State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
GREYSTONE PARK PSYCHIATRIC HOSPITAL

"FOSTER HOPE, PRACTICE WELLNESS, LIVE RECOVERY"

December 4, 2017

Elizabeth Connolly, Acting Commissioner
Department of Human Services
P.O. Box 700
222 S. Warren Street, 6th Floor
Trenton, N.J. 08625-0700

Re: Violence, Assaults, Staffing Shortages and Management at Greystone Park Psychiatric Hospital
Report - Recommendations of the GPPH Board of Trustees,
Pursuant to GPPH By-Law Article III § 1H and N.J.S.A. 30:4-1.1h

Dear Commissioner Connolly:

Context for the Origin of this Report and Recommendation

In April and May of 2017 staff raised issues of the shortage of staffing in psychiatry, nursing, and other areas. Identifying the issue of psychiatric staffing shortages as the first issue that should be brought to your attention, the Board of Trustees ("Board") of Greystone Park Psychiatric Hospital ("Greystone") submitted a letter dated June 1, 2017 to you regarding concerns as to psychiatric staffing issues. The Board noted several reasons why there was a shortage of psychiatrists at Greystone. One the recommendations made was to:

> Increase appropriate support staffing to increase safety on the units who would be appropriately trained to respond to all-available-help emergencies, as is the case for state psychiatric hospitals in New York. Safety of employees is a critical issue and there should be behavioral technician support staff with specific training in patient management and the de-escalation of confrontation and crisis situations.

As one of the issues raised at the May meeting regarding problems in retaining and hiring of psychiatrists was the issue of violence and safety in the hospital, the Board requested data for 2017 on assault statistics to be submitted at the June 2017 Board meeting.

At the June 2017 meeting of the Board, the Board was provided with assault statistics. The spreadsheet provided by staff showed the assault rates by month from January 2017 through May 2017. The information[1] was shocking:

Monthly Data 2017

Type	January	February	March	April	May	June	July	August	September	October	November	December
Admissions	30	28	43	27	43							
Census (AVG)	553	555	556	556	556							
CEPP (AVG)	113	112	104	115	118							
DDD Patients (AVG)	30	31	30	30	35							
Geriatric Patients (AVG)	94	94	95	95	100							
The figures below were requested at May 18, 2017 Board of Trustees												
Patient to Patient Assaults	90	47	100	88	94							
Staff to Patient Assaults	3	3	3	8	2							

The information provided to the Board confirmed that there were approximately 3 assaults a day occurring over a five month time period. It became apparent the issue of insufficient staffing of psychiatrists was symptomatic of much greater and more pervasive problems.

Over the course of the next couple of months the Board began receiving more and more information from staff regarding serious problems at the hospital including overcrowding, insufficient staffing in nursing, in dentistry, key management positions being vacant, Alcohol Anonymous meetings being canceled due to insufficient staffing, and deficient emergency medical response procedures.

Dangerous Conditions - Safety of Patients and Staff

The foremost concern for the Board was the safety of patients and staff. The pervasive and seriousness of the situation became more and more apparent as staff members raised issues at the Board Meetings in June, July, September, October, and November.

It also came to the Board's attention that State employees, members of your staff, were requesting adjournments of civil commitment hearings due to the shortage of psychiatrists. Proper evaluations and reports could not be timely completed for scheduled commitment review hearings due to the shortage. It further came to the Board's attention that psychiatrists were being instructed by

[1] At the meeting it was also noted that the spreadsheet incorrectly designated the "staff to patient" assault category. It should read "patient to staff." It was confirmed that the information as to "patient to staff" assaults actually understates the number of "patient to staff" assaults. The accurate numbers as to patient to staff assaults has not been corrected or provided to the Board.

State employees to not the reveal to the courts the true reasons for the delays in commitment hearings and to not confirm the issues being raised by the Public Defender's Office and the Board regarding the shortage of psychiatrists.

It is the Board's understanding that there were reviews conducted by the Center for Medicaid Services (CMS) and the Joint Commission which found deficiencies that required correction. It is also the Board's understanding there was a requirement for the submission of a corrective action plan which has not been shared with the Board or the clinical staff. The clinical staff has repeatedly requested that they be provided with the full survey information and the complete action plan so that they, as the direct providers of service can provide input and assist in resolving Greystone's current problems. The Acting CEO has refused to engage the staff directly and has refused to provide the clinical staff with the information that the staff needs to meaningfully engage in correcting the dangerous conditions currently existing at Greystone. The Acting CEO has represented that the State's corrective action plan has been accepted and that she will not provide further information to the clinical staff, and only such staff members, in the areas she determines, will be provided with partial information for their input.

At the public Board Meetings staff members have continued to consistently state, on the record, that the situation involving violence, assaults, and under staffing continues to occur. Staff have stated in the clearest of terms that they are fearful for the safety of patients, for their own safety, and that they are unable to insure the safety of patients. Significantly, the staff has confirmed that their ability to provide therapeutic treatment is seriously compromised due to the lack of security. The Staff have also confirmed that they are unable to control the units and that some units are "run" by patients. Most significant is the concern that the most severely compromised patients, the Developmentally Disabled and Geriatric patients are victimized and the staff cannot protect them.

The statements and details as to the seriousness of the violence and other problems at Greystone are in the public record of the Board Meetings of June, July, September, October, and November of 2017. The Board has repeatedly requested updated statistics as to the assault rates and an update to the spreadsheet that was provided at the June 2017 Board Meeting referenced above. The Acting CEO has refused to provide the Board with updated accurate assault statistic information consistent with the format of the information provided at the June meeting.

Of serious concern is that the information being provided to the public regarding the rates of assault and staffing information is false. Serious assaults continue to incur, included a patient suffering a fractured jaw and a fractured clavicle in September, and a patient in November recently suffering a head injury due to an assault requiring hospitalization. The State has published statistics that understate and misrepresent the extent of violence at Greystone. In order to minimize the problem the State only publishes the assault rates for incidents where there is a Major Injury or Moderate Injury. That is, the State is only counting those assaults that require medical treatment where there will be a record outside of the hospital of the event.

After repeatedly pressing for information as to how the assault statistics are compiled the Board was finally provided with Administrative Order 2:05 — Unusual Incident Reporting & Management System. The following assault information is required to be tracked and maintained:

Assault A. Physical
Act of touching or striking a victim's body to cause physical harm, which may or may not result in actual injury. The acts perpetrated under the physical assault category could occur between two service recipients, staff to staff "other" to service recipient or staff or service recipient to staff or "others."

Assaults are categorized by levels of injury which are set forth as:

Injury refers to the accidental, self-inflicted, or intentional damage to the body by an external force. Levels of injury will be categorized as follows:

No injury: Lacking any evidence of injury and/or no complaint of pain as determined by staff assessing the situation and, if possible, as described by the service recipient.

Minor injury: Refers to an injury that requires no treatment beyond basic first aid administered by a medical professional or service provider. Examples of minor injuries include, but are not limited to, bruises and abrasions.

Moderate injury: Refers to an injury that requires treatment beyond basic first aid and can only be performed by a medical professional at a physician's office, at a hospital emergency room, or by facility physicians. Examples of moderate injuries include, but are not limited to, a laceration requiring sutures or a human bite breaking the skin, injury around the eye such as bruising, swelling or lacerations.

Major injury: Refers to an injury that requires treatment that can only be performed at a hospital facility and may or may not include admission to the hospital for additional treatment or observation. Examples of major injuries include, but are not limited to, skull fractures, injuries to the eye (excluding the area around the eye), and broken bones requiring setting and casting.

At the November Board meeting the Acting CEO confirmed that the State is not including the assaults involving no injury and not including assaults involving minor injury in the quarterly statistics it posts on its website. By way of example if a patient, nurse, doctor, health care aide is punched in the face, or pushed to the ground, or threatened with a chair, or has some hair pulled out of their scalp, and they do not receive outside medical provider services, such incidents will not be captured in the statistics that the State now provides to the Board or the public. The Acting CEO denied the Board's request for monthly updates consistent with the information on the statistic spreadsheet that was provided to the Board at the June meeting. What is occurring is that the only

evidence of assaults available to the Board and public are those assaults that are documented by an outside medical provider.

Continued Shortage of Psychiatrists

There continues to be a shortage of psychiatrists and the recent efforts by the State to hire psychiatrists remains inadequate. Due to safety concerns the other issues raised in the letter of June 1, 2017, there is a continued attrition of experienced psychiatrists and the State has not sufficiently staffed psychiatry to manage the complex population of geriatric, developmentally disabled, civil involuntary committed patients, and forensic patients who are committed for being found not guilty by reason of insanity for crimes that include murder, rape, and arson.

The State's recent statement that the level of psychiatrists to patients is consistent with "Best Practices" is simply false. It was confirmed, at one Board meeting, that there are no peer reviewed or journal articles that support such an assertion. Additionally, the population of Greystone is unique, the hospital now serves a complex population of geriatric, developmentally disabled, civil involuntary committed, and forensic patients for which there are no comparable statistical study to assert compliance with "Best Practices."

There are an insufficient number of psychiatrists to cover the patient population which is aggravated by the fact that: 1) experienced psychiatrists are leaving Greystone; 2) some psychiatrists have been or are anticipated to be out on medical leave; 3) the requirements of court appearances outside of the hospital results in the forensic units being insufficiently staffed, which is dangerous as such units treat some of the most complex, difficult, and dangerous patients; 4) there are insufficient number of psychiatrists to cover the units when vacation time is taken; and 5) the hospital remains understaffed as to second and third shifts, resulting in psychiatrists being directed to work 16 hour double shifts.

In the absence of specific evidence based research, establishing psychiatrist to patient ratios for similarly situated facilities, the patient to psychiatrist ratio should be restored to the levels that existed when Greystone first opened in 2009. General unsupported references to "Best Practices" is meaningless, the proper ratio of psychiatrists to patients should be established. The reality is that although the patient population has increased substantially since 2009, the psychiatric staffing has decreased, and psychiatrists now have to treat a population of geriatric and developmentally disabled patients, presenting additional complexity to psychiatric care at Greystone.

Misinformation Provided to the Courts as to the Reason for Commitment Review Adjournments and Counseling Psychiatrists to Not Disclose or Confirm Staffing Shortages

It was brought to the Board's attention that involuntary commitment review hearings were/are being adjourned because the shortage of psychiatrists and inability to meet the demands of patient evaluation and report preparation. Patients are entitled by law to timely commitment review hearings and adjournments due to staffing shortages should not be acceptable. Information was also provided that psychiatrists who were being prepared for testimony were advised to not disclose the shortage of

psychiatrists and to not confirm any questions being raised by the Public Defender's Office or the Board.

Nursing Staffing

The current population presents complex medical issues that did not exist at the time the hospital was initially opened. The hospital now serves a complex population of geriatric, developmentally disabled, civil involuntary committed, and forensic patients. Recently the Board has been informed that there have been offers of employment extended to increase the nursing staff which is a positive development. That being said, prior to these issues being raised by the Board, the Board was informed that the number of nurses in 2009 when the patient population was 465 was the same as of April 2017 when the patient population was 555. In the absence of specific evidence based research, establishing nurse to patient ratios for similarly situated facilities, the patient to nurse ratio should be restored to the levels that existed when Greystone first opened in 2009. General unsupported references to "Best Practices" is meaningless, the proper ratio of nurses to patients should be established. The reality is that although the patient population has increased substantially since 2009, the nursing staff has remained at approximately the same levels with a population of geriatric and developmentally disabled patients presenting additional complexity to medical care at Greystone.

The Need for an Objective Evaluation of Dental Staffing

It was brought to the Board's attention that the dental staffing is insufficient to meet the number of patients and nature of complex dental issues presented by the geriatric, developmentally disabled, and psychiatric population that currently are being treated at Greystone. In the absence of specific evidence based research, establishing dentist to patient ratios for similarly situated facilities, the patient to dentist ratio should be restored to the levels that existed when Greystone first opened in 2009. General unsupported references to "Best Practices" is meaningless, the proper ratio of dentists to patients should be established. The reality is that although the patient population has increased substantially since 2009, the dental staff has decreased with a population of geriatric and developmentally disabled patients presenting additional complexity to dental care at Greystone.

The Cancellation of Alcoholic Anonymous Meetings Due to Insufficient Staffing

At two Board Meetings a volunteer for Alcoholics Anonymous ("AA") brought to the Board's attention that AA meetings were cancelled due to insufficient hospital staffing. There is no valid justification for the Hospital to turn away volunteers who provide a valuable therapeutic service. The Board has requested statistics as to the number of AA meetings and the attendance at such meetings which has not been provided to the Board.

Medical and Psychiatric Staff Vote of "No Confidence" in the Current Administration

Due to the lack of cooperation, communication and cooperation by the Acting CEO and current administration, on September 28, 2017, there was a unanimous vote of "No Confidence" in the Administration by the Medical Staff Organization, consisting of the physicians and psychiatrists.

The Complex Problems Presented by Treating Geropsych, Developmentally Disabled, Civil Psychiatric Committed and Forensic Patients in one Hospital – Reopening Hagedorn

In 2009 the Greystone Psychiatric Hospital treated approximately 465 patients who consisted primarily of civilly committed patients with serious psychiatric issues. Over the course of time the State decided to close Woodbridge and Totowa Developmentally Disabled facilities and placed a substantial number of patients at Greystone, as of May 2017, with an annual average of 35 patients. The State also closed the geriatric psychiatric facility, Hagedorn, which as of May 2017, placed a substantial number of geriatric patients at Greystone, with an annual average of 100 patients. If Hagedorn is reopened it would free up a substantial number of psychiatric beds for which Greystone was designed to treat.

The Recent Conduct of the Acting CEO

The Acting CEO has demonstrated a deliberate indifference to the safety of patients and staff. Staff members have appeared at the Board meetings in June, July, September, October, and November expressing serious concerns about the safety of patients and staff. Over this time period there have been a number of serious injuries to patients resulting from assaults requiring hospitalization. The Acting CEO has either denied knowledge of these incidents or simply is unaware of the injuries that are occurring. The Acting CEO has indicated that she is unaware of how the Human Services Police Department staffs or responds to incidents in the hospital. It is also clear that the Acting CEO is now refusing to provide the Board with information it is requesting relating to assaults and other issues being raised by the staff. The Acting CEO has demonstrated contempt for the issues raised by the staff. Staff has also expressed a concern regarding potential retaliation for speaking out on medical and safety issues in the hospital.

The CEO's most recent conduct at the October and November meetings is particularly troubling. For the past 13 years the Board has met at 2:30 pm for educational sessions prior to the Board meetings at 3:15 pm. Given the seriousness of issues being raised by Staff and others the Board sought to continue meeting at 2:30 pm and to commence the public meeting at that time. The Acting CEO refused to permit the public meeting to commence at 2:30 pm. In an act that can only be considered childish, the Acting CEO and the administrative staff have been walking out of the meetings at 5:00 pm, requiring the Board to continue the public meeting in the administration's absence. The staff are only permitted to attend the Board meetings on their own time, so that some cannot attend until after their shift at 4:00 pm. It is clear that the Acting CEO is limiting the amount of time at the Board meetings to prevent staff and the public from having the opportunity to raise issues of care, treatment, and safety. Recently, over the objection of the Board, the Acting CEO

barred a member of the public from attending the public meeting, which the Board believes is a violation of the Open Public Meeting Act.

It is sad that the Acting CEO's indifference to the concerns of staff is so evident that the staff believes that the only forum upon which they can raise care and safety issues is at the monthly meetings of the Board of Trustees. The Board remains hopeful that you will take such action as necessary to resolve these issues.

Transcripts of the Board Meetings are available for your review and the Board respectfully recommends that you personally review what has been transpiring at the meetings of the Board of Trustees. Now more than ever, it is clear that this current administration requires civilian oversight of its management of the hospital and your intervention is critical for the care, treatment, and safety of the patients.

Issues and Recommendations

1. The issue of safety, security, overcrowding, understaffing, and therapy are intertwined. Without proper staffing, safety and security there cannot be effective treatment and therapy;

2. The patient to psychiatric, nursing, and dental staffing should be subject to empirical evaluation, and in the absence of research based clinically appropriate ratios, the patient to staff ratios should be restored to the levels that existed when Greystone first opened in 2009;

3. There should be a thorough security assessment and immediately provide such staffing, health care aids, nurses, licensed clinical social workers, psychiatrists, and security personnel to insure the safety of patients and staff and advance an immediate reduction in the number of assaults occurring on a daily basis. To the extent that Human Services is expected to provide "Community Policing" there needs to be clarification of the role and expectations of the Human Services Police in helping to provide safety in the hospital, including: a) when are they present in the hospital?; b) where is their presence in the hospital?; c) what, if any, is their specific role in providing the community policing that reportedly takes place in the hospital?; d) what is their role/limitations imposed on their role in response to calls requesting all-available help in emergency or other related situations?; e) what is and who provides "Community Policing" in the hospital;

4. The State should be immediately addressing the complex problems and dangerous conditions currently existing at Greystone and stop publishing incomplete and inaccurate information as to assault levels and meaningless claims of compliance with "Best Practices." The so-called "minor assaults" should be included in the total number of assaults being published. This would provide a more accurate and measurable indicator, over time, of the extent to which the problems of dangerous conditions and assaults are being reduced, remaining unchanged, or exacerbating in direct relationship to efforts in place or put in place to increase safety for patients and staff ;

5. The hospital should form a Violence Reduction Committee that meets on an ongoing, regular basis that includes representatives from the psychiatric staff, social work staff, nursing staff, security staff, medical and administrative staff to discuss and make recommendations regarding the best way to resolve the complex problem of violence. The Board is not recommending some perfunctory representation of the clinical and nursing staff. Recommendations need to be solicited from psychiatric, medical, nursing and social work staff regarding what representation they require on such a committee. When treating a population of individuals in a locked institutional/hospital setting that includes geriatric, developmentally disabled, severe personality disordered, chronic schizophrenic, and co-occurring substance abusers, the problem of understanding how best to provide security is a multi-faceted one. It cannot be effectively addressed without direct input from those who best understand the nature of the patient population's problems and vulnerabilities;

6. The goal in any State Psychiatric hospital for assaults should be zero. The current number of assaults is unacceptable and as part of an ongoing review by a Violence Reduction Committee, honest and complete statistics should be maintained with the expectation of reducing the number of assaults with set goals. The assaults should be tracked and any patterns of reduction or increase should be measured to determine the causal factors of the assaults, where the assaults are occurring, what measures are working and what measures are not working;

7. Alcoholic Anonymous meetings should immediately be restored to appropriate levels and sufficient staffing to allow these meetings to proceed. Problems with substance abuse and co-occurring psychiatric illness are essential to address effectively in an effort to reduce recidivism among patients and increase safety in the hospitals. In addition to AA meetings, the hospital should seek to solicit NA meetings in the hospital. Clinical staff at the hospital should meet with AA representatives to determine the number of meetings per week that clinical staff feels would be helpful to address the needs of the patient population. AA and NA members are always available to speak and have meetings at hospitals and institutions. This may mean an increase in the number of meetings that were previously available;

8. Earlier this year the staff raised the issue of overcrowding and the use of day rooms for "overflow" patients to have a place to sleep. As a result of the staff raising this issue with the Board and various agencies, since August, there has been the diversion of patients to other facilities and an increase in discharges. While the reduction in the census is a positive development, the State should not permit "overflow," i.e., overcrowding, to occur. Going forward, the admission and census levels should be monitored carefully so that this issue does not recur. There is a relationship to "overflow" and assaults and there should be an analysis as to the impact overflow has on level of assaults at Greystone;

9. Serious consideration should be to reopening Hagedorn to allow Greystone to return to its core mission the treatment of the seriously mentally ill;

10. The current Acting CEO should be relieved of all managerial and operating responsibility and a full time CEO should be appointed who will work directly and cooperatively with staff to resolve the serious problems facing the hospital.

The Board respectfully requests that all of these issues be given serious consideration and priority.

The Board of Trustees,
Greystone Park Psychiatric Hospital

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