

**Report to the Emergency Involuntary
Procedures Review Committee
May 13, 2016**

**Data Review and Analysis
January - March
2016**



**Department of Mental Health
AGENCY OF HUMAN SERVICES**
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Definitions

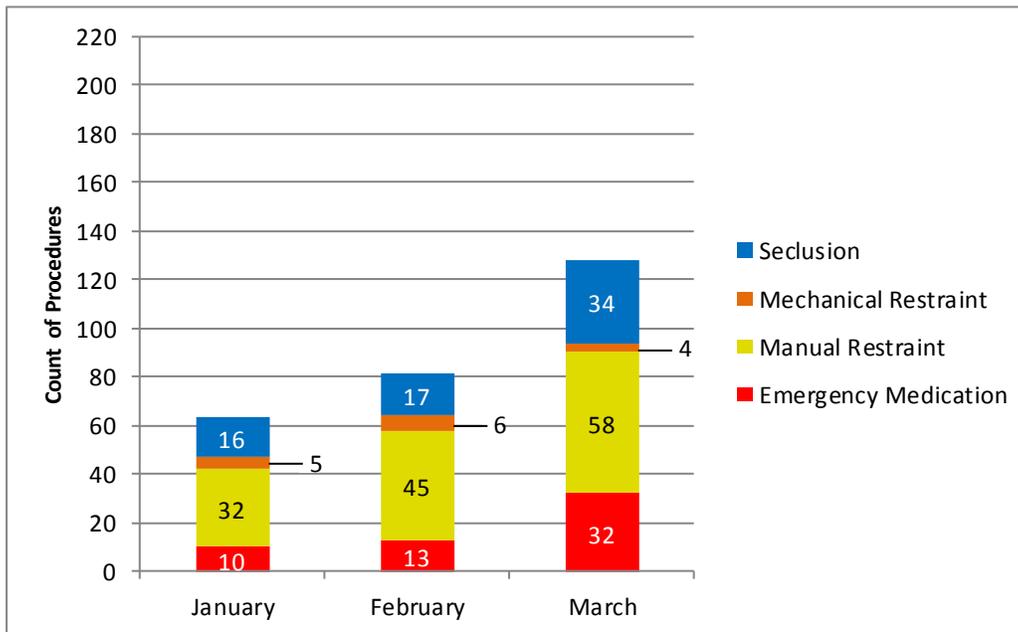
Vermont Designated Hospitals agree to follow Centers for Medicare and Medicaid Services (CMS) definitions for seclusion, restraint and emergency involuntary medication. For reporting purposes to DMH, the following definitions are utilized.

Emergency Involuntary Procedures (EIPs)	Include instances of restraint, seclusion or emergency involuntary medication.
Restraint	A restraint includes any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely (CMS 482.13(e)(1)(i)(A)).
Seclusion	Seclusion means the involuntary confinement of a patient alone in a room or an area from which the patient is physically or otherwise prevented from leaving. Seclusion shall be used only for the management of violent or self-destructive behavior that poses an imminent risk of serious bodily harm to the patient, staff member, or others. (CMS 482.13(e)(1)(ii)).
Emergency Involuntary Medication	A restraint is also defined as a drug or medicine used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement, and is not standard treatment or dosage for the patient’s condition (CMS 482.13(e)(1)(i)(B)).
Episodes of Emergency Involuntary Procedures	When clinically indicated, emergency involuntary procedures may be used in combination when a single procedure has not been effective in protecting the safety of the patient, staff, or others. When the simultaneous use of emergency involuntary procedures is used, there must be adequate documentation that justifies the decision for combined use. (CMS 482.13(e)(15)). In the following report, the use of emergency involuntary procedures in combination is referred to as an episode. Episodes can include any combination of seclusion, restraint, or emergency involuntary medication.

Data Reports

Aggregate Procedures: All Units by Type of Procedure

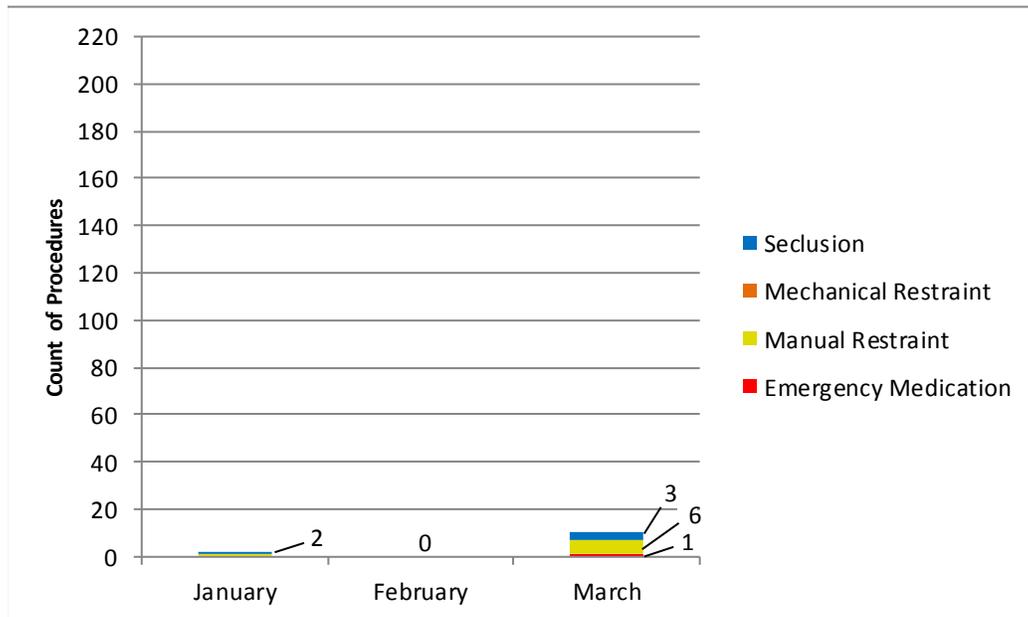
Aggregate Emergency Involuntary Procedures for **Involuntary Patients** **Adult Psychiatric Units** by Type of Procedure January - March 2016



	Type of Procedure				Total Procedures
	Emergency Medication	Manual Restraint	Mechanical Restraint	Seclusion	
January	10	32	5	16	63
February	13	45	6	17	81
March	32	58	4	34	128
Total	55	135	15	67	272

Analysis conducted by the Vermont Department of Mental Health Research and Statistics Unit from data maintained by DMH Quality Management. Data are submitted by Designated Hospitals to DMH in compliance with department requests for submittal of Certificates of Need following Emergency Involuntary Procedures. Procedures of seclusion, restraint and emergency medication meet criteria defined by Centers for Medicare and Medicaid Services for clients involuntarily admitted to Vermont Designated Hospitals.

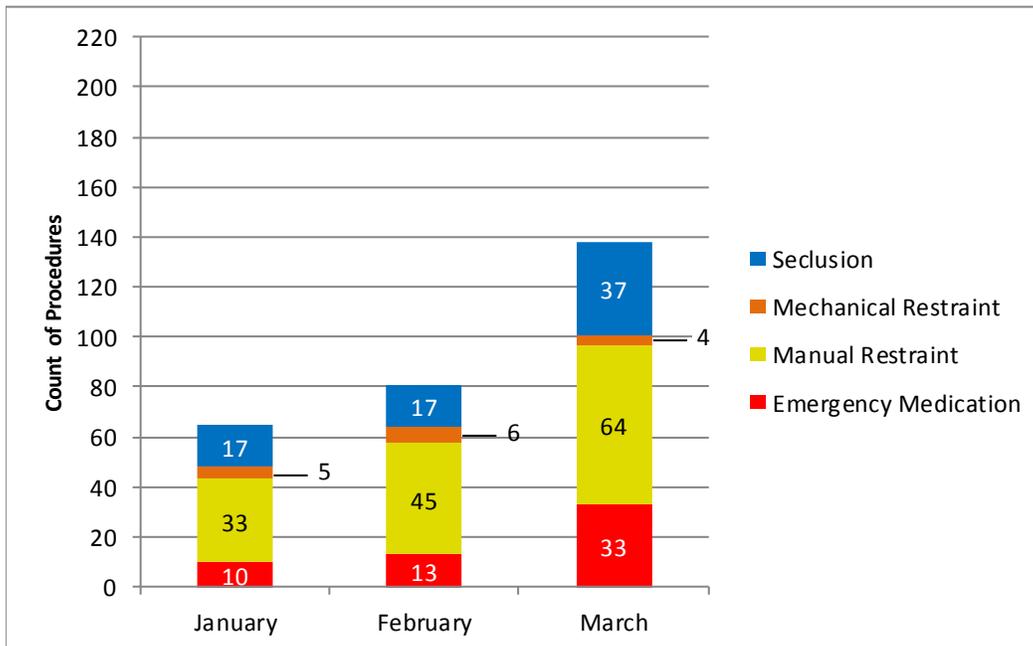
**Aggregate Emergency Involuntary Procedures
for Involuntary Patients
Youth Psychiatric Units by Type of Procedure
January - March 2016**



	Type of Procedure				Total Procedures
	Emergency Medication	Manual Restraint	Mechanical Restraint	Seclusion	
January	0	1	0	1	2
February	0	0	0	0	0
March	1	6	0	3	10
Total	1	7	0	4	12

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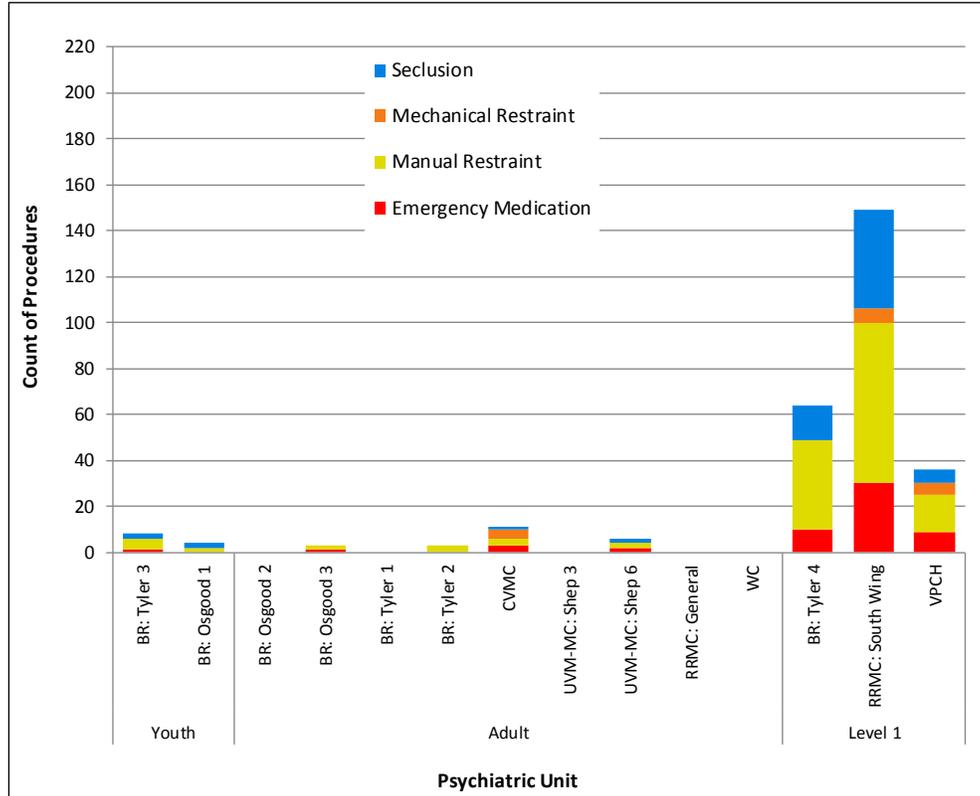
**Aggregate Emergency Involuntary Procedures
for Involuntary Patients
Psychiatric Units by Type of Procedure
January - March 2016**



	Type of Procedure				Total Procedures
	Emergency Medication	Manual Restraint	Mechanical Restraint	Seclusion	
January	10	33	5	17	65
February	13	45	6	17	81
March	33	64	4	37	138
Total	56	142	15	71	284

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Aggregate Procedures: Type of Procedure by Unit
Aggregate Emergency Involuntary Procedures
for Involuntary Patients
Adult and Youth Psychiatric Units by Type of Procedure
January - March 2016



Psychiatric Unit	Type of Procedure				Total Procedures	Total Episodes	Total Hours
	Emergency Medication	Manual Restraint	Mechanical Restraint	Seclusion			
Youth							
BR: Tyler 3	1	5	0	2	8	5	1.52
BR: Osgood 1	0	2	0	2	4	2	1.05
Adult							
BR: Osgood 2	0	0	0	0	0	0	-
BR: Osgood 3	1	2	0	0	3	2	0.10
BR: Tyler 1	0	0	0	0	0	0	-
BR: Tyler 2	0	3	0	0	3	3	0.27
CVMC	3	3	4	1	11	5	11.75
UVM-MC: Shep 3	0	0	0	0	0	0	-
UVM-MC: Shep 6	2	2	0	2	6	2	2.50
RRMC: General	0	0	0	0	0	0	-
WC	0	0	0	0	0	0	-
Level 1							
BR: Tyler 4	10	39	0	15	64	45	19.13
RRMC: South Wing	30	70	6	43	149	78	51.42
VPCH	9	16	5	6	36	19	15.57
Total	56	142	15	71	284	161	103.30

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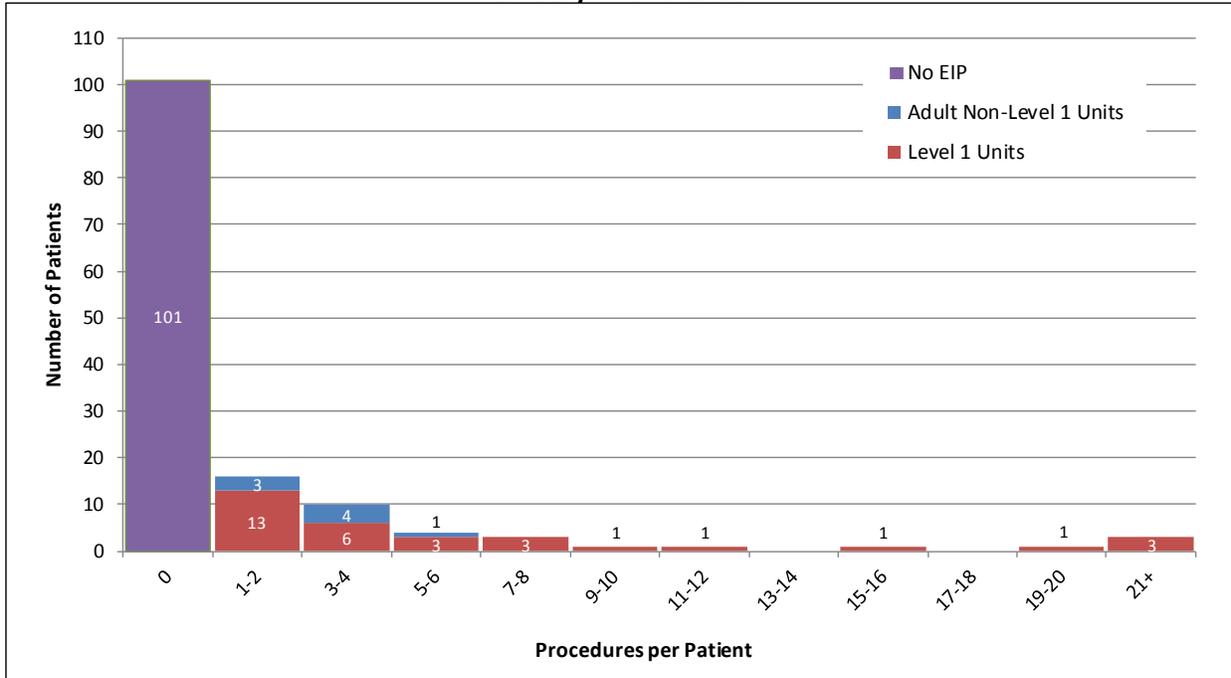
Aggregate Procedures: Procedures Per Patient

Aggregate Emergency Involuntary Procedures for Involuntary Patients

Procedures Per Patient

Adult Psychiatric Units

January - March 2016



Type of Unit	Number of EIPs per Patient											Total Patients
	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19-20	21+	
Adult	3	4	1	0	0	0	0	0	0	0	0	8
Level 1	13	6	3	3	1	1	0	1	0	1	3	32
Total Patients	16	10	4	3	1	1	0	1	0	1	3	40
% of Patients	40%	25%	10%	8%	3%	3%	0%	3%	0%	3%	8%	100%

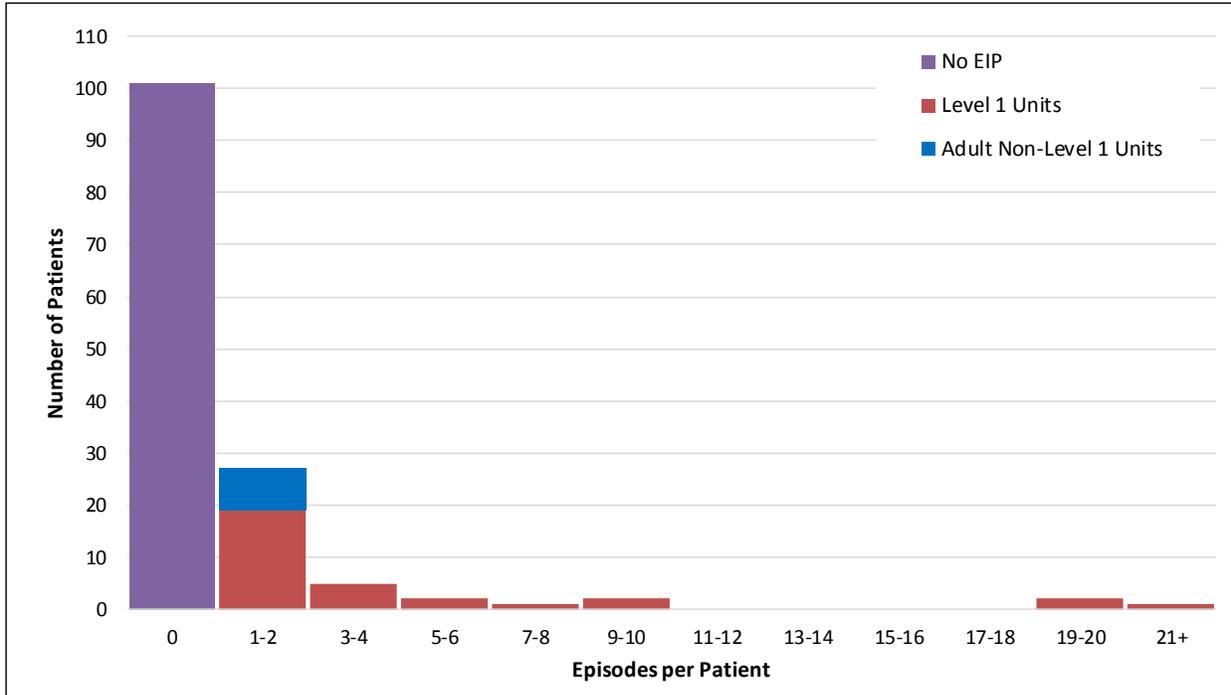
Analysis conducted by the Vermont Department of Mental Health Research and Statistics Unit from data maintained by DMH Quality Management. Data are submitted by Designated Hospitals to DMH in compliance with department requests for submittal of Certificates of Need following Emergency Involuntary Procedures. Procedures of seclusion, restraint and emergency medication meet criteria defined by Centers for Medicare and Medicaid Services for clients involuntarily admitted to Vermont Designated Hospitals. For the purposes of this report, Level 1 Status is defined by the unit reported in the EIP Certification of Need (CON), not the patient's status determination.

Note: 101 individuals (72%) did not receive an EIP during the study period.

Aggregate Procedures: Episodes Per Patient

Aggregate Emergency Involuntary Procedures for Involuntary Patients

Episodes Per Patient Adult Psychiatric Units January - March 2016



Type of Unit	Number of Episodes per Patient											Total Patients
	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19-20	21+	
Adult	8	0	0	0	0	0	0	0	0	0	0	8
Level 1	19	5	2	1	2	0	0	0	0	2	1	32
Total Patients	27	5	2	1	2	0	0	0	0	2	1	40
% of Patients	68%	13%	5%	3%	5%	0%	0%	0%	0%	5%	3%	100%

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Note: 101 individuals (72%) did not receive an EIP during the study period.

Emergency Involuntary Procedures on Level 1 Units

Analysis:

Raw data based on CONs sent to DMH from the three Designated Hospital Level 1 units calculated to determine the number of hours patients were in seclusion or restraint per 1000 patient hours. Reporting is based upon patient location on a Level 1 unit.

Ratio calculation:

Numerator: Total number of hours that psychiatric patients were in seclusion or restraint (restraint includes all manual and mechanical)

Denominator: Total patient hours on Level 1 units divided by 1,000 patient hours

$$Rate = \frac{(total\ hours\ of\ seclusion\ and\ restraint)}{\frac{(total\ patient\ hours)}{1,000}} \quad -or- \quad Rate = 1,000 * \frac{(total\ hours\ of\ seclusion\ and\ restraint)}{(total\ patient\ hours)}$$

	<u>Level 1 Unit</u>		
Rate of Seclusion/Restraint hours per 1,000 patient hours	Brattleboro Retreat: Tyler 4	Vermont Psychiatric Care Hospital	Rutland Regional Medical Center: South Wing
Jan – Mar 2015	2.64 hours	1.52 hours	1.31 hours
Apr – Jun 2015	1.42 hours	0.66 hours	0.34 hours
Jul – Sept 2015	3.54 hours	0.52 hours	0.71 hours
Oct – Dec 2015	2.21 hours	0.68 hours	1.07 hours
Jan – Mar 2016	0.63 hours	0.29 hours	4.02 hours

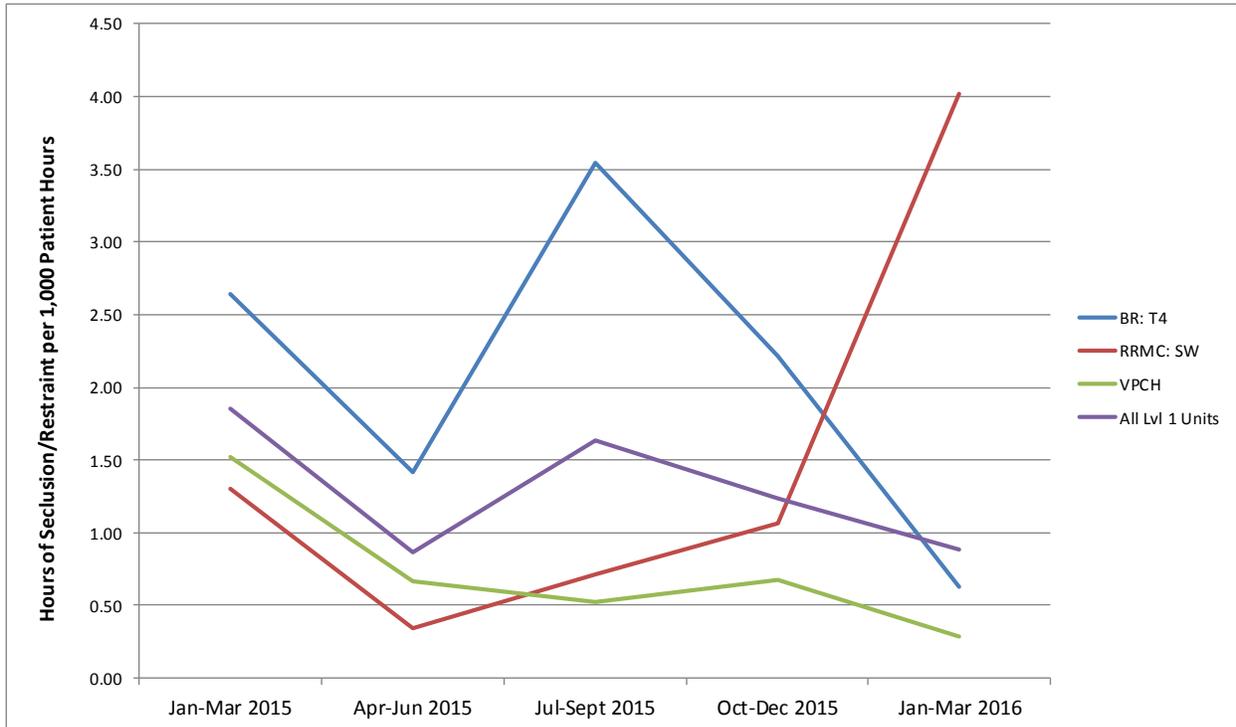
Joint Commission National Quality Measures:

National Averages for Hospital-Based Inpatient Psychiatric Services

Rate per 1,000 patient hours

Combined hours of seclusion and restraint 0.8844 hours
 Hours of restraint (adults age 18-64) 0.5469 hours
 Hours of seclusion (adults age 18-64) 0.3375 hours

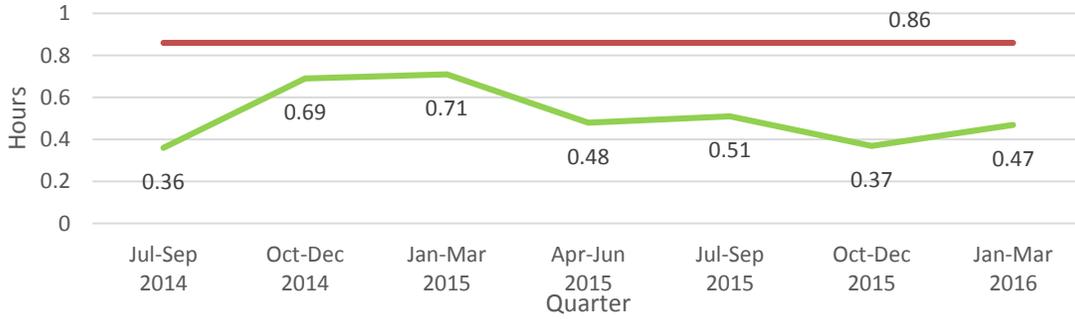
Emergency Involuntary Procedures Rate of Seclusion or Restraint Level 1 Units



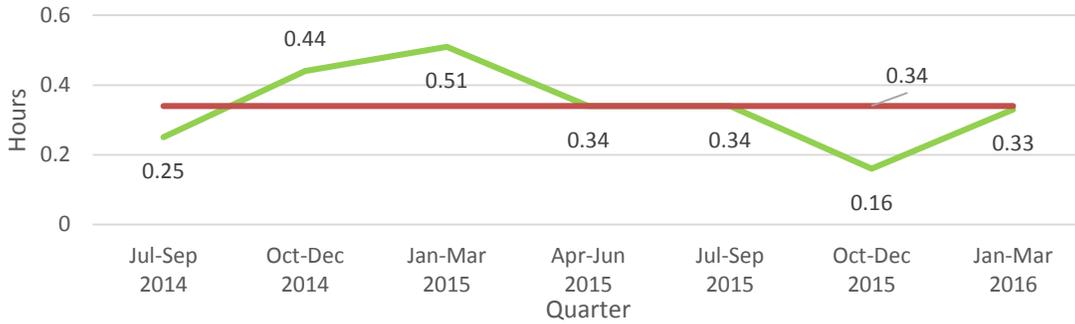
Emergency Involuntary Procedures: Rates per 1,000 Patient Hours
All Units and Legal Status on Psychiatric Units



Combined Rate of Seclusion and Restraint
Per 1,000 Patient Hours



Rate of Seclusion
Per 1,000 Patient Hours



Rate of Restraint
Per 1,000 Patient Hours

