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Susan Hamilton  
Commissioner  
Department of Children and Families  
505 Hudson St.  
Hartford, CT 06106

Dear Commissioner Hamilton,

The Office of the Child Advocate has completed its second quarter (October -December, 2007) of monitoring progress at Riverview Hospital as DCF and the Hospital respond to recommendations for improvement contained in several 2006 reports. These include the draft David B. report (March 27, 2006), the Riverview Hospital for Children and Youth Program Review (December 1, 2006), and Supplementary Recommendations (December 11, 2006) from the Office of the Child Advocate.

As a result of the seriousness and scope of recommendations contained in these reports, formal monitoring activity was implemented at Riverview in June of 2007 and will continue through June, 2009. The monitoring process is a mechanism for ensuring that concerns and recommendations made in all three reports are adequately addressed. Observations made during the process are shared with the administration of Riverview.

Monitoring Process and Methods: October-December, 2007

During the second quarter of formal monitoring activity, OCA staff has continued to learn about hospital operations and assess progress relative to identified concerns and recommendations. There is a continuing focus on risk management, particularly the use of restrictive or intrusive patient care interventions.

The monitoring process during the second quarter has included the following activities:

- Observation of hospital operations/patient care units
- Interaction with children served and staff working at the hospital
- Monthly meetings with the Executive Management group at Riverview
- Implementation Committee meetings
- Observation at Labor-Management meetings
- Ongoing review of hospital performance data

Quarterly Progress Summaries from OCA will be generated throughout the July, 2007-June, 2009 period. Each summary discusses strengths and areas of significant concern identified during the monitoring process, as well as progress relative to report recommendations and goals within the Hospital's Strategic Plan.

Riverview Hospital Strengths during the October-December, 2007 Quarter

Hospital management and staff continue to work hard to implement the goals outlined in their two-year plan. The ongoing development of the Strategic Plan Implementation Committee has

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been an excellent process. This group meets monthly to discuss the Strategic Plan; participate in the development of new procedures, surveys, and data elements; and communicate with patient care units to give information to and receive feedback from staff. Each of the meetings has had attendance of 20-30 people and discussions are open and helpful to the administration as the Hospital tries to make changes and gauge the impact of these changes on patients and staff. The content of meetings is summarized below and is indicative of the breadth of issues Riverview is addressing:

October:

The Implementation Committee reviewed a status report on strategic goals; discussed how best to establish communication back and forth with patient care units; reviewed initial data collection efforts related to patient signatures on treatment plans, participation in treatment planning meetings, and nursing staff deployment rates; received job descriptions and draft program descriptions for several of the patient care units; reviewed and gave feedback about proposed survey tools; discussed restraint and seclusion - the need to decrease the use of these interventions, methods for measuring them, and training for restraint reduction in January - and the status of the "Assaulted Staff Action Program" (ASAP). The Committee also formed three working sub-committees to address family involvement, risk and safety assessment and planning, and hospital-wide scheduling.

November:

Committee members received training from the Riverview Medical Director on Trauma Informed Care/Trauma Reduction Initiatives: Special Emphasis on Restraints and Seclusion. The group also reviewed the most recent data regarding evaluation and treatment review attendance, patient signatures on treatment plans, and attendance at evaluation conferences and/or treatment review meetings; sub-committees reported on their activity, with the Implementation Committee receiving a draft of a Risk Assessment Form for review and a report on the ideas and concerns of the Family Involvement group. A new sub-committee, the Trauma Reduction sub-committee, was formed. This is charged with developing approaches to reducing the use of restrictive interventions.

December

Completed child, staff, and guardian survey results were distributed and the initial review of data took place. The Committee will review the data further and decide how to prioritize and respond to areas of concern; the Trauma Reduction sub-committee reported that it had met once and requested more intensive leadership involvement on this sub-committee as a prerequisite for developing effective ways to reduce use of restraint and seclusion. It was noted that communications are going out regularly to staff via e-mail, attachments to paychecks, and posting on the Hospital's shared information drive. Patient signature, participation in treatment planning, and nursing staff deployment data was reviewed.

Further strengths noted during the quarter:

There was ongoing and intensive effort on the part of the administration to communicate with and involve staff in all areas of improvement.

There is a continuing philosophical focus on the need to reduce aggressive behavior in all of its forms (assault, restraint, and seclusion) as a way to make the hospital environment safer for patients and staff and to reduce the potential for trauma.

Revisions to the Hospital's ABCD Milieu Program were completed, with input received from multiple levels of staff. This program (based on the concepts of Autonomy, Belonging, Competency, and Doing for others) was initially developed by Riverview Hospital and is the framework for creating a healthy and strength-based milieu within Hospital patient care units. Also, the use of Safety Plans was introduced in early October. These will assist staff and patients to effectively identify and address antecedents to aggressive behavior, with the goal of preventing or reducing such behavior. These

revisions and tools incorporate suggestions made by consultants who were active in the Hospital during 2006 and early 2007.

Progress on Areas of Significant Concern Raised during the July-September, 2007; Identified Areas of Concern during the October-December, 2007 period.

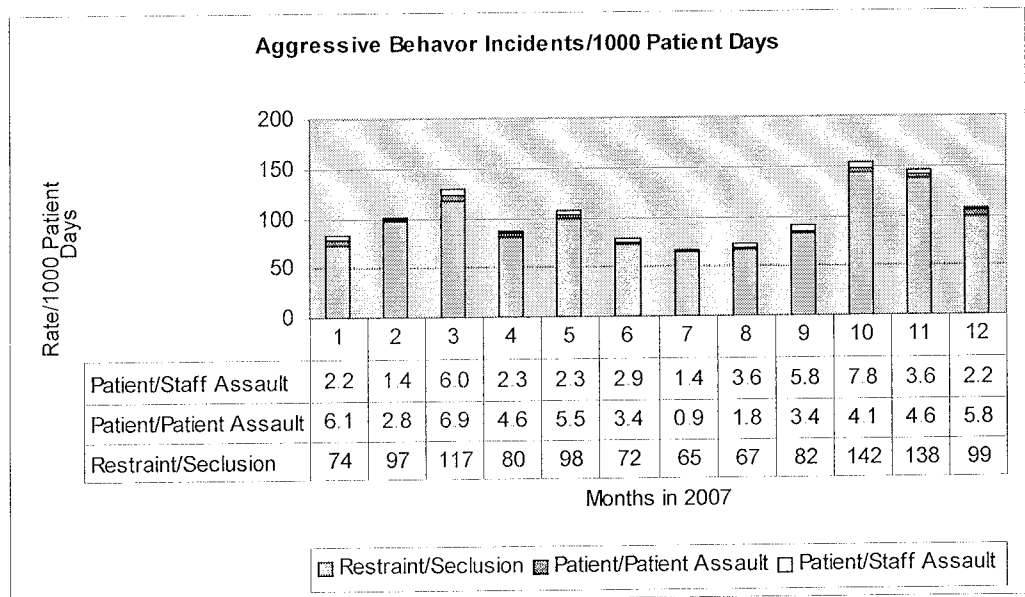
Concerns come to the attention of OCA via children served by the Hospital and staff members or through observation of patient care and review of medical records during the course of monitoring. These concerns have been discussed with the Executive Management group at Riverview and this group has indicated that it intends to address these issues and make needed changes.

Progress on Concerns Raised during the July-December period:

- The need for physician's orders. The Hospital should take visible steps to clarify that treatment plans do not replace the need for physicians' orders.  
Progress: The OCA will continue to actively monitor this area, as a review of medical records during the most recent quarter indicated that a body search was again performed without a doctor's order. While there has been verbal discussion of this issue during physician meetings and supervision, no documentation of training of staff has been given to OCA. If the staff (nurse) carrying out a body search is unaware that there is a need to seek an order, this remains problematic. A December 27, 2007 letter from the Commissioner's office says that "Nursing Leadership will also discuss this with the nursing staff and reinforce the need for physician orders in addition to what is called for in the children's treatment plans". This work with the nursing staff should be carried out quickly and documented. As requested in the last report, OCA continues to expect documentation of "organization-wide steps to clarify, in writing and via training, that treatment plans do not replace the need for doctor's orders".
- The Definition of Seclusion. The Hospital utilizes room restriction as a means to ensure safety. At times, restriction to one's room has been for many hours over the course of several days or weeks. It has been observed that in at least one patient care situation, room restriction met the definition of seclusion.  
Progress: There is clear improvement on the units where this problem was identified last quarter. One of the units actively and effectively changed its approach to the youngster who was in her room for long periods of time. The OCA has noted that the other unit, recently responding to the behavior of a patient, understands that confining someone to his/her room and preventing the person from leaving is seclusion. The unit is correctly planning to treat this room restriction as seclusion and staff plans to seek the appropriate doctor's orders for the intervention. Staff is also working on other ways to approach this youngster (and ensure safety) that do not involve preventing him from leaving his room. OCA will continue to monitor this area of concern.
- Use of Restraint and Seclusion.  
The Centers for Medicare and Medicaid Services (CMS), within the Hospital Conditions of Participation, state that "the patient has the right to receive care in a safe setting" and the "the patient has the right to be free from all forms of abuse or harassment". Additionally, "restraint and seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, staff member, or others from harm".  
Progress: The Hospital leadership is actively discussing the need for reduction in the use of restrictive interventions. This discussion takes place in All-Staff meetings, Implementation Committee meetings, and multiple other venues. There is a focus on the safety and well-being of patients and staff and acknowledgement that high restraint and seclusion use does not make the

environment safer. Rather, it leads to more injuries and risk. As noted in a previous section of this report, during this past quarter the Implementation Committee received training from the Medical Director about "Trauma Informed Care/Trauma Reduction Initiatives: Special Emphasis on Restraints and Seclusion." There will also be training in January, 2008 (for all staff who were unable to attend in 2006) on "Creating Violence Free and Coercion free Mental Health Treatment Environments for the Reduction of Seclusion and Restraint." Further training for supervisors on the same topic will be held in February. Data about incidents of aggression in the hospital is regularly distributed and reviewed by hospital and patient care unit leaders. Children and staff are debriefed after each restraint intervention, and the Director of Program Operations and the Medical Director review each intervention. The Implementation Committee has formed a sub-committee to address the need for reducing use of restraint and seclusion. This sub-committee should also seek ways to incorporate the participation of families and youngsters served by the Hospital.

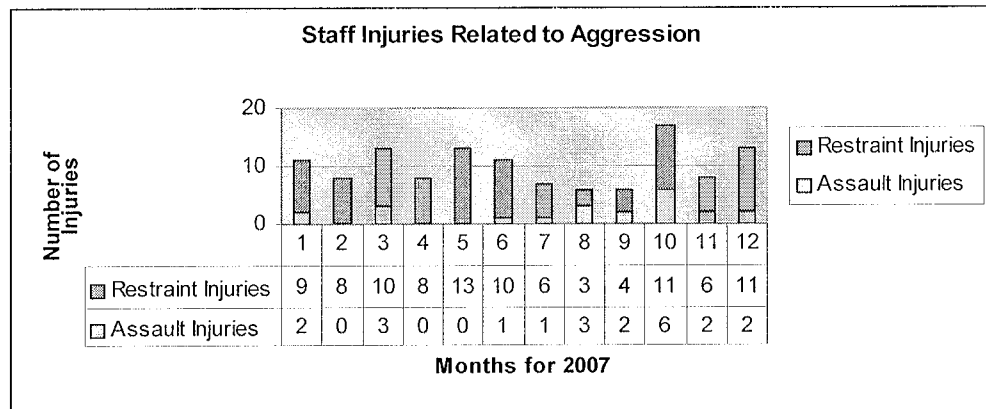
These activities, along with initiatives to develop more effective milieu and best practice approaches, point to positive efforts to move toward a coercion free hospital environment. Currently, however, the rates of aggressive incidents in the Hospital remain quite high. Data in the graph below is provided by Riverview to its Joint Commission Database and is included here for the purpose of establishing a baseline for looking at progress going forward. It should be noted that the significantly higher rates for restraint and seclusion in October through December are skewed by a high number of restraints for one patient in the Hospital. The rate of restraint for that patient decreased significantly in December. However, even if data for this one person is excluded, the rates remain consistently higher than expected. As noted in the graph, the highest rates of incidents involving staff/patient physical contact are restraint and seclusion related. Rates of patient/patient assault and patient/staff assault are much lower, with patient/staff assault being the lowest.



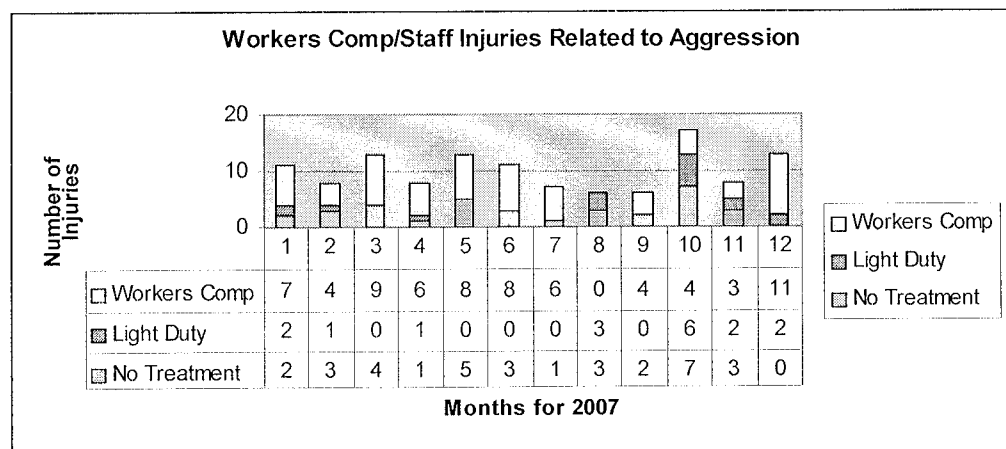
A further concern is that the Hospital continues to train staff in the use of two models of de-escalation and intervention. While it should be noted that several staff have been designated as excellent trainers nationally for one of the models, the continuing use of two different models is a significant concern. Staff is able to

choose which elements of each of the models to use and this choice creates the possibility of multiple variations rather than one clear and consistent approach. Also, one of the models continues to include prone holds, including face down holds. Hospital leadership indicates that it is discouraging the use of face down holds within its training program. However, while there has been national movement away from both face down and face up prone holds for safety reasons, these holds remain in use at the Hospital. The OCA recommends that Riverview choose one integrated model to be used for de-escalation and physical interventions and that the Hospital discontinues use of prone holds.

Another issue related to levels of aggression in the Hospital is the rate of patient and staff physical injury due to restraint, seclusion or assault events. The monitoring process has included an ongoing review of incidents and the graph below, from data provided to Riverview managers monthly, summarizes staff injury events due to aggressive behavior during 2007 (during the next quarter, monitoring will also include a review of patient injuries related to aggression). The majority of staff injuries related to aggressive behavior takes place during the restraint process. It is hoped that these injury events will decline as restraint and seclusion use is reduced and training for and implementation of best practice approaches is increased.



The graph below summarizes the worker's compensation response/level relative to these staff injuries.



In summary, the Hospital has made progress in bringing more attention and training to concerns about Hospital-wide safety and the use of restrictive interventions. Staff members are responsive to the expressed need to reduce physical interventions and the trauma associated with these interventions. At the same time, staff is uncertain about how to proceed with reducing use of restraint and seclusion. Implementation of actual changes in practice will rely on continuing very active leadership in this area, intensive and frequent training, and effective implementation of ABCD milieu program revisions and best practice approaches.

- Transition Planning/Opportunities for 17 year old Youth at Riverview.  
There are significant and ongoing discharge issues for 17-year-old youth at Riverview who have complex behavioral problems or significant histories of aggressive behavior. The planning for these youth appears to encounter multiple barriers: confusion as to whether DMHAS or DCF will provide services when youngsters turn 18, a lack of services within Connecticut for children with complex needs (frequent referrals to New York and Massachusetts), and a very real lack of timeliness in decision-making, leading to youth within a few months or weeks of their 18<sup>th</sup> birthday not knowing what their next steps are. The lack of timeliness appears to relate not only to the lack of adequate in-state options, but also to fragmentation within the various parts of DCF.

Progress: Discharge planning for 17-year-old youth at Riverview who have complex behavioral problems or significant histories of aggressive behavior remains a significant and ongoing problem area. The Hospital has started to collect data internally about participation of various stakeholders in intake evaluation and treatment planning processes for children of all ages at the Hospital. The data is preliminary and there are methodology issues to resolve, but the general picture is that there is not enough participation of responsible parties in the treatment process. For children at Riverview, and particularly those who are 17, the discharge process continues to lack timeliness. This is the case when DCF has decided to continue providing services within the DCF system once the child is 18. It is also the case, in a more significant way, when there is mutual planning between DCF and DMHAS for the few children who will directly enter the DMHAS service system at age 18. This mutual planning process is also lacking in coordination, patient participation, and effective communication.

Identified Areas of Concern during the October-December, 2007 period:

- Documentation in the Medical Record.  
During the monitoring process, the OCA has encouraged the Hospital to develop a more structured format for documenting staff interventions and patient progress. Management has acknowledged the need for improvement in providing good quality, legally defensible, and appropriate documentation. Current progress notes are problematic in several ways. They lack documentation of interventions and whether these interventions are effective; risk management issues may not be properly communicated to staff with the expertise to address them; staff may use language reflective of frustration with patient behavior, resulting in notes which use negative or blaming language; and notes may reflect interventions that are not helpful, with a lack of awareness that an intervention may be escalating behavior rather than calming the situation.

A more structured format for documentation of progress and increased training regarding this documentation are needed. Structured progress notes would be very helpful in moving staff away from judgmental language and reactive thinking and toward identifying their interventions and evaluating whether they are having a positive impact.

While there is a significant concern about progress notes, the monitoring process has observed that the Hospital is taking multiple steps to improve overall documentation. These steps include implementation of child safety plans, the introduction of several

documents to improve communication with the child's guardian when there is a restrictive intervention, and improved medical record audits. The Documentation Committee is currently working on improvements relative to nursing flow sheets, milieu flow sheets, Emergency Safety Intervention sheets (formerly Restraint/Seclusion sheets), Precaution and Observation forms, and patient acuity scales. Also, the Implementation Committee and quality office are sending out regular training emails reminding and encouraging staff to focus on quality documentation.

While these efforts should result in improved documentation, there is a need to intensify efforts to develop a workable and clear structure and set of expectations for progress notes, implement staff training to address these, and monitor whether improvements are taking place.

#### David B. Report (March, 2006) Recommendations and Riverview Hospital Progress

The David B. Report, which includes a review of Riverview Hospital, was part of a comprehensive effort to identify specific ways to improve the quality and continuity of care among public and private agencies involved with adolescents, young adults and their families.

As noted in the OCA July-September, 2007 quarterly report, many of the key recommendations of the David B. Report have been addressed or integrated into the Strategic Plan currently being implemented by the Hospital. Therefore, ongoing progress related to the David B. Report will not be addressed separately in future reports, but will be integrated into the overall Program Review/Strategic Plan goals and progress. Recommendations/areas of concern to be integrated include the following:

- The Riverview management reorganization, which has brought new resources to each of the Hospital's patient care units and to the overall administration of the Hospital, has largely been completed. These additional resources are intended to result in increased accountability at all levels, implementation of best practices, monitoring of the effectiveness of the revised ABCD Milieu program, and a reduction in aggression levels (assaults, restraints, and seclusion) within the Hospital.
- There is a continuing need for the Hospital to more effectively integrate and coordinate the treatment planning process across disciplines within the Hospital, and with families, community providers and other involved parties.
- Core elements of the treatment program and milieu are being revised and integrated based on best practice models that are trauma-informed, culturally sensitive, gender responsive; elements are intended to reflect effective crisis management and de-escalation approaches.
- Children and staff need to be fully and actively supported and de-briefed after use of restraint and/or injury.

#### Program Review (December 1, 2006): Recommendations and Riverview Hospital Progress

As there were several recommendations from the July-September, 2007 period that were not completed within that quarter, this report includes progress on key recommendations remaining from that period and the recommendations/goals of the Program Review Report/Strategic Plan for October -December, 2007.

#### Goals: Treatment/High Risk Interventions:

The goals for the first quarter include reducing aggressive incidents, including use of restraint and seclusion. Second quarter goals include unit-based utilization of positive behavior support programs that are, to a maximum extent possible, free of coercion; regular risk and safety reviews of all children at Riverview; and review and revision of the process for significant incident review;

Summary of Progress:

An in-depth discussion about restraint and seclusion is found in a previous section of this report. As noted in that discussion, the Hospital has committed itself to reducing the use of restraint and seclusion, has taken multiple steps in this direction, and is facing many challenges in accomplishing this goal.

Regarding second quarter goals, the Hospital has revised the process for significant incident reviews and has implemented a multi-level approach to reviewing significant incidents. During the quarter, monitoring included a review of the root cause analysis process and clinical review process. Both are functioning well and address pertinent issues.

Monitoring further focused on complaints from patients, staff, families or other providers regarding poor quality care. This was an area of concern during the July-September quarter and the OCA reviewed the process for responding to these complaints. In retrospectively reviewing incident reports for two 30-day periods during the October-December quarter, the monitor identified several incidents and then reviewed the investigation process for those events. This resulted in a suggestion that the Hospital improve its documentation process related to complaints. Specifically, the Hospital is now implementing a structure to improve its documentation of interviews of witnesses to the incidents in question.

Finally, the Hospital is making renewed efforts to strengthen its internal Patient Advocate and Patient Council processes. The health of and response to these processes is important to the strength of the Hospital's risk management focus. The (staff) Legal and Ethics Committee has recently re-organized and started meeting again. This committee will focus on activating the Patient Advocate process on patient care units. The (patient) Patient Council, meeting every two weeks and comprised of children from each of the patient care units, has asked about strengthening the Hospital's response to both Patient Council questions/issues and individual child complaints or concerns. The Hospital has also talked with the Office of Protection and Advocacy for Persons with Disabilities about giving an eight-week training session to older children about their rights as adults and resources available to them in the adult behavioral health system.

Goals: Treatment /Planning

First quarter goals include convening a work group to review and revise treatment-planning procedures; involving residents in developing interventions and frequently reviewing progress; publishing expectations/thresholds for participation in treatment team meetings; and ensuring that rehabilitation, physical education, and dietary interventions are effectively addressed in treatment plans. Second quarter goals include clarifying expectations regarding attendance/participation in treatment planning meetings; identifying, training, and supporting a dedicated manager to oversee discharge planning and utilization review activity on each unit; making a determination on whether it is developmentally and clinically appropriate for the child to be involved in his/her treatment planning process; implementing child safety plans; and working on assessing potential for aggressive behavior.

Summary of Progress:

The work group for review and revision of treatment planning procedures has been convened and has reviewed Joint Commission/CMS requirements and other hospitals' safety and treatment plans. The group is suggesting that current forms may be workable if revised and used correctly. Recommendations for revision will be sent to Executive Management for approval and implemented during the January-March, 2008 quarter.

During the quarter, the Hospital began collecting data about participation in the treatment planning process and active participation by patients in their treatment planning process. This data is preliminary and will be commented on more fully in the next quarterly summary, but initial indications are that higher levels of child, family, and other stakeholder participation in the treatment process will require that very active steps be taken to address this issue. Preliminary



data also reinforces concerns about a lack of integration and coordination within DCF when involved DCF parties are planning for a child's future.

The Strategic Plan quarterly report due at the end of January from DCF Central Office Quality and Riverview staff should have a set of baseline data completed for all Strategic Plan indicators, including data about rehabilitation, school, and dietary treatment plan participation in the treatment plan and individualized planning in these areas.

Riverview has identified the Behavioral Health Unit Supervisor (BHUS) as the responsible person on each patient care unit for overseeing and organizing discharge/planning activities. As part of this role, the BHUS gives weekly written updates on the discharge status of each child on each unit. These managers are also expected to provide leadership in treatment planning meetings and arrange for special meetings to address issues/barriers regarding discharge when needed. The BHUS staff is carrying out these duties and this new role should be strengthened over time.

Safety Plans were implemented in October and will be reviewed more fully during the next quarter's monitoring process. By then, the Hospital will have also implemented a new assessment for potential aggression toward self (self-harming behavior) or others. This assessment is currently in draft form and has been received by the Implementation Committee for review.

As noted in a previous section of this report, there should be an intensive effort to improve progress note documentation as a way to support the treatment plan and document staff interventions and the observed outcome of those interventions.

#### Goals: Treatment/ Program

First quarter goals include developing program descriptions, including target populations, overall treatment goals, and evidence-based treatment approaches to be used. Second quarter goals include identifying collaborations with local universities and providers regarding the development of new programs/best practices; revising admission procedures for the Hospital; enhancing family involvement via family activities such as family night, carnivals, and picnics at least once per quarter; creating educational forums for family members and other care givers once/quarter; describing two new or significantly modified programs or services available on each unit.

#### Summary of Progress:

Program descriptions for all units are now completed, with two still in the process of being reviewed by unit staff and Implementation Committee members. There is variability in how these program descriptions describe the units and their best practice approaches, which may reflect differences in how patient care units see their roles within the Hospital environment. As the Hospital focuses more intensively on choosing best practice approaches, the program descriptions will likely become integrated with one another.

Regarding identifying and building relationships with Yale, UCONN and other educational institutions, Riverview has maintained or enhanced psychiatrist and psychologist fellowship programs with both universities. Planning is underway for Riverview Hospital Medical Staff to be appointed to the UCONN Medical School faculty. There will also be an effort to work with Information Services to give Riverview access to both the UCONN and Yale libraries. The Hospital did not provide internships for social work or nursing students during the quarter, but is working on the possibility of having masters level social work students from Springfield College in the future. The OCA recommends that the Hospital establish ongoing internship programs for masters' level social work and nursing students. This would benefit the Hospital in that students bring information and perspective to the facilities in which they have placements, as well as contribute to the care of children served.

There has been regular client-specific consultation during the quarter regarding approaches to the care of several patients. There may also be new arrangements for exchanges of grand rounds between DCF and UCONN staff. Additionally, Riverview Leadership staff visited

Cedarcrest Hospital and CJTS during the quarter and will collaborate with both on staff training events.

There has also been an increased focus on the admission process during this last quarter. The intake office has worked to improve the quality of information gathered for admission, unit-to-unit transfer, and anticipated discharges. In some cases, particularly with the youngest children, there have been pre-admission meetings to ensure that discharge planning starts at the time of admission. Structuring communication and expectations within the Hospital and externally has been a goal. Leadership has worked to communicate that Riverview is not a placement, but is a hospital. Expectations regarding court-ordered admissions have also been clarified.

Family Involvement and educational forums have been a topic of discussion in the Implementation Committee process and within the Family Involvement sub-committee. Events for families took place regularly throughout the quarter. Staff is currently working on identifying barriers families face in participating in activities, creating ways to engage families, and discussing how to develop more family-focused educational activities.

As noted in a previous section, ABCD program revisions are completed and training should commence early in the next quarter. Revisions have incorporated consultant suggestions regarding gender - responsive, trauma - informed, and culturally - sensitive approaches to care. Also, ABCD references/incorporates several nationally recognized treatment models. Expected milieu approaches are clear in terms of the foundations on which they are based, though staff is working on how the ABCD milieu program and best practice models all fit together in a coordinated way. This is one of the challenges the Hospital faces as it implements change. ABCD curriculum development is taking place currently and staff trainers will be trained during the January-March quarter.

#### Goals: Personnel

The goals for the first quarter include conducting a review of the level of pulled staff; reducing the number of pulled staff by negotiating unit-based staffing structures with the union; and clarifying expectations and ensuring strengths-based supervision at all levels. Second Quarter goals include ensuring that there is a supportive employee response immediately after a significant incident and evaluation of the impact on the unit and resources needed to support the unit; managers and supervisor participation in a training /coaching program in effective supervision; surveying Hospital leadership, unit leadership, and hospital staff to identify training needs; ensuring that staff receive clinical and administrative supervision within specified frequency guidelines developed by the Hospital leadership.

#### Summary of Progress:

Data is being regularly collected regarding pulled staff events. Nursing Leadership is reviewing this data and talking with the union about what the data shows. Nursing Leadership is also working to develop effective approaches for addressing patient acuity needs.

Regarding strengths-based supervision at all levels, there has been discussion about the need for more formal structures for clinical/staff supervision and how best to create these structures. There is agreement that supervision needs to be both performance-based and supportive and that a strength-based curriculum for supervisor training will be developed.

The Hospital leadership group has taken steps to support the "Assaulted Staff Action Program" (ASAP). This is an employee-led process for de-briefing and supporting staff members who have been involved in or witnessed aggressive or traumatic events. Additionally, there is management commitment to increasing resources on patient care units when there is a significant incident or concern about safety.

There have been active efforts to provide a variety of training opportunities for the Hospital. DCF and Riverview are intensively pursuing "Dialectical Behavior Therapy (DBT)" training and

consultation for staff. This model, which is a modification of Cognitive Behavioral Therapy (CBT), has recently focused on revised approaches to the treatment of multi-problem adolescents at high risk for suicidal behavior and self-injury. The first group of Riverview staff to receive DBT training did so during the last quarter and another group will begin training during this next quarter. The plan is to extensively train facility and community staff so that the system of care is able to consistently use this best practice approach as children move among levels of care. Once initial training is completed, ongoing training and consultation will be provided for a two-year period. In January, the Hospital will also provide training related to "Creating Violence Free and Coercion free Mental Health Treatment Environments for the Reduction of Seclusion and Restraint." This is a continuation of training started in 2006 and targeted to the Hospital's restraint reduction goals. Another area of training was "Mode Deactivation Therapy" (MDT), provided in November. And, finally, a series of "Psychiatric Nursing" training sessions will be provided to nursing staff over the next several months. Monthly "Rounds" continue to take place and these are well attended by staff.

The Hospital took steps during the quarter to survey hospital personnel about their satisfaction with several aspects of their work at Riverview. The staff response rate of 121 staff members was very high and this is a good measure of staff engagement in the change process. Preliminary results of the survey were reviewed in the December Implementation Team and will be further discussed and prioritized for response during the next quarter.

#### Goals: Outcomes:

The goals for the first quarter include developing and implementing a monitoring plan and a method for reporting, internally and externally, on progress; publishing hospital-wide and unit-specific data on outcomes on a quarterly basis. Second quarter goals include setting QI goals for both hospital-wide and unit-specific issues, and setting QI goals for all standing committees of the Hospital.

#### Summary of Progress:

As noted in the DCF Monitoring and Evaluation report of December 20, 2007, issued by the Legislative Program Review and Investigations Committee, a "results-based monitoring and evaluation system is important". The Hospital has developed, implemented and distributed its first quarterly monitoring report, though some of the data elements are not yet included. It is anticipated that the report for the October-December quarter will have a complete set of data on Strategic Plan monitoring indicators. Much of this data measures the presence or absence of various processes, forms of documentation, etc. Staff from the Central Office Quality division is producing this report, though there is some fragmentation in that data on restraint and seclusion is not consistently presented in the same way in this report and within the Hospital's monthly management reports.

Regarding the need for results-based or outcome measurements, the Riverview Medical Staff is discussing tools for measuring outcomes of treatment for individual children and there will be further work on this over the next several months. There has also been discussion about having Wesleyan psychology students participate in data collection and analysis functions at the Hospital. This would add needed skills to the Hospital's quality improvement functions.

The Hospital has set QI goals and these reflect the goals in the Strategic Plan. Current monthly data reports for managers include: referral, admission and discharge information, restraint and seclusion data, emergency response events (police/ambulance/fire), worker's compensation/staff injury events, incidents, census, and court referrals.

Finally, in an effort to determine how children view their treatment at the Hospital, patient surveys were introduced during the October-December quarter. A neutral staff member interviewed 18 children and preliminary survey results were presented at the December Implementation meeting. Data will be reviewed and discussed further and a process will be developed for prioritizing and responding to areas of concern.

#### Goals: Internal Communication/External Relationship-Building

First quarter goals include staff meetings held on all shifts at least every other month; and developing and continually updating a communications plan. Second quarter goals include: conducting satisfaction surveys for staff, caregivers, patients; reduced use of the overhead page; publishing regular minutes for all standing committees; Riverview Advisory Board and hospital leadership development of a plan for increasing the involvement of external partners; Riverview participation in the CBHAC, Systems of Care and related committees; weekly staff meetings on the units.

#### Summary of Progress:

The Hospital Leadership has a goal of reducing communication barriers within the Hospital. There is an understanding that sharing information and receiving information is an important aspect of empowering both managers and staff. All-staff meetings continue to be held every other month on all three shifts; a joint Nursing/Medical staff meeting was held; staff meetings are taking place on the units; information about the Implementation Committee is being e-mailed out to all staff and posted on the hospital shared drive. Standing Committee minutes are produced regularly and contain the expected content. Not all are posted on the shared drive and it would be helpful if that could happen in the near future.

There is an emphasis on relying on the Implementation Team and encouraging its members to play a primary role in communication. This has been effective in ensuring that staff voices are heard and brought into the Implementation process. Members of the Committee have clearly asked that management not rely solely on committee members for providing a communication framework. They have requested that management send out frequent explanatory e-mails about the implementation process, roles of staff participating in the process, and what is being asked of staff. This seems to be a good approach, relying on both active leadership and committee member communication.

The Riverview Hospital Advisory Committee met twice during the quarter (did not meet in December due to a snow storm). The Board has worked on formalizing Advisory Board processes and establishing two work groups, which are focused on community relations and Advisory Board membership. Hospital Leadership has also updated the Board on activities of the Implementation Committee, such as the satisfaction survey process and progress related to the Hospital's Strategic Plan.

In terms of increasing community/provider connections, Riverview clinicians have been attending System of Care meetings concerning some of the children who are returning to the community and Hospital leadership staff is involved in a "Diversion Review Committee" which is a joint DCF, CSSD, and Judicial meeting. The Superintendent attends, upon request, oversight meetings with the behavioral health partnership and participates in regular ASO meetings. She has met with Area Directors at their monthly meeting and is planning for joint CSSD meetings.

#### Quarterly Summary Conclusions and Next Steps

Riverview Hospital has shown significant progress toward meeting its Strategic Plan goals and addressing the concerns and recommendations of the Riverview Hospital for Children and Youth Program Review (December, 2006). The Hospital has made strides in creating a vision for effective patient care, developing approaches and tools for making needed improvements, and communicating with and engaging staff in the change process.

As the next two quarters progress, timely and effective implementation of the approaches and tools being developed becomes paramount. Implementation efforts will require ongoing energy,

focus, leadership, and education. Staff will be working to reduce reliance on restrictive interventions, increase use of best practice and strength-based milieu approaches to care, and increase the involvement of patients, families, and other responsible parties in caring and planning for youngsters at Riverview.

At the same time, ongoing areas of concern must be addressed in order for the Hospital to continue to meet its goals. All of these should be viewed within a framework of both quality patient care and effective risk management.

The following summary includes follow-up comments related to recommendations made within the July-September Quarterly Summary and new recommendations made for the October-December Quarterly Summary.

- (July-September, 2007 Summary) When concerns about unsafe patient care are raised by staff, patients, or others, the Hospital should move quickly and effectively to fully investigate each situation, analyze findings, and take action regarding findings.

This area of concern was reviewed more fully during the monitoring process over the October-December period and found to be satisfactory. A suggestion for improvement was made in the documentation process for witness interviews and this is being implemented by the Hospital's Quality office.

- (July-September, 2007 Summary) The Hospital should take organization-wide steps to clarify, in writing and via training, that treatment plans do not replace the need for doctor's orders. Examples of problems noted during this past quarter include the use of room restriction/ seclusion and body searches without doctors' orders. Orders and physician oversight of intrusive and restrictive measures are both required and necessary to ensure that high-risk interventions are controlled, monitored and reviewed properly.

Documentation has not been provided by the Hospital to indicate organization-wide steps, in writing and via training, about the need for doctor's orders for body searches. Additionally, the monitoring process has noted another incident of a body search without an order. This therefore remains an area of concern and will be actively monitored. The OCA continues to recommend that the Hospital implement organization-wide training in this area and that it document this effort.

- (July-September, 2007 Summary) The Hospital should take organization-wide steps, in writing and via training, to clarify the definition of seclusion and ensure that it is correctly understood and applied by staff, and ensure that staff understands that restraint and seclusion are to be used only for the purpose of preventing harm.

While documentation has not been provided by the Hospital to indicate organization-wide steps, in writing and via training, to clarify the definition of seclusion, there has been improvement in the application of the correct definition of seclusion on the patient care units where this concern was identified. This will continue to be monitored.

- (July-September, 2007 Summary) There is a beginning emphasis on reduction of the use of restraint and seclusion overall within Riverview. In order for this effort to succeed, the Hospital will need active Central Office support, including the provision of ongoing and comprehensive outside consultation. Without this, staff members will find it difficult to further shift their thinking about what constitutes a therapeutic intervention.

Reducing rates of aggressive events in the Hospital is a significant and urgent challenge. This challenge must be met with intensive leadership and training efforts. While the Hospital has made progress in identifying this as an area of concern, providing leadership

focus, and developing training, the actual implementation of change and reduction in restrictive measures is yet to take place. The OCA recommends that Central Office actively support intensive and ongoing training and consultation in this area and in the area of best practice approaches to treatment.

Further, as discussed in this report, it is strongly recommended that the Hospital choose one training program for de-escalation and physical intervention training and that face-down/prone holds are discontinued.

- (July-September, 2007 Summary) There is a need to strengthen the quality process, both within the hospital and within the leadership and oversight function of the DCF Central Office. As part of its data collection effort, the Hospital should take steps to collect and review data relative to the development and implementation of an investigation process for complaints/concerns regarding unsafe interventions. Additionally, the DCF Central Office should play a much stronger role in the Quality Improvement area for Riverview and its other DCF-operated facilities. QI and Information Technology supports that have impacted positively on measurements of success for Juan F. should be applied more fully and broadly to processes and data within these facilities.

The strength of the relationship between Hospital and Central Office quality and data efforts is unclear. During the course of the first six months of the monitoring process, this connection appears to have weakened rather than improved. The OCA continues to recommend that the Central Office quality division play an active role in providing expertise in data management and analysis to the Hospital.

- (October-December, 2007 Summary) The OCA is very concerned about the ongoing lack of timely and integrated treatment and discharge planning for children at Riverview. Planning is fragmented and there is a lack of overall DCF participation in the treatment planning process. It is not clear that needed connections between behavioral health and child welfare are taking place and children are negatively impacted by any isolation of Riverview from the rest of DCF. The OCA strongly recommends that concrete steps be taken to improve these connections so that when DCF is both the provider of care and the guardian, the guardianship role is more fully expressed on behalf of children within the Hospital.
- (October-December, 2007 Summary) There is a need to improve the structure and quality of progress note documentation. It is recommended that the Hospital create a specific format for progress notes and that staff be given intensive training in use of this format and expectations for strength-based documentation.
- (October-December, 2007 Summary) Riverview and its Medical Staff are discussing the use of valid measurements to assess outcomes of care for children served at the Hospital. The OCA supports this initiative and recommends an intensive effort to proceed with this development. This also responds to the concerns and recommendations outlined in the DCF Monitoring and Evaluation Report issued by the Legislative Program Review and Investigations Committee in December of 2007. Outcome data will measure of the effectiveness of the implementation of the Hospital's Strategic Plan.

This Quarterly Summary has focused on monitoring activities, Riverview Hospital strengths, areas of concern, progress on the Hospital's Strategic Plan, and recommendations resulting from the monitoring process. The Hospital staff has made significant progress in meeting its goals within expected timeframes. The Office of the Child Advocate recognizes this effort and acknowledges the resulting foundations for implementation of change. At the same time, the OCA views proceeding with timely implementation as paramount and encourages the Hospital to continue

moving forward at the pace it has established during the first six months of its Strategic Plan process.

The OCA has also focused on areas of concern and made recommendations related to these concerns. Both the Hospitals' progress on Strategic Plan goals and OCA areas of concern/ recommendations will be monitored going forward.

We will be meeting to discuss this Quarterly Summary next week and look forward to seeing you then.

Sincerely,

A handwritten signature in black ink, appearing to read 'J Milstein', written in a cursive style.

Jeanne Milstein  
Child Advocate