

# Greystone Park Psychiatric Hospital

Annual Public Meeting

January 19, 2023

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# GREYSTONE'S BOARD OF TRUSTEES

## Membership

- Jim DiGiulio, Chairman
- Sheriff James Gannon, Vice Chairman
- Louis Modugno
- Peter Simon
- Bruce Sisler
- Tomika Carter

## BOARD OF TRUSTEES



# CONSULTING FIRM (CSM)

## CLINICAL SERVICES MANAGEMENT

- Interim Chief Executive Officer – Thomas Rosamilia
- Charles Higgins
- Louis Cassaro
- Roy Wilms



## Evaluations

- Leadership
- Work performance
- Processes
- Bylaws
- Policy & Procedures



# SETTLEMENT AGREEMENT – 10 YEARS



## OVERSIGHT COMMITTEE

### Membership

- Public Defender's office
- Department of Health
- One member mutually agreed upon
- Maximum census of 506, current avg. census = 360's
- Settlement agreement liaison
- Onsite Ambulance and Emergency Medical Technicians
- Violence prevention committee providing stats
- Tx parameters pertaining to meds and activities
- Training
- Maintenance infrastructure and safety

# SETTLEMENT AGREEMENT – 10 YEARS

## STAFFING

- Psychiatry staff
- Physicians
- Psychologists
- Dentist required
- Nursing staff
- Social Worker staff
- Occupational Therapists
- Physical Therapists
- Art Therapists
- Hearing / Speech therapist
- Adult Education teachers



# *“ Foster Hope, Practice Wellness, Live Recovery ”*

## **Mission**

Greystone’s innovative team collaborates to provide quality patient-centered care, based on individual’s strengths, needs, abilities and preferences, to help the patient reach their full potential. We promote a culture of wellness and recovery that starts in the hospital and continues into the community.

## **Areas of concentration**

- ✓ Integrated Health - addressing the physical, mental and substance use health issues
- ✓ Census Management
- ✓ Active Treatment
- ✓ Violence Reduction
- ✓ Workforce Development



# LIFTING OF COVID RESTRICTIONS

- Business now resembles normal, with all visitors screened at the front desk, upon entry
- Patient visits are personally scheduled by a dedicated staff member. These visits are in-person and even outdoors in nice weather. Families and patients alike have reacted with positive feedback
- Resumption of day passes
- Resumption of field trips

The following programs have all resumed –

- J-Wing programming
- Creative Employment Center
- Park Place Café
- Patient Library
- Patient Governance
- Pet Therapy (increased to 2x week)
- AA / NA in-person evening groups





# LIFTING OF COVID RESTRICTIONS

Federal Money (HRSA) was given for given to Greystone to COVID related expenses. In 2022, we purchased the following:

- High grade clothing washers and dryers for patient use
- Repair and upgrade of our X-Ray machine
- Hands free faucets and soap dispensers
- New sterilization equipment in the dental and medical clinics
- Housekeeping equipment and supplies
- Blockhouse wipeable and anti-ligature furniture for cottages
- Norix Dining room and Socialization room furniture for main hospital
- Medication carts

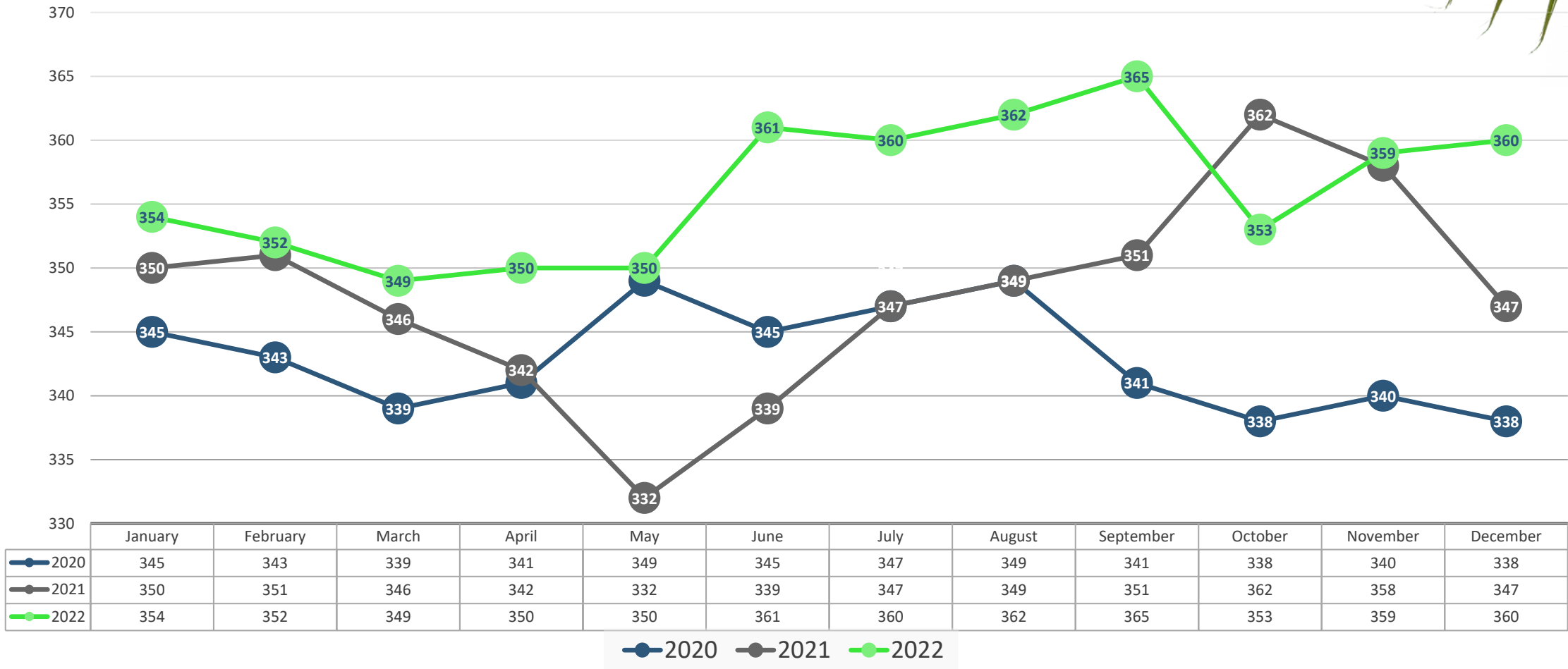


# SAFETY & VIOLENCE REDUCTION EFFORTS

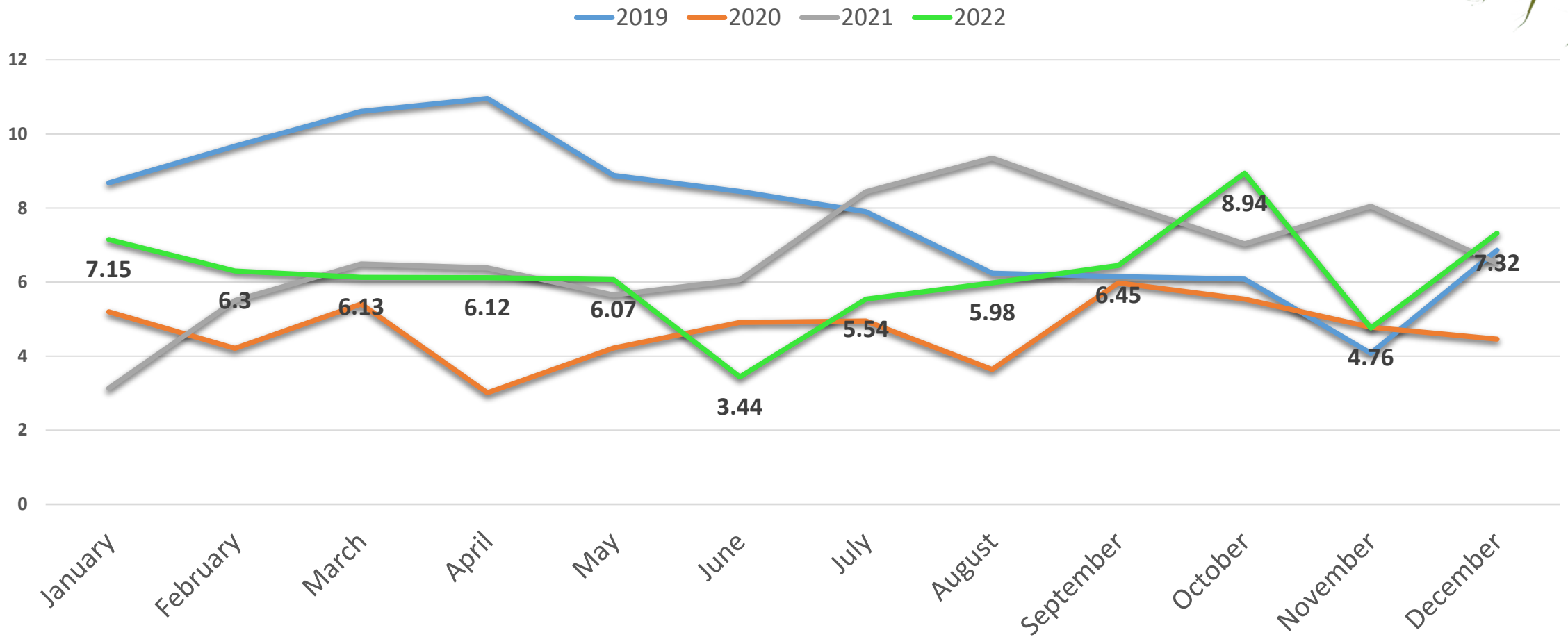
- Chief Clinical Officer
- Patient Information Centers (PICs)
- Staff Trainings
- Medical Security Officers
- Special Instructors Services Unit (SISU)
- Behavior Analyst
- Patient Programming
- Norix Furniture
- Equipment
- Promotion of recovery concepts
- Evidence based practices
- Culture of Respect & Dignity



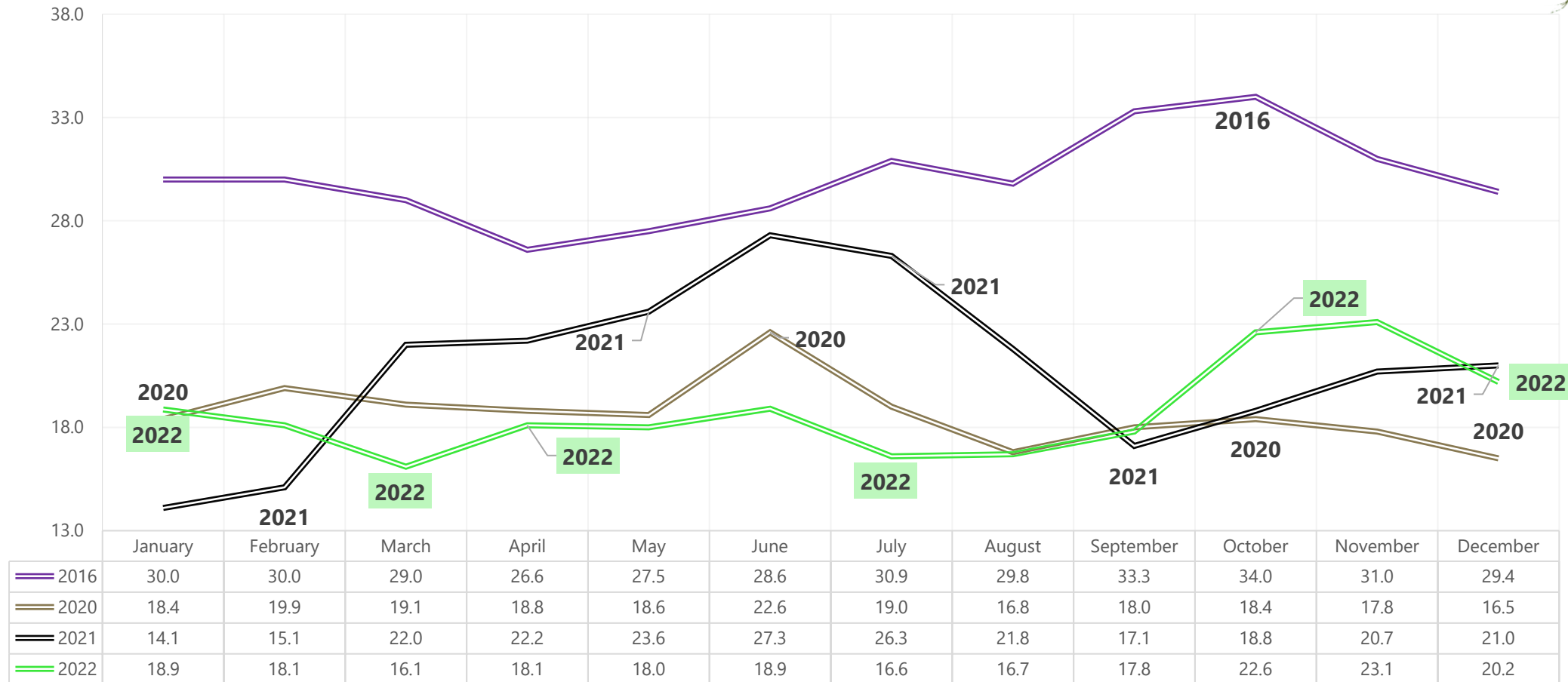
# CENSUS



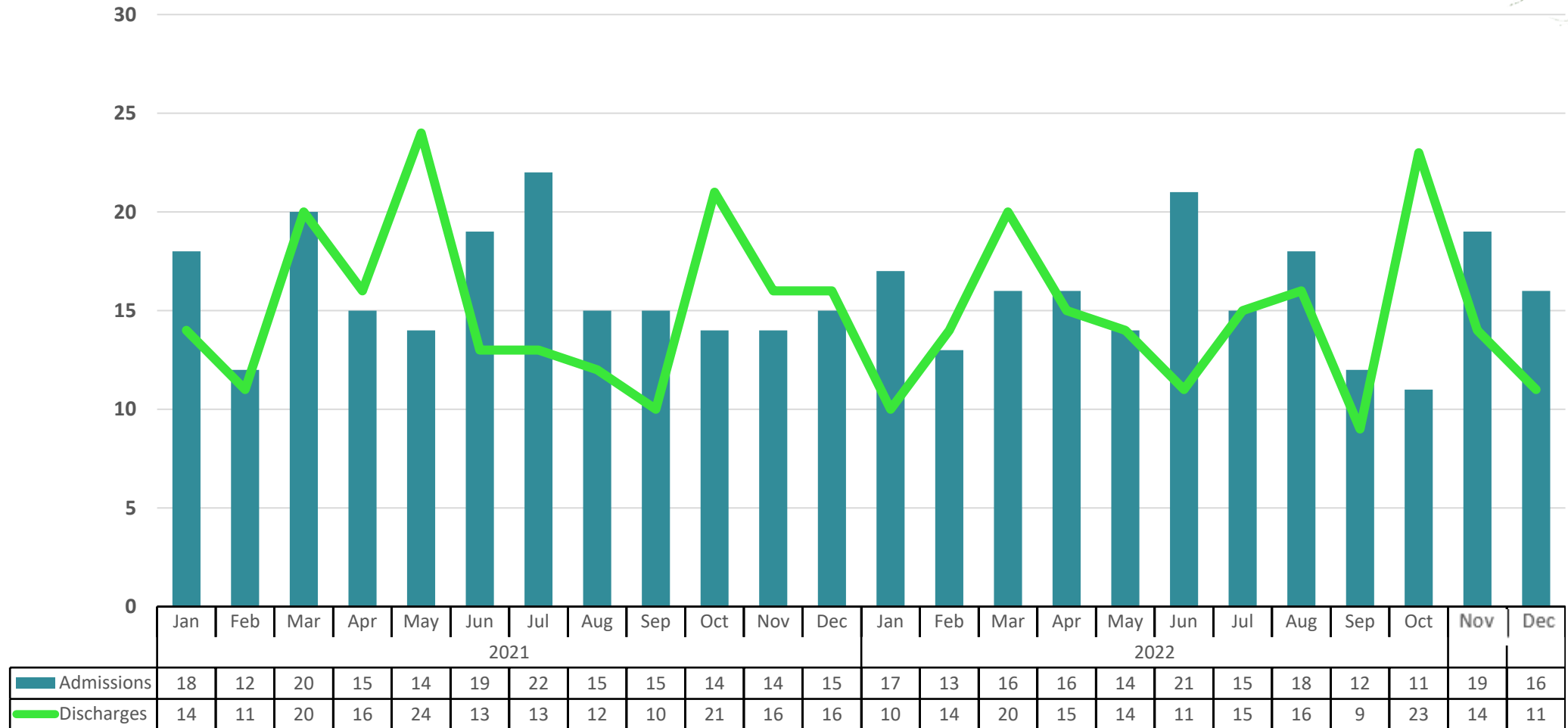
# PATIENT to PATIENT & PATIENT to STAFF – COMBINED ASSAULT RATE PER 1,000 DAYS



# AVERAGE DAILY 1:1s



# ADMISSIONS & DISCHARGES



# SAFETY & VIOLENCE REDUCTION EFFORTS

- The Department of Medicine has a full-time Dentist, and a second Gynecologist, a Dermatologist, and an Ophthalmologist as consultants in our Medical Clinic.
- Nursing supervisors and Clinical nurse specialists led intensive hospital mock code drills. These have afforded staff opportunities to practice and be prepared to respond to medical and cardiac arrests emergencies. By the end of November 2022, the nursing staff participated in 460 mock code/real code events.
- Patient Information Center – ceilings
- PIC enclosure



# COURT COORDINATION



- Fifteen **(15)** patients with immigration issues were discharged through assistance from the Immigration Coordinator.
- Eighteen **(18)** patients in need of a guardian were assigned a guardian through coordination and submission of guardianship applications by Court Coordination staff.
- **1,294** virtual civil commitment hearings were coordinated by Court Coordination staff. Coordination of these virtual hearings was an arduous task as Court Coordination staff had to move from unit to unit to facilitate patients' virtual appearances. On average, there were 13 virtual hearings per scheduled court date (civil commitment hearings occur twice per week). In addition to the weekly virtual civil commitment hearings, 156 virtual Krol hearings were coordinated by Court Coordination staff.



# QUALITY MANAGEMENT

- Five **(5)** site visits which were conducted by PSCU (Patient Services Compliance Unit). Met with department heads and successfully developed and implemented Plans of Correction to address the deficiencies
- Seven **(7)** Root Cause Analysis' were assigned to QM
- Four **(4)** Intense Analysis' were successfully completed
- Two **(2)** new Performance Improvement projects were initiated – to increase success in patients outside clinic appointments and manage limited space in kitchen freezer.
- Conducted sixteen **(16)** Mock Tracers to review team members knowledge and compliance of regulatory standards
- Conducted a Joint Commission Standards Gap Analysis with Fire and Engineering Departments to ensure compliance.



# QUALITY MANAGEMENT

Number	Initiatives
23	Pre-Construction Risk Assessments (PCRAs)
16	items presented to the Patient Product Review Committee
69	substantiated cases reviewed by the Incident Review Committee
6	cases Risk Management provided legal documentation for
172	medication room audits
43	main kitchen audits
823	requests for information were provided by the Medical records department
10	risk assessments conducted across the campus

All members of the Safety team were trained on OSHA10 training, Active Shooter Training, HAZ-Com, Confined Space, Lockout/Tagout, and Electrical Safety, as well as participation in all Joint Commission webinars.

# TREATMENT & PATIENT CARE

- Treatment plans changed to quarterly
- Changes in discharge planning documentation
- Changes in aspects of medical documentation
- Four **(4)** units have opened-up rewards stores, token economy encourages good program participation in key areas
- **G1** is now an all CEPP unit (continued stay pending placement)
- Several cases of successful discharges of very challenging patients who have been here for many years



# TREATMENT & PATIENT CARE

## Psychiatry

- Improved our documentation processes and our psychiatry-to-psychiatry communication
- Offered team specific supports/mentoring in order to strengthen teams to tackle barriers to patient care
- Solidified a Zyprexa Relprevv Policy
- Continue with a strong CME program offering up-to-date gold standards on psychiatric topics
- Along with the office of court coordination, streamlined the guardianship process
- Increased the time psychiatry has for patient care by cutting down on admin burden
- Continue to recruit more psychiatrists to assist in daytime, weekend, and holiday coverage to improve patient care and reduce burnout.
- Offer more in house education/training to psychiatry dept ( psychopharm, capacities, leadership)



## Barriers

- Need of a more comprehensive EHR to lower the paper burden and duplication of paperwork to stay in compliance with regulatory
- Developing a competitive recruitment plan in an environment of limited resources

# TREATMENT & PATIENT CARE

## Nursing

- The Nursing department is the largest department in the hospital and staff take the lead in promoting hospital-wide infection prevention strategies. Safety practices upheld include social distancing, hand washing, donning appropriate personal protective equipment (PPE), i.e., surgical masks, face shields/goggles, and gowns, as appropriate.
- The Nursing staff are utilized as frontline staff in promotion of hospital safety by providing a) patient visitor contraband screening and b) COVID Binax testing, as necessary.
- Hospital off-unit patient care programs and activities reopened. Nursing staff actively participated in encouraging and escorting patients to off-unit activities, i.e., J-wing Rehab programs, the Library, Gym, auditorium special events, summer outdoor swimming pool, and Park place snack shop. Patients have been enjoying the diversity of program activities.
- Intensive hospital mock code drills were led by the nursing supervisors and clinical nurse specialists. The intensive mock code drills have afforded staff opportunities to practice and be prepared to respond to medical and cardiac arrests emergencies. Nursing staff have participated in approx. 501 mock code/real code events.

# TREATMENT & PATIENT CARE

## Psychology

- Expanded our behavior services with a behavior analyst and three additional behavior support technicians.
- We also backfilled one psychologist vacancy.
- Received 77 applications for our APA-accredited internship and are in the process of interviewing 40 of them for our 4 spots.
- Received Institutional Review Board approval to conduct two research studies examining violence risk communication between psychologists and psychiatrists and examining violence risk factors in our (NGRI) Not Guilty Reason Insanity patients.



## Rehabilitation

- Developed a plan to ensure that Recreational and Rehabilitative Activities are available to patients seven (7) days a week on day, evening and weekend shifts.
- **13** patients connected with Supported Employment prior to their discharge from the hospital
- **14** patients received a cell phone and training on the use of the cell phone prior to their discharge



# TREATMENT & PATIENT CARE

## Chaplaincy

A wide variety of Religious and Spiritual needs are met through our Chaplaincy department staff and our contracted partners. Patient's discharge planning process aided with continued presence and support, offering outings and opportunities to connect with outside religious and spiritually based entities

## Clinical Nutrition

In September, when the new Fall and Winter diet menu began, the manual was updated on Dysphagia and Altered consistency diets. Dysphagia and altered consistency training was provided in person for food service department and available online and on the GPHWEB for other departments

## Co-Occurring

Celebration of Alcohol Awareness Month via informational campaign and held associated patient events. Celebration of Recovery Month via multiple activities, groups, and mini events. Celebration of Overdose Awareness Day, Opioid and Substance Awareness Day, National Sober Day, Addiction Professionals Day Staff attended Peer Recovery Summit, Opioid Summit, Suicide Prevention Conference for better patient care



# ACTIVE TREATMENT

<b>Programming</b> 2022 hours (approx.)	<b>Groups</b>	<b>Patient Attendance</b>	<b>Individual Consultation / Therapy</b>	<b>Other Patient Contacts</b>
<b>Clinical Nutrition</b>	615	4,980	2,075	705 meal audits
<b>Co-Occurring</b>	2,100	5,625	1,665	3,205
<b>Psychology</b>	1,585	7,920	3,095	5,500
<b>Behavior Support Therapists</b>	385	1,925	865	360 hours in milieu
<b>Social Services</b>	1,175	5,580		many
<b>Nursing</b>	Daily	Round-the-clock contact		



# ACTIVE TREATMENT

<b>Rehabilitation</b> 2022 hours (approx.)	<b>Programming</b> Groups	Patient Contacts
<b>J-Wing</b>	2,925	10,935
<b>Creative Employment</b>	1,965 (1.5 hour paid work sessions)	5,565
<b>Library</b>	635	3,120
<b>Gym, Weight room, Pool</b>	1,075	8,435
<b>Hairdresser &amp; Barber "Salon"</b>	Averages 415 services per month	
totals	10,000+	30,000+

# GOALS - TREATMENT & PATIENT CARE

## Clinical Nutrition:

fill current vacancies and plan for 3 upcoming retirements



## Co-Occurring:

update curriculums, materials and variety in groups, while expanding use of modern technologies.



Curriculum

## Psychology:

incorporate Social Cognition and Interaction Training (SCIT) into our evidence-based intervention offerings, with a particular emphasis on targeting patients who have a history of interpersonal violence. SCIT seeks to improve patient ability to understand social interactions including emotion perception, perspective taking, and cognitive biases that may lead to violence.



# GOALS - TREATMENT & PATIENT CARE

## Nursing:

- Will be receiving advanced psychiatric mock code training by the Training department to improve staff psychiatric behavioral response skills.
- As an endeavor to recruit registered nurses, the Nursing administration is reaching out to local nursing colleges for an affiliation agreement with Greystone Park Psychiatric Hospital (GPPH). The affiliation agreement will permit senior registered nursing students to complete their clinical psychiatric rotation at GPPH.
- The Nursing administration is currently working with the Assistant Director of Nursing education and the hospital librarian in expanding the nursing education program. In the year 2023, Nursing administration is seeking accreditation from the American Nurses Credentialing Center (ANCC). This accreditation will permit nurses' opportunities to attend hospital educational seminars and earn continue education unit (CEU).



# WORKFORCE DEVELOPMENT



COURSE NAME
Bloodborne Pathogens and Standard Precautions
Crossing the Line
Emergency Response
Ethics
EVAC-CHAIR
Fall Precaution/Body Mechanics
Fire Safety
HIPAA
HR Topics
Patient Abuse/Neglect
Patient Rights
Recycling Management
Therapeutic Options
Worker Right to Know

## Octoberfest Annual Training

- on-line material went live in September for compliance with cognitive topics to meet our annual competency/refresher training requirements
- the capstone event was held the last two weeks in October to wrap up the yearly annual competencies and re-training requirements

Based on "in pay" eligible employees as well as contractors whose duties require attendance in the annual event. An amnesty day was held on December 14<sup>th</sup> and brought the compliance to:

**95%**

October	Attendees	October
17 <sup>th</sup>	130	24 <sup>th</sup>
18 <sup>th</sup>	205	25 <sup>th</sup>
19 <sup>th</sup>	117	26 <sup>th</sup>
20 <sup>th</sup>	82	27 <sup>th</sup>
21 <sup>st</sup>	85	28 <sup>th</sup>
<b>total</b>	<b>619+499 =</b>	<b>1,118</b>

# CONTINUING MEDICAL EDUCATION (CME)

- Successful completion of four-year reaccreditation survey and interview process with Medical Society of New Jersey
- Programs delivered remotely via MS Teams which allowed participation by presenters from all over the country including Yale and University of California-San Diego
- **558** total attendees      **17** credit hours

## Other Educational resources for Staff:

- UpToDate: an Evidence-based medical content reference tool
- Psychiatry Online
- PsycINFO
- Academic Journals
- Health Newsletters: Mayo Clinic Health Letter, Psychiatry Drug Alerts, Medical Letter on Drugs and Therapeutics



# GRAND ROUNDS

- Covid-19 Hesitancy: Just the Facts
- Considerations in the Use of Ketamine in the Treatment of Serious and Persistent Depression
- Clozapine-Related Adverse Events and Managing Inadequate Response
- Testifying in Court: A Clinician's Survival Guide
- IMAR: Involuntary Medication Administration Review



# OPERATIONS

- Business Office - attained “no findings” in DOH audits
- Storehouse – purchased 24 more appropriate task chairs for staff in each unit’s chart rooms
- Housekeeping – successfully coordinated delivery and set up of new Blockhouse and Norix furniture as well as removal and disposition of surplus
- Fire Department completed all fire alarm, sprinkler and suppression system quarterly and annual and (DFS) Division of Fire Safety inspections. It is a goal to get the fire system in the cottages to report to the Onyx reporting system in the main hospital.



# OPERATIONS

- Updated to Honeywell's current control platform - Electronic Building Integration (EBI)
- Replacement of old underground electrical cables to grounds building
- Power to "C" elevator was replaced
- 2<sup>nd</sup> Greenhouse installation completed (donated by Hagadorn)
- All Digital Video recorders upgraded to Network Video Recorders (NVR)
- Lactate room (H-126) has been completed
- Rate of filling positions in Engineering is a concern



# OPERATIONS

## Dept of Property Management and Construction (DPMC) projects:

- Substantial completion of fire stopping HWAT (heat tape on waterlines) Life Safety project
- Substantial completion water infiltration project – resealed all sub-terranean electrical conduit penetrations into the basement

## Mechanical Electrical Plumbing (MEP) projects:

- Installation of a new water softener in the main building
- New water softener in cooling tower to go online soon
- Addition of six (6) new transfer switches to place hospital on 100% generator power

# OPERATIONS – FUTURE PROJECTS

- Upgrades to the heating and ventilation system
- Upgrades to the hospital wide uninterruptible power supply system
- Shed replacements for communications and information technology equipment
- Communications and information technology equipment and speed updates
- Cottage upgrades – interior and exterior
- Outdoor freezer for food service department
- Update hospital signage



