

An Assessment of the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals

A REPORT TO GOVERNOR DANIEL MCKEE

June 30, 2021

Governor McKee,

On April 9, 2021 you directed me to lead a 60-day review and assessment of the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) and to make recommendations on issues including, but not limited to, departmental policy, operations, staffing and quality standards of care. As part of this review, I also assessed and re-evaluated the departmental plans and proposals that were developed during the prior Administration. This report will be produced in segments over the next several weeks, with the first focus on Eleanor Slater Hospital.

The following pages of this report will outline my findings, which include immediate and short-term recommendations on issues including the hospital's facilities, leadership team, policies and practices, patient safety, and workplace culture. There is also a critical need for improved communications with the hospital's staff, patients, families, advocates and other stakeholders.

In addition to my assessment and report, under your leadership, the State has engaged with the Hospital Association of Rhode Island and Care New England to provide a peer review of the clinical and operational programs at Eleanor Slater Hospital focused on patient safety, quality of care and efficiency. Additionally, EOHHS has retained an outside, independent third party to review the hospital's IMD status retrospectively and prospectively.

The results of these reviews – as well as investigations being conducted by the Rhode Island Attorney General's Office and Disability Rights Rhode Island and recent accreditation reviews by the Joint Commission – will provide the State with additional information to inform our next steps.

Eleanor Slater Hospital has several complex, intertwined issues that will require our collective efforts to rectify. I greatly appreciate your commitment to working together with BHDDH Director Charest and I to address longstanding issues at Eleanor Slater Hospital and in building a better system for the patients who rely on the hospital's services.

Womazetta Jones

Secretary

Rhode Island Executive Office of Health and Human Services

KEY FINDINGS & ELEANOR SLATER HOSPITAL OVERVIEW

Eleanor Slater Hospital (ESH)

EOHHS will work to support the BHDDH Director to address the following high-level key findings of this review, along with the more detailed short and intermediate term recommendations included in this summary report:

- Previous plans for the future of ESH need to be reconsidered
- Physical infrastructure concerns need to be resolved
- Licensure type(s) need to be assessed and determined for the hospital, based upon future continuum of care needs
- Policies and operational plans need to be reevaluated
- Composition of the leadership team must be reassessed and realigned
- Leadership team's roles, duties, responsibilities, and range of authority and autonomy require clarification
- Organizational structure, roles, and expectations need to be defined
- Change management, communication and transparency are areas for growth
- Budgetary decision making, contract management and oversight need to be re-evaluated
- Relationship between staff, labor and leadership needs to be rebuilt so that trust and confidence can be restored
- Reports of threatening behavior, bullying, and retaliation must be reviewed
- Concerns about a culture of safety need to be addressed
- Direct service staff are committed to ensuring the health, safety, and well-being of its patients

Eleanor Slater Hospital Overview

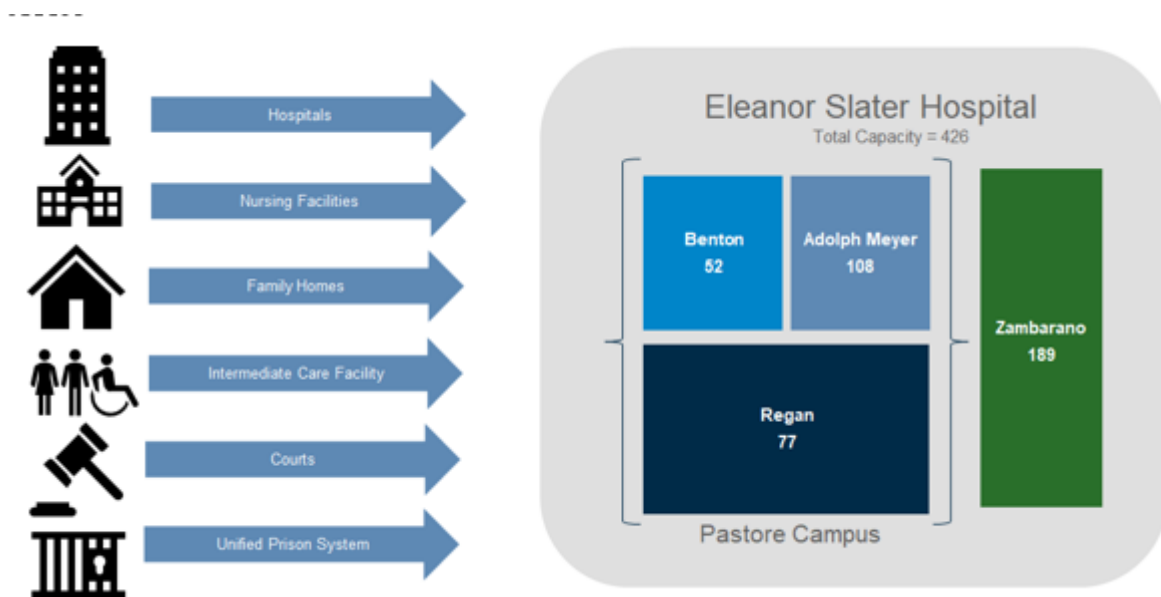
Eleanor Slater Hospital System (ESH) is located on two campuses in Cranston and Burrillville. It is the state's only Long-Term Acute Care (LTAC) hospital serving approximately 200 patients. The hospital provides long-term acute and post-acute hospital level of care to patients with complex medical and psychiatric needs.

ESH strives to provide a treatment environment in which dignity, individuality, and respect are emphasized. In addition to diagnosis and treatment, the hospital focuses on issues of recovery and quality of living. We are dedicated to working with our patients and their families using an interdisciplinary-centered approach to care. Our focus is to recognize each patient's individuality and to provide high quality care in a dignified manner.

ESH consists of four active patient care facilities across two campuses—the Pastore Campus in Cranston and the Zambarano Campus in Burrillville—and provides the following services to its patients:

- Forensic psychiatric services, psychiatric services for individuals in the criminal justice system, including those sentenced to the ACI or those who have been referred to ESH by the Courts.
- Limited civil psychiatric services, or psychiatric services to people whose admission to ESH is not connected to an active criminal case. BHDDH ended civil psychiatric admissions to ESH in 2016. Note: Court ordered patients must be admitted.
- Long-term care to people with complex conditions, such as traumatic brain injuries or patients requiring a ventilator.

While ESH is unique in Rhode Island, it reflects aspects of state hospital system models in other states. In Rhode Island, ESH is sometimes referred to as the “hospital of last resort” because it provides care and services that other hospitals have no financial or service incentive to provide. ESH has the second-largest budget within BHDDH, totaling \$129.62M AF (FY21 approved). It is important to note that multiple facilities were licensed as an inpatient hospital to maximize federal funding for psychiatric care. The following diagram shows the various entry points into the ESH system:



During my review, a critical element that needs significant planning and support is related to the conditions of the physical infrastructure of the hospital. Several ESH facilities are out of compliance with Rhode Island Department of Health and Joint Commission requirements and require capital investments if facilities will continue to be in use. The following is a summary of the four main facilities that make up ESH:

Facility	Use	Year Built	Capacity	Condition	Ligature Risk	Life Safety Work Orders Present?
Benton	Forensic Psych	Renovated 2016	52	Good	Mitigated	Yes (remediation in progress)
Regan	Mixed Medical / Psych	1976	77	Fair	Significant	Yes
Zambarano	Medical	1901	189	Poor	Extreme	Yes (remediation in progress)
Adolph Meyer	Mixed Medical / Psych	1908	108	Poor	Significant	Yes

Benton: Fully renovated in 2018, compliant as a secure forensic psychiatric facility.

Regan: Significant ligature risk which limits capacity for psychiatric patients

Zambarano: Requires campus infrastructure renovations; currently cannot manage capacity for psychiatric patients; presence of hazardous materials.

Adolph Meyer: Life safety work orders/risks are in the process of being addressed

FINDINGS

Eleanor Slater Hospital (ESH)

The following list includes general findings of my review of Eleanor Slater Hospital:

- Composition of the leadership team must be reassessed and realigned
- Roles, duties, responsibilities, and range of authority and autonomy for leaders need to be redefined to ensure leaders perform effectively and efficiently
- Management and organizational structure is not well defined with confusing roles and expectations; role charters for the leadership team do not exist
- Instances of leadership exceeding authority due to self-directed level of autonomy
- Leadership accountability is an area for review
- Appropriate change management techniques need to be taught and exercised
- Change management process needs to be more inclusive
- Leadership team is not operating under the same mission or focus with demonstrable segregation from EOHHS and Governor’s Office (GO) guidance
- Policies and operational plans need to be reviewed/reevaluated to ensure that they are clear; then recommunicate to ensure all are aware
- Budgetary management, decision making, and oversight requires more training, insight, and understanding
- Fiscal management knowledge and oversight expansion valuable
- Transparency needs to be pervasive to restore trust and regain support

- Leadership team needs to be forthcoming in sharing information
- Clear, effective and consistent communication needs to be normalized
- Communication to outside agencies/parties need to be addressed to ensure honest messaging
- Executive Office of Health and Human Services (EOHHS) and the Governor's Office (GO) should be engaged proactively vs reactively
- Closer coordination with other state agencies- such as DCAMM, OMB, and HR for process changes
- Entrenched culture saturated in singular objectives and goals needs to be addressed
- Insular organizational culture needs to be resolved
- Various personnel behaviors that warrant review and action by Human Resources
- Relationships between staff, labor and leadership need to be rebuilt, so that trust and confidence can be restored, thereby improving morale
- Reports of threatening behavior, bullying, and retaliation
- Concerns about a culture of safety
- The previous plans for the future of ESH were not clear or realistic
- ESH is licensed as an acute care hospital and designed by CMS as a Long-Term Acute Care Hospital (LTACH); however, it is not fully functioning as such, but could with modifications
- There is a need for a hospital designated as an LTACH
- Proper licensure type(s) for ESH need to be assessed and determined
- The admissions criteria for ESH appear to have been changed in 2020 and coupled with competency/capability shortfalls, has impacted medical admissions
- Roosevelt Benton Center (Benton), which is the facility for forensic patients, is not large enough to accommodate its average admission census, which has required usage of space at Adolph Meyer
- Forensic patients are included in the Institution for Mental Disease (IMD) census because Benton is a part of the ESH license
- Forensic patients charged with misdemeanor crimes being sent to Benton in lieu of outpatient programs
- BHDDH ended civil psychiatric admissions to ESH in 2016; however, there has been a significant increase in court ordered civil psychiatric admissions in 2021

- There are various stages of infrastructure and maintenance needs within the buildings of ESH (excluding Benton)
- A plan needs to be developed and implemented by BHDDH and DCAMM to resolve the significant infrastructure and maintenance needs within the ESH buildings
- Paper records at ESH of significant concern for reporting, accountability and compliance. There is no Electronic Health Records (EHR) system.
- Billing for federal reimbursement was put on hold in the Fall 2019 due to concerns raised by leadership staff. A new State Plan Amendment (SPA) was approved by CMS in March 2021, which resolved earlier billing concerns, however retrospective and prospective billing has not resumed due to new concerns by leadership staff.

SHORT TERM RECOMMENDATIONS

Eleanor Slater Hospital (ESH)

Based on my findings, I recommend the following short term actions to be taken in approximately the next 6 months:

- Leadership Team:
 - Re-evaluate the structure of the ESH leadership team and restructure based upon a logic model that is patient centric in alignment with the department's mission/vision/outcomes
 - Realignment of the leadership team to allow for true organizational cultural change
 - Current leadership team has lost the trust and confidence of staff, community, stakeholders and the General Assembly
 - Current leadership team lacks cohesion and professionalism amongst one another
 - Current leadership team's communication has not been consistently transparent or forthcoming
 - Insular culture
 - Reassess the current titles (job classes) and salaries, as they do not appear to align with scale and scope of work
 - Recommend having Human Resources review past and current job classes for leadership roles in this area; and compare to similar roles in the industry
 - Recommend having Human Resources conduct a salary study

- Develop role charters that provide clarity regarding roles, duties, responsibilities, authority, autonomy
- Develop and implement ongoing leadership training and professional skills development
- Bring in a leadership coaching firm to work with leaders separately and collectively
- Annual 360 Evaluations to gather feedback on employee performance from peers, subordinates, supervisors, etc.
- Human Resources to investigate various concerns and recommend appropriate action
- Secure an incident reporting system that will allow staff to report complaints anonymously within a system that can't be accessed or controlled by leadership
- Restore a culture of safety by creating a frequent survey with a validated survey tool
- Review all policies and revise as needed. Communicate all revisions internally and externally.
- Ensure staff, union leadership, community and stakeholders are authentically engaged and at the table throughout projects and policy development
- Streamline and improve operational effectiveness with state, labor and community partners
- Establish a clear financial and operational process that aligns with decision making
- Streamline and improve operational effectiveness between BHDDH and DCAMM
 - Establish a meeting cadence that includes a project steering committee that meets monthly, in addition to operational level bi-weekly meetings. Have written project charters and workplans that are updated in a timely manner and on a shared drive with accountability functionality to Directors.
- Halt the implementation of the proposed ESH plan
- Allow admissions to resume for ESH and require a bi-weekly report regarding referrals and outcomes
 - Implement steps to assure competency of staff and capability of the organization to accept LTACH patients
- Create a multidisciplinary team for admissions and discharges
- DCAMM and ESH staff to develop and implement a plan to resolve the *immediate health and safety* physical infrastructure needs at ESH
- DCAMM and ESH staff to develop and implement a plan to work towards resolution on all physical infrastructure needs at ESH

- Address Staffing and Governance
 - Review and recommend necessary changes for governance that is reflective of new licensing framework and is responsive to Joint Commission accreditation standards
 - Review staffing levels and assignments for each building consistent with licensing requirements for care level
 - Assure appropriate clinical and administrative oversight in each building
- Resolve the current billing concerns expressed by ESH leadership and resume billing
 - EOHHS, as the single state authority for Medicaid, is currently undertaking a Third-Party Independent Facility and Medical Records Review to validate all submitted IMD reports from ESH since the beginning of 2020.
 - In May 2021, ESH submitted its IMD certification to EOHHS, showing an increase in patients with a primary psychiatric diagnosis. ESH is now a facility "at risk" for becoming an IMD, subjecting it to an independent on-site IMD review and additional monitoring by EOHHS
- As part of an overall reevaluation of ESH, the Executive Office of Health and Human Services (EOHHS) has entered into a partnership with the Hospital Association of Rhode Island (HARI) and Care New England (CNE) for HARI and CNE to provide a peer review of the clinical and operational programs at Eleanor Slater Hospital focused on patient safety, quality of care, and efficiency.
- Streamline and improve operational effectiveness between ESH and the Medicaid Program

INTERMEDIATE RECOMMENDATIONS

Eleanor Slater Hospital (ESH)

Based on my findings, I recommend the following intermediate term actions to be taken in approximately the next 12 months:

- Reevaluate the licensing framework for ESH to accommodate for a continuum of care that is inclusive of all patient needs and level of care.
- Engage a consultant with extensive knowledge in patient care and licensure to:
 - Evaluate the appropriate license type(s) for ESH - Cranston Campus (Regan). *Should we have multiple license types and what would they be? One floor as LTACH, one floor for*

Vent patients, one floor as Forensics, one floor for Civil Psychiatric? Is there is a need for a separate stand alone Psychiatric hospital?

- Evaluate the correct licensure type(s) for the “new” building that will be located on the Burrillville campus. *Is it a Long-Term Skilled Nursing Home only? Is it a LTACH and Nursing Home? Work with RIDOH in assessing impact of current Nursing Home moratorium.*
- Evaluate possible usage for the current Zambarano building, if a new building is constructed. *Should we have multiple license types and what would they be? A floor or two as LTACH, other floors for step down or programming?*
- Evaluate appropriate license type(s) for Zambarano building, if there is not a “new” building put on the campus. *Does it remain an LTACH only or be licensed as an LTACH and Nursing Home?*
- Develop a plan to identify and engage the General Assembly on any actions requiring their approval
 - Develop a business plan to ensure sound financial modeling
- License Benton as a Psychiatric Forensic Hospital, separate from Eleanor Slater Hospital
- Explore securing a larger building for Benton which will address overflow and avoid an additional licensure type at Regan
- As needed, be prepared to submit additional State Plan Amendments (SPAs) based upon changes in facility licenses
- DCAMM to provide a detailed building plan with cost projections for a “new” structure on the Burrillville Campus
- DCAMM to provide a fiscal analysis of the capital needs to re-purposing the current Zambarano building
- DCAMM to provide a fiscal analysis of the capital needs of the entire ESH campuses
- DoIT to engage in a process to determine what the Electronic Health Records (EHR) needs are depending on level of care, and costs are for the Cranston and Burrillville Campuses (including Benton). Include these costs in the FY23 Capital Improvements budget.
- Engage with Court leadership regarding court ordered Civil Psychiatric admissions. BHDDH ended civil psychiatric admissions to ESH in 2016. However, in 2021, the court has issued a significant number of court ordered psychiatric admissions

- Develop outpatient clinic options for misdemeanor diversion
- Engage with Court leadership regarding out patient referrals for Forensic patients charged with misdemeanor crimes. Benton is the most restrictive setting for competency restoration. *Should those with misdemeanor offenses be in that setting?*
- Close Adolph Meyer by getting a unit at Regan outfitted to accept court ordered psychiatric patients and a unit for forensic patients

STAFF, STAKEHOLDER, COMMUNITY ENGAGEMENT – RECOMMENDATIONS

The key element for success for ESH, as it moves forward, is to authentically engage with staff, community and stakeholders throughout each process, and proposed changes.

Staff

- Conduct bi-annual divisional survey. Themes to be shared with all staff and together to create an action plan.
- Listening sessions with staff that include the Director, Deputy Director and Division Directors. For at least a period of 6-9 months commencing initially as bi-weekly, and then reduce to monthly. Union to arrange and facilitate. EOHHS and GO to be invited as needed.
- Weekly, high-level email updates from the Director to all staff

Community

- Monthly Listening Sessions for each division. Director, Deputy Director and Division Director to attend. EOHHS and GO to be invited as needed. Themes and action plans from each meeting to be shared on the BHDDH website.

Stakeholders

- Monthly Listening Sessions for each division. Director, Deputy Director and Division Director to attend. EOHHS and GO to be invited as needed.

NEXT STEPS

Upon review of the Governor and at his direction, the BHDDH Director will develop an action plan in consultation with the Governor and Secretary of EOHHS, to ensure progress of the determined action steps to improve the hospital's facilities, leadership team, policies and practices, patient safety, and workplace culture.