discharged<br>e) AWOL, Discharged AMA<br>f) AWOL, Discharged facility concurs   | a) 0<br>b) 0<br>c) 0         |
| <b>GRAND TOTAL</b>  | <b>27</b>                    |

- There were seven (7) incidents of Elopement Attempt. In all of these unsuccessful attempts the patients were never out of sight of staff and did not leave the unit.
- There were eight (8) incidents of Elopement from unit/remained in building. In all events of this type staff immediately redirected the patient back to the unit.
- There was one (1) incident of Elopement from the building, remained on campus.
- There were four (4) incidents of Elopement from authorized off campus activity, returned within in 24 hours.

Larry McHugh requests a report from CVH, related to CVH buildings not in use and the possible cost of repairs. This is to be presented at the



- There was one (1) incident of Elopement from authorized off campus activity, did not return within in 24 hours.
- There were four (4) incidents of Elopement from campus, returned within 24 Hours.
- There were two (2) incidents of Elopement from campus, did not return within 24 Hours.
- Of note, 56% of the events coded Elopement (15/27) were unsuccessful: 7 were Elopement Attempts and 8 were Elopements from the unit/remained in building. If these unsuccessful events were not included in this report, then there would be twelve (12) actual incidents of Elopement in 2019, not 26.
- Elopements are thoroughly reviewed to identify procedural enhancements, and strategies to mitigate the risk of the reoccurrence.

next Advisory Council Meeting on, December 13, 2019.

**Addiction Services Division**

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| <b>Number of AWOLS by Type</b>   |      |
| <b><u>ADDICTION SERVICES DIVISION</u></b>  |      |
| <b>1/1/19 – 11/30/19</b>   |      |
| <b>Type of Unauthorized Absence</b>  |      |
| <b>Types of AWOLS Where Patients Do Not Leave the Grounds</b>                    |      |
| <b>TYPE 1</b><br>Attempted, but unsuccessful AWOL                                | 0    |
| <b>TYPE 2</b><br>Completed AWOL from area, but patient remains in the building   | 0    |
| <b>TYPE 3</b><br>Completed AWOL from building, but patient remains on CVH campus | 0    |
| <b>TYPE 4</b><br>Completed AWOL, off campus                                      | a) 1 |
| a) Left from activity on campus (returned within 24 hours)                       |      |

|   |   |                      |
|---|---|----------------------|
|   | b) Left from authorized off campus activity<br>c) Left from activity on campus (did not return within 24 hours)<br>d) Left from authorized off campus activity (did not return within 24 hours)                                   | b) 0<br>c) 0         |
|   | <b>TYPE 5</b><br>Voluntary patient discharged after inquiry patient considered not dangerous<br>a) During admission process, discharged<br>b) AWOL, Discharged ACA/AMA/NCR<br>c) AWOL, Discharged after inquiry, facility concurs | a) 0<br>b) 0<br>c) 0 |
|   | <b>GRAND TOTAL</b>  | <b>1</b>             |
|   | <ul style="list-style-type: none"> <li>There was one (1) incident of <u>Elopement (AWOL/Unauthorized Absence)</u> in the Addiction Services Division compared to zero (0) the previous year.</li> </ul>                           |                      |
| Other Business  |   |                      |
| Next Meeting  | None  |                      |
| <b><i>The next meeting will be held on Friday, March 13, 2020</i></b> |   |                      |

Transcribed by: Andreesa Gidi