



FOR YOUR INFORMATION. These minutes will not become official until they are formally acted upon at the next Board meeting.

**MINUTES OF A REGULAR MEETING
 BOARD OF TRUSTEES
 GREYSTONE PARK PSYCHIATRIC HOSPITAL**

- I. The Board of Trustees Meeting at Greystone Park Psychiatric Hospital (GPPH) was held via telephone conference call on Thursday, October 19, 2023, pursuant to the notice duly given. In conformance with the Public Open Meetings law, notices for the meeting were sent to Daily Record and the Star-Ledger.

Board Member Attendance:

<u>Present:</u>	<u>Excused</u>
Chairman James (Jim) DiGiulio, Esq.	
Sheriff James M. Gannon	
Peter Simon, Esq.	
Bruce Sisler, Esq.	
Louis Modugno, Esq.	
Tomika Carter, MSW	

Hospital Administrators Attendance:

<u>Present:</u>	<u>Excused</u>
Thomas Rosamilia, Interim Chief Executive Officer	
Eric Madurki, Deputy Chief Executive Officer	
Quinzell McKenzie, Chief Operating Officer	
Christopher Dorian, Chief Clinical Officer	X
Dr. Harlan Mellk, MD, Acting Medical Director	
Dr. Laura Romano, Chief Nursing Officer	X
Jack Frey, Business Manager	
Dorothea Josephs-Spaulding, Director of Quality Management	X
Timothy Dimitrios, Administrative Analyst 4	X
Maria Jazenback, Secretary to the Board	
Stephanie Gabelmann, GPA Liaison	X

CALL TO ORDER at 3:15pm by Chairman, James DiGiulio. It was discussed that public comment and questions will occur at the end of the meeting. All participating in the meeting should remain muted on the phone until public comment occurs.

II. APPROVAL OF MINUTES:

The July 20, 2023 Board Meeting minutes were presented for approval. Bruce Sisler gave the 1st motion to approve the minutes. Vice Chairman, Sheriff James Gannon gave the 2nd motion for approval. All in favor. The July 2023 minutes were adopted.

III. CEO REPORT:

Mr. Tom Rosamilia, Interim Chief Executive Officer (CEO) at Greystone Park Psychiatric Hospital presented the CEO Report for the board meeting.

The CEO discussed that there was a Board of Trustees picnic event for patients with lunch at the hospital on 9/21/23. The patients and staff who attended enjoyed the picnic and were thankful for the event. Joint Commission was on-site and conducted their triennial survey from September 18-22. There were 44 citations which included the following:

- Dishwashers not hooked up yet in the serveries, we were cited for improper measurement of the water temperature and dishwashing liquid concentration when washing utensils and small dishes.
- A few ligature risks were identified such as a buckled belt on a patient jacket, laundry bags with handles that were too long, ear phone cords that had become unraveled.
- Suicide Assessment policy needed to be updated to reference a training component.
- A citation for having similar findings to other items cited for in 2021. Many were minor errors such as broken tiles/blocked or propped doors or documentation omissions.
- Reaching our targeted staffing matrix on the units each shift. A sample of units were surveyed for a week and about 30% of the shifts were considered short mostly in HSA/HST staffing and some in RN staffing.
- Proper scheduling of fire drills.
- Proper PPE use such as Safety Glasses.
- Labeling of cleaning products and shut off valves.
- Power strips/extension cord use.
- Replacing dirty or broken ceiling tiles.
- Odors and stained or frayed damaged mattresses or baseboards.
- Dirty washing machines due to soap build up on door hinges and dispensers.
- Expired Glucometer Solution
- Two late entries in credentialing files.
- Attached items to a fire sprinkler line.
- Medication refrigerator temperatures not accurately or consistently monitored.
- A door propped open.
- Dating of open food containers.
- Ensuring policies are updated at no later than three year intervals.

About half of the 44 citations were resolved when Joint Commission (JC) was present at Greystone Park Psychiatric Hospital. We still need to fix some others and put a process in place to ensure we stay compliant. Kudos to Rehab, Dental Clinic, Medical Department, Quality Management Performance Improvement, Medical Credentialing, Staff Library, and all who participated in the survey. We received a lot of positive feedback from JC. Quality Management will be leading our corrective action plan that will be submitted to JC. JC is expected to return either end of October or early November.

The hospital eliminated color codes and began using Plain Language Alerts on 9/12/23.

The following statistics are for the month of September. The total average census is 354.4, 15 admissions in the month, 13 discharges in the month and 85 hospital-wide patients on CEPP status. The total number of CEPP patients is about 25% of our total patients at GPPH. The fair market value and group home availability continue to cause delays in discharge.

The SSIP unit (A2) had their annual event to celebrate deaf awareness. There were speakers and special events in the auditorium. Area 4 also had a special pizza lunch to celebrate. A2 is also working with a central office work group on MasterWord VRI interpretation tablet program for all state hospital language departments.

In September, 1,888 group therapy programs occurred throughout the hospital. This number excludes nursing on unit groups however it averages about five (5) to six (6) people per group.

Chaplaincy had 1,387 staff contacts and also completed 18 assessments, 146 groups held, and 3,578 mileiu patient contacts.

September was Recovery Month. Co-Occurring Department held a special event in the auditorium. The movie "Four Good Days" about opioid addiction and family dynamics was shown. A number of groups throughout the month also held special programming focused on recovery month and fun activities. Posters were hung in the hospital with information about recovery and patient created recovery-oriented art. Active Treatment: 58% of patients scheduled attended group as scheduled, 73% admissions needed additional screening for co-occurring issues, 73 individual contact hours took place, 159 groups were held, 201 Other Clinical Patient Contact Hours occurred and 709 Patients attended groups in September.

One MSO Recruit is scheduled to begin in November.

Court Coordination had a total of 81 Krol patients and 134 Total Special Status Patient in September.

Infection Prevention had 1.3 rate with thirteen (13) infections in September which is far below the target number. Kudos to Infection Prevention for great work.

Language and Culture Services had eighty-nine (89) spanish requests that were logged down and 12 translations.

Tri-State Canine Response Team visits the hospital twice per month with two golden retriever dogs for staff visitation only. The Tri-State Canine Response Team's mission is to comfort, support, and enhance the quality of life of those who are suffering from a personal condition or community crisis utilizing the human/canine bond and its power to heal. They provide certified and trained handler/dog teams for Animal Assisted Activities, Animal Assisted Therapy, and Animal Assisted Crisis Response.

Risk Management reported the following: 4.2 patient to patient assaults per 1000 days, 1.9 patient to staff assaults per 1000 days. There were fewer seclusions and restraints in Area 3 this month as F3 and G3 now each have twelve (12) patients.

Psychology Department continues to focus on increasing active treatment with identified patient groups such as discharge resistant, chronic 1:1 use, high risk for suicide, high incidence of aggression and use of seclusion/restraint and providing services to the highest use of licenses. The department is providing treatment in both individual and group modalities. The hospital will be creating two new DBT units in Area 2 to serve SSPRC patients adjudicated NGRI, former IST, or civilly committed patients who have demonstrated institutional violence. Violence Risk Assessments are being completed per policy and Administrative Bulletin Guidelines (within 30 days of admission and yearly thereafter). Kudos to Psychology Department on taking on the completion of the Violence Risk Assessments for the hospital.

Rehab Services Spearheaded Hispanic Heritage Month events as well as the Board Picnic in September. Kudos to rehab for a job well done.

Chairman, James DiGuilio thanked the CEO for his thorough report and the details of the Joint Commission visit. The information was elaborate and gives the Board Members a good idea of what the JC looked for during their visit. Chairman also advised that he knows the CEO and team rely on the Board to look at the report each month and the Board Members do, as well as they receive a lot of communication from the CEO and his team on a regular basis which keeps the Board in the loop of what occurs at the hospital. Chairman, DiGuilio thanked the CEO and his team for their hard work over the last month and this year thus far.

IV. FINANCIAL REPORTS:

The patient welfare fund information for September 2023 was reviewed by the Board of Trustees prior to this meeting.

The beginning balance for July 2023 was reviewed as \$66,176 with \$8,068.16 deposited and \$6,225.85 in disbursements. The ending balance was \$69,018.31. Balance of cash management fund was \$502,595.55 and the total patient welfare fund available balance ended at \$570,613.86.

The beginning balance for August 2023 was reviewed as \$68,018.31 with \$7,726.87 deposited and \$3,140.52 in disbursements. The ending balance was \$72,604.66. Balance of cash management fund was \$504,818.58 and the total patient welfare fund available balance ended at \$577,423.24.

The beginning balance for September 2023 was reviewed as \$72,604.66 with \$3,536.43 deposited and \$9,591.00 in disbursements. The ending balance was \$66,550.09. Balance of cash management fund was \$506,790.49 and the total patient welfare fund available balance ended at \$573,340.58.

Chairman James DiGuilio discussed that it seems the Board of Trustees picnic went well and the patients enjoyed the event. Chairman also advised if there is a need for additional funds with the holidays coming up or end of the year events, to please let the Board know.

V. OLD BUSINESS

How many assaults took place in June? There were a total of 71 assaults in June (52 patient to patient assaults and 19 patient to staff assaults).

VI. NEW BUSINESS

There was no new business during this meeting.

VII. COMMENTS FROM THE PUBLIC

Chairman, James DiGiulio opened the floor for questions and/or comments. Members of the public were reminded that they had five (5) minutes to state their question(s)/comments. Any questions/concerns that can not be addressed during this meeting will be addressed during the next meeting.

Public Member

Ms. Ann Weber asked the following questions:

What are the September Assaults, Restraints, and Seclusion numbers?

There were 48 patient to patient assaults and 20 patient to staff assaults.

There were 10 events that were a total of 9 hours in September in regard to restraints.

There were about 11 hours worth of seclusion events in September.

Does GPPH ever get competency to stand trial patients?

The CEO advised we get patients who are declared incompetent to stand trial or guilty by reason of insanity.

Will unit doors be replaced with doors that can't be kicked open?

The CEO advised we are not currently looking into new doors at this moment.

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Are there any plans to replace geriatric patients on admissions into geriatric units to start for safety?
The CEO advised that we always try to find the best place for our patients and when we can send them directly a geriatric unit we do but sometimes we are unable to do so.

VIII. ADJOURNMENT:

The meeting was adjourned at **3:54pm.**

IX. NEXT MEETING:

The next meeting of the Greystone Park Psychiatric Hospital Board of Trustees will be held on Thursday, November 16, 2023 at 3:15pm.

Respectfully Submitted,



Maria Jazenback, Secretary
GPPH's Board of Trustees

Witnessed By,



James DiGiulio, Chairman
GPPH's Board of Trustees