

Backus Psychiatric Care Criticized In State Reviews

Cited For Inadequate Evaluations And Care, Aggressive Restraint

By [KENTON ROBINSON](#)

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Norwich -- When they visited The William W. Backus Hospital in late 1999, state investigators uncovered more than a dozen cases in which they said psychiatric patients were transferred, refused admission or discharged without proper medical treatment.

Two of those patients, identified in state Department of Public Health records only as Patient #25 and Patient #28, had killed themselves within days of being discharged.

Altogether, in examining the cases of 17 psychiatric patients, investigators found nearly three-dozen violations of health codes, ranging from failure to assess patients' mental conditions before transferring them to failure to administer toxicology tests before medicating them.

It wasn't the first time health inspectors had found problems with the treatment of psychiatric patients at Backus.

Earlier that year, the federal Health Care Financing Authority had threatened to revoke the hospital's accreditation after state investigators found that from 1996 through 1998 the hospital had improperly used pepper spray to subdue psychiatric patients. Ten patients had been sprayed in the face and restrained with handcuffs or other devices without a doctor's authorization, investigators found.

Backus President and CEO Thomas P. Pipicelli responded with a plan of correction, which included the statement, "The Hospital has terminated the use of pepper spray." The federal government then said accreditation would not be withdrawn, according to an April 2, 1999 letter, now on file at the federal Centers for Medicare & Medicaid Services.

Six months later, state investigators began their examination of the 17 cases in which they found a wide range of violations. When they completed their report in February 2000, Pipicelli said the hospital would make corrections.

But nearly four years later, three sources who work at Backus and include a doctor and other professional care-giving staff said Backus continues to turn away psychiatric patients even when there are empty beds in its psychiatric unit. The reason for declining treatment often is that the patients have no or inadequate health insurance to pay for their care, according to the sources.

When hospital clinicians contact the on-call psychiatrist to recommend a patient be admitted, the psychiatrist asks whether the patient has insurance, sources said. If the answer is no, admission is often denied, and clinicians are told to find another facility for the patient, the sources said.

Backus, in a statement released Monday, denied those allegations. Officials declined to be interviewed for

this story. The hospital's written response to questions appears in entirety on this page.

“Backus Hospital does not, nor has it ever been found to, refuse treatment to, or require transfer of any patient because of the patient's ability to pay,” the statement said.

Officials at the state health department said investigations are usually prompted by complaints but can also be undertaken as part of routine accreditation surveys. Most hospitals in the state, they said, are visited four or five times a year. Health officials said they did not compile statistics to show how the number of violations found at Backus would compare with other hospitals.

A doctor at the hospital said that uninsured psychiatric patients are a problem at Backus and elsewhere.

“Now, nobody is paying for psychiatric care,” the doctor said. “Nobody's going to pay. It's a huge problem. These are people who are homeless, in group homes, who suffer from substance abuse. ... I don't think the system is working properly, but I'm willing to say it's going on all over the state.”

Backus also said in its statement, “All issues raised by” the state “which were not disputed by the hospital have been corrected. The issues contained in the ... February 2000 report — most of which were related to medical records documentation — have not reoccurred in almost five years of continuous service to our patients.”

But public health records show that spot checks by state investigators in the past four years have turned up 14 more violations of state health codes in the treatment of psychiatric patients. They range from one incident in which a patient was left in restraints for two days to another in which, a year after Backus said it had ended the practice, a patient was pepper-sprayed.

Most recently, on June 5 of this year, health department inspectors sent a violation letter to Backus after they found the emergency room had medicated a female psychiatric patient before giving tests required under public health codes to make sure the medication would not harm her.

The state's investigation of the 17 psychiatric cases, handled by the hospital between 1997 and 1999, found the hospital:

- Failed to give patients proper screening exams to determine whether an emergency medical condition existed.
- Failed to give patients the treatment they needed to stabilize their medical condition.
- Failed to show that the medical care at other facilities outweighed the risk to patients in transferring them there.
- Failed to complete medical records accurately and promptly and show the treatment was warranted.
- Failed to provide for the health, comfort and safety of the patients at all times.

Investigators reported that, in eight cases, the hospital transferred patients to other facilities without recording any rationale for the transfers in the patients' files, even when the hospital had beds available.

In four other cases, the hospital refused admission to emergency room patients even when no beds could be found elsewhere in the state, according to investigators.

In none of the cases did state investigators note whether the patients had insurance or not.

In response to the investigators' findings, Pipicelli wrote a letter, dated Feb. 28, 2000, in which he said, "the Hospital acknowledges ... it did not clearly state the reason for transfer" of patients. He did not give reasons for the transfers, but he submitted a "Corrective Action Plan," in which he detailed steps the hospital would take to address the violations cited.

The hospital, Pipicelli wrote, had revised its policies concerning the transfer of patients and would train its emergency staff to properly evaluate the patients' medical conditions, to make sure they were stable before transfer, and to document the "risks, benefits, rationale for transfer, and assessment of stability at the time."

When state investigators returned to Backus in March 2000, they uncovered seven violations in the treatment of psychiatric patients, ranging from failures to perform psychosocial assessments of the patients to inconsistent monitoring of a patient.

No subsequent state investigations have turned up violations involving the transfer of patients, but the three sources at the hospital, who all requested anonymity for fear of losing their jobs, said the practice of transferring or refusing admission to uninsured or under-insured psychiatric patients still goes on.

"Many times we get refusals even if a bed is available. There are many, many denials," one professional staff member said. "There are refusals every single day.

"There are premature discharges, when patients are still suicidal. Patients are often discharged before medication has a chance to work. It takes two weeks for antidepressants to work. People are discharged after two days ... this is still going on."

The federal Emergency Medical Treatment and Active Labor Act requires hospitals to provide basic emergency care to uninsured patients.

Hospitals must screen emergency room patients to determine if they are suffering from an emergency medical condition. Psychiatric patients who are suicidal or homicidal are considered to be in emergency conditions. If the hospital cannot stabilize them, it must transfer them to facilities that can, and a doctor must certify that the benefits of the transfer outweigh the risks.

"You have to get approval to transfer the patient, and sometimes you have to call 14 hospitals before you find one that will take the patient," one staff member said. "You have to find someone to take them."

Joan Leavitt, public health services manager with the division of health systems regulation of the state Department of Public Health, said she could not recall receiving or investigating complaints regarding violations of the federal law at Backus. She said she looked back in the department's files for the past four years.

But Backus sources say patients have been denied admission to the hospital even in the past month.

“Insurance is always a piece of it,” one source said. “They quickly close up the unit. They say, ‘We’re not going to accept anyone else.’”

“It’s definitely a problem, but it doesn’t mean you say to the person, ‘Go home and good luck.’ It has to be safety first.”

Dr. Charlotte Yeh, an emergency physician with 20 years experience and the regional director for the Boston office of the federal Centers for Medicare & Medicaid Services, which enforces the federal law, said the penalties for violations could include terminating the Medicare program at the hospital and civil penalties of up to \$50,000 for each violation.

Yeh said her office is usually alerted to possible violations by state investigators. Her agency’s files contain no records of any such complaints against Backus, she said.

A hospital document obtained by The Day, an internal memo from the acting chief of emergency services to the head of the department of psychiatry, shows that in the fall of 1998 the high rate of transfer of psychiatric patients had become a matter of concern.

More than half of all patient transfers from the emergency room — 46 out of 87 in a three-month period — were psychiatric patients, the document shows.

“I am recommending that patients should not be transferred out of our facility if beds are available,” Dr. Thomas M. Ceddia wrote. “Patient transfers not only take extra time and documentation, but they also expose the Hospital to added risk. Frankly, no other medical or surgical service at Backus transfers patients out of the ED (Emergency Department) if those same services are provided at Backus, unless the patient specifically requests the transfer.”

The state’s investigation began in October 1999, three years after an employee brought her concerns about the hospital’s treatment of psychiatric patients to the attention of Pipicelli and other hospital administrators.

That employee, Dr. Safaa Hakim, is a psychiatrist who worked at the hospital for five years. According to court documents, she told Pipicelli on Nov. 12, 1996, that she was concerned that the hospital was endangering the lives of uninsured psychiatric patients by refusing to give them proper care.

Two months after Hakim met with Pipicelli, Patient #25, a 40-year-old Norwich woman, was discharged on Jan. 21, 1997.

“Although the psychiatrist’s discharge summary described the patient on the day of discharge as non-communicative, depressed and reportedly hearing voices and believing that someone was trying to kill her,” investigators reported, “no coordination of care with the patient’s community-based psychiatrist was noted.” Her insurance status was not noted by investigators.

The woman committed suicide 11 days after her discharge.

On Feb. 17, 1997, another patient, a 42-year-old man, committed suicide three days after Backus discharged him, according to documents filed in Hakim’s court case.

Four months after she took her concerns to Pipicelli, in March 1997, Hakim was fired.

In October that year, Patient #28, a 25-year-old Montville man named Sean McCouch, shot himself three days after the hospital discharged him.

State investigators, who identified him only as Patient #28, found that even though the hospital psychiatrist treating him knew the patient had had a gun, the psychiatrist discharged him without sufficiently addressing the problem.

When the health department completed its investigation of the hospital's treatment of McCouch and 16 other psychiatric patients in February 2000, it told Pipicelli to appear at a meeting with a written plan of correction for the violations.

“The purpose of this meeting is to provide you with an opportunity to show why further action by this Department should not be instituted,” wrote Janet M. Williams, RN, the supervising nurse consultant for the Division of Health Systems Regulation.

“You may wish to be accompanied by your attorney. It is not mandatory that you attend this meeting, however, if you do not attend we will have no recourse but to institute further proceedings,” Williams wrote.

On Feb. 28, 2000, Pipicelli submitted a plan to the state.

“The filing of this Plan of Correction does not constitute an admission as to any of the alleged violations of the Connecticut Public Health Code asserted by the Department,” Pipicelli wrote. “This Plan of Correction is being filed as evidence of the Hospital's continued compliance with all applicable laws and the Hospital's desire to continue to provide quality service.”

Hakim filed a federal discrimination lawsuit against the hospital in U.S. District Court in Hartford in June 1999, alleging the hospital fired her when she accused Backus of providing “substandard, inadequate and improper care to psychiatric patients and discriminating against patients based upon their ability to pay for health care services.” That suit is still pending.

Hakim alleges Backus violated the prohibitions “against illegal ‘dumping’ of and denial of adequate care to patients who did not have medical insurance.”

She also alleges that “no less than four patients have committed suicide under circumstances where their lives could have or should have been saved,” and that “two of the complete suicide cases involved uninsured patients under the care of” Dr. Brian T. Benton, the director of the hospital's department of psychiatry.

The hospital has denied her assertions.

“Dr. Hakim's claims,” said Keith Fontaine, vice president of corporate communications at Backus, “are wholly baseless.”

The hospital hired the Philadelphia law firm of Post & Schell and sued Hakim in state Superior Court in February, alleging she illegally removed and disseminated copies of patient records from its files.

On Oct. 27, in a closed court hearing, **Superior Court Judge Referee D. Michael Hurley** ordered Hakim to return all copies of hospital records and to pay the hospital \$173,819 to cover the amount it spent on lawyers this year to sue her.

Hurley also ordered her to pay the hospital another \$15,500 in sanctions and said she would be jailed if she did not do so.

Hakim has filed an appeal of that decision in Appellate Court in Hartford. Hakim has been unable to talk about her case because of a gag order imposed by **Hurley**.

In a separate lawsuit, another former Backus employee made allegations similar to Hakim's. That employee would not comment for this story and asked that his name not be used. In his suit, dismissed by **Hurley** in September and currently under appeal, the employee alleges he was fired after complaining that psychiatric patients were refused admission if they did not have health insurance.

Backus:

Suicidal And Uninsured, Jeffrey Judd Was Turned Away

By [KENTON ROBINSON](#)

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Preston -- When Jeffrey Judd tried to kill himself in September, his mother begged the doctors at The William W. Backus Hospital to help her son.

“They could have done something,” Ruth Judd said. “I told them that he tried it before. They knew. And he told them he didn't want to live, and nobody helped me or him.”

Instead, the hospital sent Jeffrey, who was uninsured and unemployed, home.

Two months later, on Tuesday, Nov. 18, he tried again.

This time he succeeded.

Running a tube from the exhaust pipe to the passenger compartment of his father's blue Toyota Tercel, Jeffrey, 40, asphyxiated himself.

Keith Fontaine, vice president for corporate communications at Backus, said Friday the hospital would have no comment on the case.

“The hospital does not comment on individual patient records,” he said.

But Jeffrey's medical records for the night of Sept. 19, the night his mother had an ambulance take him to the

Backus emergency room, show that the clinician who examined him recorded several reasons to be concerned.

There had been a lifetime of struggling with chronic depression, which had made it impossible for him to hold a steady job. He had held a succession of handyman jobs, painting houses, roofing, doing demolition.

There was the death of his fiancée just the year before. It was because of her love, that, “for the first time in his life he really saw himself as having a future,” said his big brother, Michael Judd.

Teresa Lin Hill had died of a brain aneurysm in the bed beside him, perhaps the result of a car accident she'd been in years before.

“The accident,” Michael said, “had given her so many physical problems and so much pain to deal with that she understood pain, so she understood Jeff, I guess.”

On the night of Sept. 19, the clinician wrote, “He appears to have poor impulse control, which is an additional suicide risk factor. His reliability, judgment, and insight are poor on a chronic basis. ... He clearly is at risk for long-term self-injury and suicide on a chronic basis.”

And yet, Ruth said, when she asked the clinician to hospitalize her son, even to lock him up if necessary, he told her the hospital had no locked psychiatric ward, and even if it did, did not have the legal power to hold him.

Sources employed by the hospital say both those statements are untrue.

The hospital has had a locked psychiatric ward ever since the closure of the Norwich Hospital in Preston several years ago, hospital sources said.

And under federal law, emergency room personnel are required to commit suicidal psychiatric patients — against their will, if necessary — to protect them from themselves.

Jeffrey did not want to be hospitalized.

The clinician recommended that he attend a voluntary “partial hospitalization” program in which he could visit the hospital during weekdays for treatment. Jeffrey, the clinician wrote, “reluctantly agreed to this.”

Then the clinician sent him home with a three-page handout about depression — “Depressed people may feel sad, lonely and hopeless.” The handout also included advice on quitting smoking and wearing seatbelts: “We always buckle-up! Please do the same!”

Jeff's mother, the clinician noted, “was not confident he would actually attend” the outpatient program.

Ruth said Friday she was sure he wouldn't attend, because his previous experience with outpatient treatment at Backus had been so negative. He had been given Paxil, an antidepressant that made him feel worse.

After his brother's suicide, Michael said Friday, “I found his last appointment card, and down at the bottom of the card he had written ‘just another case worker.’ That's how he felt. He felt like a number. He felt like he

wasn't important.”

In an interview at the kitchen table of the family home in Preston, where Jeffrey had lived with his parents, Ruth said to her older son, “Tell about the tattoo.”

“He had a bar code tattooed on his calf,” Michael said. “He told me once that he felt like society had pushed him aside, that he just didn't fit in, and society just wanted to turn him into another product, another number, another assembly line widget.”

Jeffrey took his life the night before he was to appear in court to face charges of possession with intent to sell marijuana. He could not face the prospect, his brother said, of going to jail.

“His court date was the day he died,” Michael said. “That was the day he was going to court, and he knew he wasn't going to come out, that they were going to handcuff him and take him away and that was just the final straw.”

Ruth, looking down the empty coffee cup in front of her on the table, wondered why the hospital didn't make sure her son wouldn't come to harm.

“Maybe someday,” she said, Backus will give her the answers. She had no sooner spoken than her husband brought in the mail, a bill, from Backus, for \$1,908.

‘Patient #28’ Kills Himself Three Days After Backus Discharge

By [KENTON ROBINSON](#)

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In the state's files, he is known simply as “Patient #28.”

He was admitted to the William W. Backus Hospital on Sept. 27, 1997. Depressed and suicidal, he had spent that morning with a loaded gun in his mouth.

The hospital kept him for four days.

And then, even though the patient was known to have had a gun at home and had a history “indicative of homicidal proclivity,” the hospital discharged him.

Three days later, Patient #28 shot himself to death.

Those are the bare bones of the case of Sean McCouch as outlined in a report by investigators with the state Department of Public Health.

McCouch, a 25-year-old from Montville who dealt craps at Mohegan Sun, was one of four psychiatric patients who committed suicide within days of their discharge from Backus in 1997, according to documents in a lawsuit against the hospital. He is not identified by name in those documents.

The lawsuit, filed by a doctor who claims she was fired after complaining that psychiatric patients were dying because they were not receiving proper treatment, is in U.S. District Court in Hartford.

Dr. Safaa Hakim, who is under a court gag order that prevents her from commenting for this story, has argued in court that McCouch and others died because the hospital gave them improper care.

The hospital, which has in turn sued Hakim, has vigorously denied her allegations, describing them as baseless.

A report by health department investigators, however, supports Hakim's claims.

Investigators found that on the day prior to his discharge, McCouch told the hospital psychiatrist treating him “the gun had been taken.”

But, investigators wrote, “No additional information was obtained regarding the weapon, nor was the patient's statement corroborated in any way.”

Even though the psychiatrist treating him knew McCouch also had a history of abusive behavior and a child living in his home, the doctor discharged him without addressing those problems, state investigators reported.

“Although relationship problems, including abusive behavior on the part of the patient had been identified as problems, the Treatment Plan failed to identify interventions to address this problem,” they wrote.

Nor had “safety in the home, including a potential referral to the Department of Children and Families ... been discussed during the treatment team meeting.”

When investigators interviewed the treating psychiatrist, he told them “he believed the patient posed no danger to himself or others upon discharge.”

In response to the investigation into the McCouch case and others at Backus, hospital president and CEO Thomas P. Pipicelli submitted a plan of correction. Pipicelli wrote, “prior to transfer to a second facility, an assessment of the psychiatric patient will include documentation that the patient is not at risk to harm self or others.”

Also, he wrote, “the Treatment Plan will include ... an assessment of the patient's cultural and spiritual needs, and the patient's personal and environmental safety needs, including at home/residence. (Issues of concern to address ... are firearms, stockpiled medication/drugs, battery, children and elders at risk or harm, abuse, or neglect, etc.).”

Response From The William W. Backus Hospital

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The William W. Backus Hospital is committed to providing safe, quality health care to our patients. Our Quality Improvement and Patient Safety programs actively pursue all issues identified from all sources and have an excellent record of implementing improvements for the benefit of our patients and the community.

All issues raised by the State of Connecticut Department of Public Health (DPH) which were not disputed by the hospital have been corrected. The issues contained in the DPH February 2000 report — most of which were related to medical records documentation — have not reoccurred in almost five years of continuous service to our patients.

The Joint Commission on Accreditation of Healthcare Organizations' 2001 review of our Psychiatric Services Department reported a score of 97 on a 100-point scale, and we were awarded a full three-year accreditation.

Backus Hospital does not, nor has it ever been found to, refuse treatment to, or require transfer of any patient because of the patient's ability to pay.

The hospital has strongly disputed the State's findings regarding the inappropriate use of pepper spray within the hospital setting. In fact, since the 1999 review, the State has accepted the hospital's policy, which allows the use of pepper spray pursuant to clinical protocol to protect the safety of our employees and other patients.

The hospital honors the Court's order concerning the sealing of the legal proceeding against Dr. Safaa Hakim regarding the dissemination of psychiatric patient records.