

**MINUTES OF A REGULAR MEETING
BOARD OF TRUSTEES
TRENTON PSYCHIATRIC HOSPITAL**

A meeting of the Board of Trustees of Trenton Psychiatric Hospital was held on **Thursday, March 17, 2022**, pursuant to notice duly given. In conformance with the Public Open Meetings Law, notice of the meeting has been sent to The Trenton Times, The Trentonian, Newark Star-Ledger and the Secretary of State and a notice placed on the bulletin board of Trenton Psychiatric Hospital.

Present:

***Neil Weisfeld - Chairperson
***Patricia Carr – Vice Chairperson
***Maureen Lebel – LSW, PhD.
***Carolyn Torre - RN, MA APN
*****Board Member Via Microsoft Team and Via call in on Microsoft teams**

Excused:

***Susan Rubino, MD

TPH Staff Attendance:

James Hollen, Acting Chief Executive Officer-Operations (ACEO)
Faith Johnson, Acting Deputy Chief Executive Officer-Clinical (ADCEO),
Intikhab Ahmad, M.D., Clinical Director,
Donald Pattershall – Director of Nursing (DON) covering for Colleen Birkhofer Chief Nursing Officer (CNO), Towana Wilkins, Acting Business Manager,
Michelle Senni – Executive Assistant to the CEO, Frank Miller – QI Director,
Kathleen Nowicki, Acting Supervisor of Clinical Dieticians,
Sheila Kwoka, Medical Services Assistant/Board Secretary

Guest:

Mary Jean Weston-DMHAS, Ken Franco – Food Service Director,

Excused:

Dr. Heshman Soliman – Director of Medicine
Colleen Birkhofer -- Chief Nursing Officer (CNO)
Meghan Henry-MacLeod – Legal Liaison
Troy Hood – DMHAS

ROLL CALL/CALL TO ORDER/MINUTES APPROVAL:

Roll call was conducted via Microsoft Teams and Microsoft Teams Call-in. The Board of Trustees meeting was called to order at 9:30 a.m. Minutes from the February 17, 2022, meeting were approved as corrected.

BOARD REPORT:

- It was asked that the Board receive an analysis of the data, by age and gender, related to hospital programming.
- Ms. Torre noted the steady reduction in polypharmacy.
- Ms. Torre favorably noted the reduction in assaults in February.
- Ms. Torre noted an increase in emergency department visits. The increase is due to COVID.
- It was noted that the Psychology Suicide Risk Assessment is color-coded, to facilitate identification of risks.
- Ms. Torre favorably noted the implementation of the International Dysphagia Diet Standardization Initiative (IDDSI) becoming effective on April 11, 2022.
- The increase in tablet use and total hours was noted. The increase is related to a reduction in COVID quarantines.
- Ms. Carr would like to see what New Leaf Gardeners are doing this spring. It was also noted that they received a new, gently used truck to replace a truck that was not working properly.
- Ms. Carr noted the planned start of the Substance Disorder Clinic (SUD) in the Travers complex in April. Disciplines involved are Pastoral Services, Psychology, Psychiatry, Rehab, and Nursing. The board would like to know:
 - **How many patients are participating?**
 - **Will this be ongoing?**

Mr. Weisfeld asked about selection of patients for the clinic. Patients with a history of Substance Use Disorder will be referred to the Clinic. The clinic will take place Monday to Thursday mornings. The hospital would like to have clinics on all complexes. The next complex scheduled to have the SUD Clinic is Raycroft. Dr. Ahmad is putting together a presentation on the SUD Clinic for the Board at a future meeting.

- It was noted that there are three candidates for the Nursing Residency Program (NRP) beginning on March 2, 2022.
- It was noted that the Board was very pleased that the corrective actions from the recent Centers of Medicaid and Medicare Services inspections were accepted.

- More information was requested about the Health Information Management delinquency rate. The challenge is for physicians to submit reports in a timely manner. The delinquency rate for February is 173%.
- The Infection and Prevention Policies manual is being updated.
- Dr. Lebel asked about the acronym "SMART. SMART stands for Self-Management and Recovery Training. SMART uses principles, practices, and tools from disciplines with proven effectiveness in treating problematic addictive behavior, such as Cognitive Behavioral Therapy (CBT) and Motivational Interviewing.
- Mr. Weisfeld asked about the Group Scheduling Application (GSA). The Board would like to know how many patients are scheduled and how many patients participate in the groups, as a regular feature of the monthly report.
- Mr. Weisfeld noted the Cognitive Behavior Therapy (CBT) program appears to be doing very well.
- Mr. Weisfeld noted the Suicide Risk Assessments and how are the patients being assessed and selected. Any patient admitted for the first time is assessed for suicide risk. After the assessment is completed, patients at risk are checked on a daily and weekly basis. The nursing department also help in screening of patients.
- **Auxiliary Report**

There was no Auxiliary report for the month of February.

COMMITTEE REPORTS:

- **Incident Committee - Dr. Maureen Lebel**

Dr. Lebel reported that she has gone through the Bylaws and the reporting history on Incident Reporting and found no helpful information. It was asked whether she could attend the Violence Prevention Committees meeting or the Incident Review Committee (IRC) meetings as chair of the Board's Incident Committee. Ms. Johnson said she would invite Dr. Lebel to attend Violence Prevention meetings once a month as a guest, beginning next month.

- **Legislative Committee – Ms. Carolyn Torre**

Ms. Torre submitted a report to the Board on the number of outstanding bills on Advanced Practical Nursing (APN), health issues, mental health, health care professions, health diseases and telemedicine. Ms. Torre will keep the board posted on any updates to such bills.

- **Schulley Trading Post – Mr. Neil Weisfeld**

Ms. Senni has been surveying the staff on interest in the Schulley Trading Post. The Board will be updated next month on the results.

- **Therapeutic Environment Committee – Patricia Carr**

There is no report this month.

- **Welfare Fund – Mr. Weisfeld**

The Schulley Trading Post experienced net positive revenue in February. The launch of the new bus to transport patients has not taken place yet. Updates are coming in future meetings.

**Report from Ms. Mary Jean Weston, MSW, Regional Coordinator
Office of Community Services, Division of Mental Health & Addiction Services
(DMHAS)
(March 17, 2022)**

1. The Governor recently presented his proposed budget. It includes:
 1. \$12.8 Million in implementation of 988 and related services
 2. \$3.9 Million to annualize cost for 200 Olmstead placements
 3. \$1.99 million for higher per diem rates in County Hospitals
 4. Increased funding for the Governor's suite of substance use disorder programs
 5. Additional funding of SUD programs through opioid manufacturers and wholesaler settlement funds

2. DMHAS is offering several new programs throughout the state:
 1. Counseling and Wellness Services for Peer Recovery Specialists and Opioid Use Disorder Treatment Professionals (including group and/or individual wellness and counseling services)
 2. Problem Gambling Education, Prevention and Treatment Initiatives
 3. Reentry Training and Employment Initiatives (for individuals leaving prison)
 4. Law Enforcement Assisted Diversion (LEAD) programs (referral by law enforcement to substance use, mental health and/or case management services)

3. *Opioid Addiction Treatment - A Guide for Patients, Families and Friends*. DMHAS is offering this booklet published by The American Society of Addiction Medicine (ASAM). It provides information and facts concerning treatment for those seeking help and explains the needed steps to recovery. It comes in English, Spanish and Braille. <http://eguideline.guidelinecentral.com/i/1302283-asam-opioid-patient-piece-2020-for-new-jersey>
If interested, send your name, email address, phone contact number, shipping information and the number of booklets you are requesting to Cathy.Sweeney@dhs.nj.gov.

4. RFPs for SUD care – DMHAS has recently issued this RFP for MH and SUD services:
 1. [Building Capacity in Mental Health \(MH\) and Substance Use Disorder \(SUD\) Programs to Provide Medications for SUD](#)

COMMUNICATIONS – There were no communications this month.

OLD BUSINESS –

- The Board unanimously adopted a motion, at the suggestion of the chair, to commend the leadership and staff of the hospital for their extraordinary effort in responding to the challenges caused by a recent CMS inspection focused on infection control and fit-testing of masks and for their overall response to the COVID-19 pandemic and the need to vaccinate all staff.

Update: The staff expressed agreement with the above motion and agreed to create a plaque and laminated fliers to be posted on all units.

- The Task Force on the Hospital's Image is planning an additional meeting. The Board will be updated in May.

NEW BUSINESS:

Mr. Weisfeld read a letter from the Board to Mr. James Hollen, Acting CEO, to thank him for his performance and leadership as Acting Chief Executive Office over the past nine months. The text of the letter is displayed on the last page of these minutes.

COMMENTS FROM THE PUBLIC – There were no comments from the public.

ADJOURNMENT

The meeting was adjourned at 11:00 a.m. The next meeting is scheduled for Thursday, April 21, 2022, at 9:30 a.m., via Microsoft Teams.

Respectfully submitted,

Sheila Kwoka
Secretary Board of Trustees

Neil Weisfeld
Chairperson

NW/sk

LETTER TO MR. HOLLEN:

March 17, 2022

Mr. James Hollen
Acting CEO

Dear James:

The Board of Trustees of Trenton Psychiatric Hospital acknowledges with deep appreciation your performance as Acting Chief Executive Officer during the past nine months. You have served with distinction.

For you and for the entire community of the hospital, this has been a difficult period, commencing with the sudden departure of the CEO, dominated throughout by the COVID-19 pandemic, and upset toward the end by the need to respond urgently to the challenging and perhaps excessively harsh results of an outside survey. You have consistently risen to the occasion, providing leadership that has been calm, measured, effective, and inspiring.

Each member of this Board wishes you continued success as your career develops further, within the hospital or wherever it may take you. Thank you.

Sincerely,

THE BOARD OF TRUSTEES

Neil E. Weisfeld, Chair
Patricia Carr, Vice-Chair
Carolyn Torre
Maureen Lebel

NUTRITION AND FOOD SERVICE PRESENTATION

Following the meeting, the Board received a presentation on nutrition and food services, as follows.

Kathleen Nowicki – Clinical Nutritionist:

Kathleen Nowicki, RD, Clinical Nutritionist reported on the activity for patients. The National Nutrition month theme, “Celebrate a World of Flavors”. It was an overview of the IDDSI (International Dysphagia Diet Standardization Initiative). The Nutritional Staff pick different world flavors. They pick flavors from 10 different countries: Italy, Poland, Philippines, India, Argentina, Jamaica, Haiti, Ireland, Chad, Greece.

Ms. Nowicki also discussed the texture modified food and liquid standards that will be adopted at all state hospitals and developmental centers on April 11, 2022. By adopting these standards, it will assist in reducing aspiration and choking risks for patients. The Foodservice and Nutrition departments are coordinating with other departments with trainings for a smooth transition to the new guidelines.

Mr. Ken Franco – Food Service Director

As a team, we have come across many challenges to overcome to make the Foodservice Dept. a safer environment for patients & staff. To achieve this, we have implemented the following:

- **Unit Food Temperature Sheets:**
 - The existing sheet was improved & expanded to include all menu items, steam table temperatures and time tracking of service. We have also added a “corrective action” area to document any problems and actions taken to correct them (for example – if food arrives cold to the unit satellite, kitchen staff know that they have two options: call for more food or heat up small batches of food, reaching 165°F to avoid the potential for food borne illness.) This wasn’t documented or required on the previous version.
 - We’ve extensively trained staff to correctly utilize the Unit Food Temperature Sheets, Food Thermometers, The Temperature Danger Zone, and proper technique to reheat food to maintain within the acceptable range to avoid the potential for food borne illness to the community we serve.
- **Cooling Logs:**
 - When food is prepared the day before it is to be served, we’ve implemented a log which tracks hourly temperatures making sure food cools correctly and does not potentially cause food borne illness.

- **Refrigeration/Cooling:**
 - We added a walk-in refrigerator to help take the stress off our existing older equipment. This helped with our overall goal of maintaining appropriate food temperatures to avoid the potential for food borne illness.
 - Food transport – thermal bags have been implemented for transporting all dairy items.
- **Since our inspection with CMS, we have taken the following corrective actions:**
 - All cardboard was removed from our dry storage room and dry goods are now kept in clear plastic containers with lids. All items in our dry storage room are dated to clarify "use by" and/or "expiration" dates. All staff were trained in the proper storage and labeling procedures.
 - Our can storage room now contains large can racks which display all cans, makes it easier to identify foods and utilize the FIFO method (first in, first out). All kitchen staff were trained on how to properly store and label as well as decipher Julian calendar dates. Additionally, there are posters in the storage room explaining how to read expiration dates in Julian calendar form on cans.
 - One of the challenges that we faced with our dry storage and can storage areas was they must maintain a temperature range between 50° - 70°. The existing structure was not conducive to maintaining this range. We had a ceiling installed to enclose both storage areas and added air conditioner units, this made it possible to keep our stored items within this range.
 - Additionally, proper labeling of food was also a challenge. We've since implemented and trained staff to utilize a system where all food and beverages in our kitchen must be labeled and dated. For example: Spices are dated with a received date. Once opened, a "use by date" is placed on that item with a 6-month expiration.
 - Sanitizing was an area that needed correction. The existing sanitizing method was changed to a multi-quat sanitizer system which is used in our 3-bay sink pot room. This system assists us to easily fill the sink with the correct ratio of sanitizer/water mixture to safely sanitize our equipment. The sanitizer is tested and logged several times a day and changed as needed to maintain the proper ratio for sanitization and cleanliness.

- **Staff training has increased in all areas:**

- All staff are trained when hired utilizing the Food Service New Employee Orientation Guide. This was created in 2019 to acclimate newly hired staff.
- All staff are trained as ServSafe-Food Handlers. This training includes food safety, personal hygiene in food service, temperature monitoring, cross-contamination and cleaning and sanitizing.
- Supervisory staff are additionally trained as SURE Food Safety Managers. This training includes general food safety, cleaning, sanitizing and pest control, food purchasing, cooking, and storage/holding.
- All staff are trained when an area of concern arises. This can be from observation of daily operations or inspection requested corrective actions.

- **Policy & Procedure manual was created:**

- This was borne from the Ancora food service manual and a previous version of the TPH manual. It was reviewed and revised to fit the current operations and needs of TPH food service.
- It has been distributed to all satellite kitchens.

- **IMPROVEMENTS CURRENTLY IN PROGRESS:**

- Continual training of staff for new procedures, policies, and continuity of operations as well as areas of concern.
- We are actively working with all governing inspection agencies as well as TPH QA department to address any concerns/violations.
- Due to the state ban of polystyrene food containers, we are working with a vendor to find a solution for the Styrofoam containers that we are currently serving with. This ban is effective as of 5/4/22 and we are actively seeking a solution.
- Our response to the COVID pandemic is ever evolving. We have implemented policies and trained all staff on:
 - General personal infection and exposure prevention (Handwashing, Personal Protective Equipment, testing and symptom monitoring)
 - Sanitation for communal dining utilizing Mark-E-II sanitizer
 - Food preparation & transport for quarantined units