

**Report to the Emergency Involuntary
Procedures Review Committee
February 12, 2016**

**Data Review and Analysis
October - December
2015**



**Department of Mental Health
AGENCY OF HUMAN SERVICES**
26 Terrace Street
Montpelier, VT 05609-1101
www.mentalhealth.vermont.gov

Prepared by
DMH Research & Statistics and Quality Management Units

Contents

Definitions.....	2
Data Reports	3
Aggregate Procedures: All Units by Type of Procedure.....	3
Aggregate Procedures: Type of Procedure by Unit	6
Aggregate Procedures: Procedures Per Patient	7
Aggregate Procedures: Episodes Per Patient.....	8
Emergency Involuntary Procedures on Level 1 Units	9

Definitions

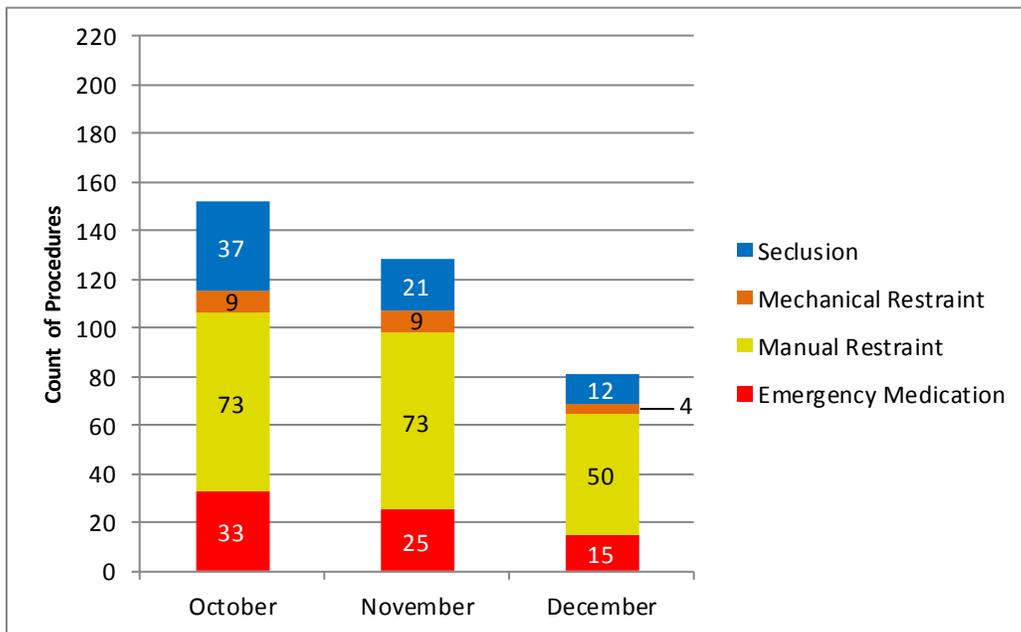
Vermont Designated Hospitals agree to follow Centers for Medicare and Medicaid Services (CMS) definitions for seclusion, restraint and emergency involuntary medication. For reporting purposes to DMH, the following definitions are utilized.

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

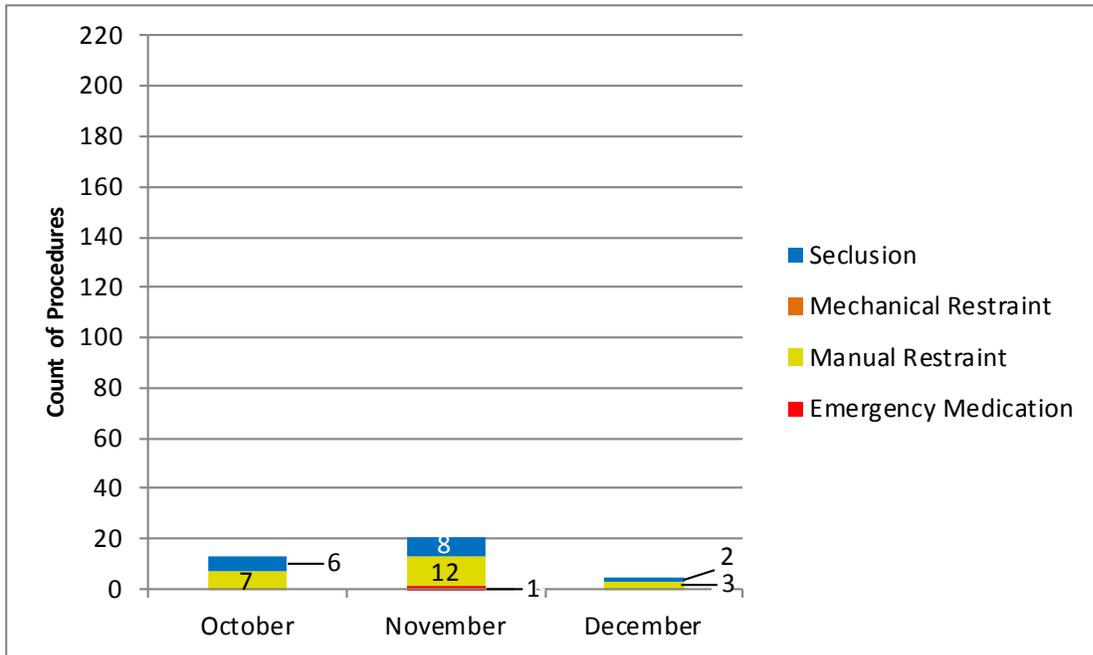
Aggregate Emergency Involuntary Procedures for **Involuntary Patients** **Adult Psychiatric Units** by Type of Procedure October - December 2015



	Type of Procedure				Total Procedures
	Emergency Medication	Manual Restraint	Mechanical Restraint	Seclusion	
October	33	73	9	37	152
November	25	73	9	21	128
December	15	50	4	12	81
Total	73	196	22	70	361

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.

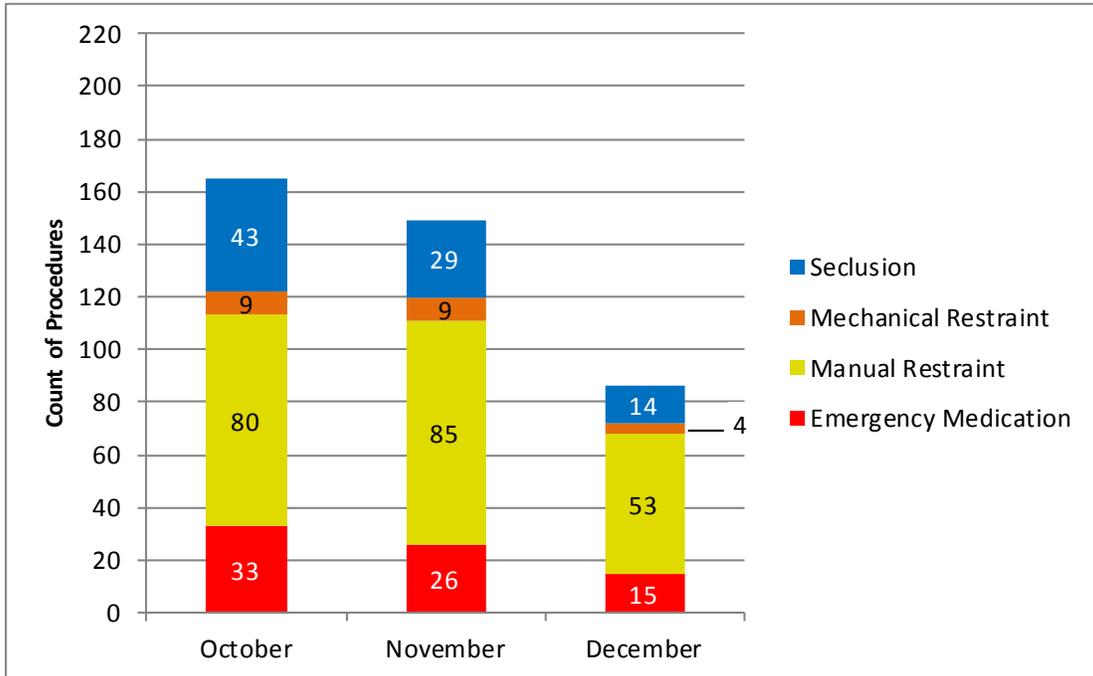
**Aggregate Emergency Involuntary Procedures
for Involuntary Patients
Youth Psychiatric Units by Type of Procedure
October - December 2015**



	Type of Procedure				Total Procedures
	Emergency Medication	Manual Restraint	Mechanical Restraint	Seclusion	
October	0	7	0	6	13
November	1	12	0	8	21
December	0	3	0	2	5
Total	1	22	0	16	39

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.

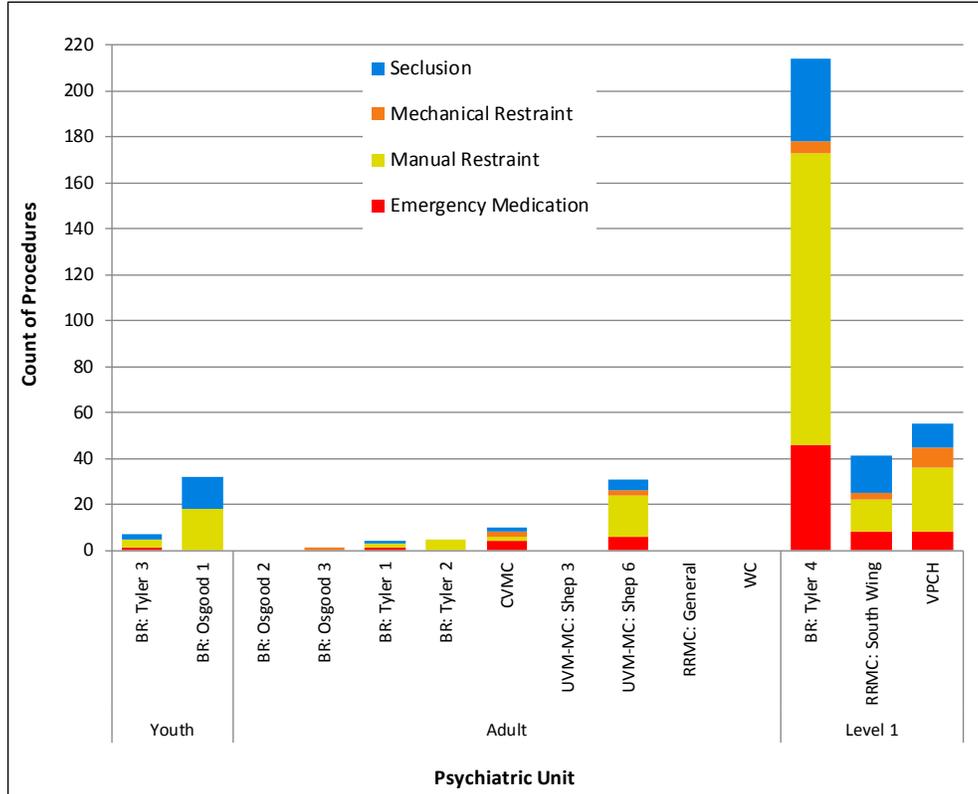
**Aggregate Emergency Involuntary Procedures
for Involuntary Patients
Psychiatric Units by Type of Procedure
October - December 2015**



	Type of Procedure				Total Procedures
	Emergency Medication	Manual Restraint	Mechanical Restraint	Seclusion	
October	33	80	9	43	165
November	26	85	9	29	149
December	15	53	4	14	86
Total	74	218	22	86	400

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 Procedures: Type of Procedure by Unit
Aggregate Emergency Involuntary Procedures
for Involuntary Patients
Adult and Youth Psychiatric Units by Type of Procedure
October - December 2015



Psychiatric Unit	Type of Procedure				Total Procedures	Total Episodes	Total Hours
	Emergency Medication	Manual Restraint	Mechanical Restraint	Seclusion			
Youth							
BR: Tyler 3	1	4	0	2	7	4	1:22:00
BR: Osgood 1	0	18	0	14	32	15	5:58:00
Adult							
BR: Osgood 2	0	0	0	0	0	0	-
BR: Osgood 3	0	0	1	0	1	1	1:10:00
BR: Tyler 1	1	2	0	1	4	2	0:55:00
BR: Tyler 2	0	5	0	0	5	5	0:34:00
CVMC	4	2	2	2	10	2	7:35:00
UVM-MC: Shep 3	0	0	0	0	0	0	-
UVM-MC: Shep 6	6	18	2	5	31	14	23:30:00
RRMC: General	0	0	0	0	0	0	-
WC	0	0	0	0	0	0	-
Level 1							
BR: Tyler 4	46	127	5	36	214	109	67:05:00
RRMC: South Wing	8	14	3	16	41	17	14:05:00
VPCH	8	28	9	10	55	30	32:32:00
Total	74	218	22	86	400	199	153:51:00

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.

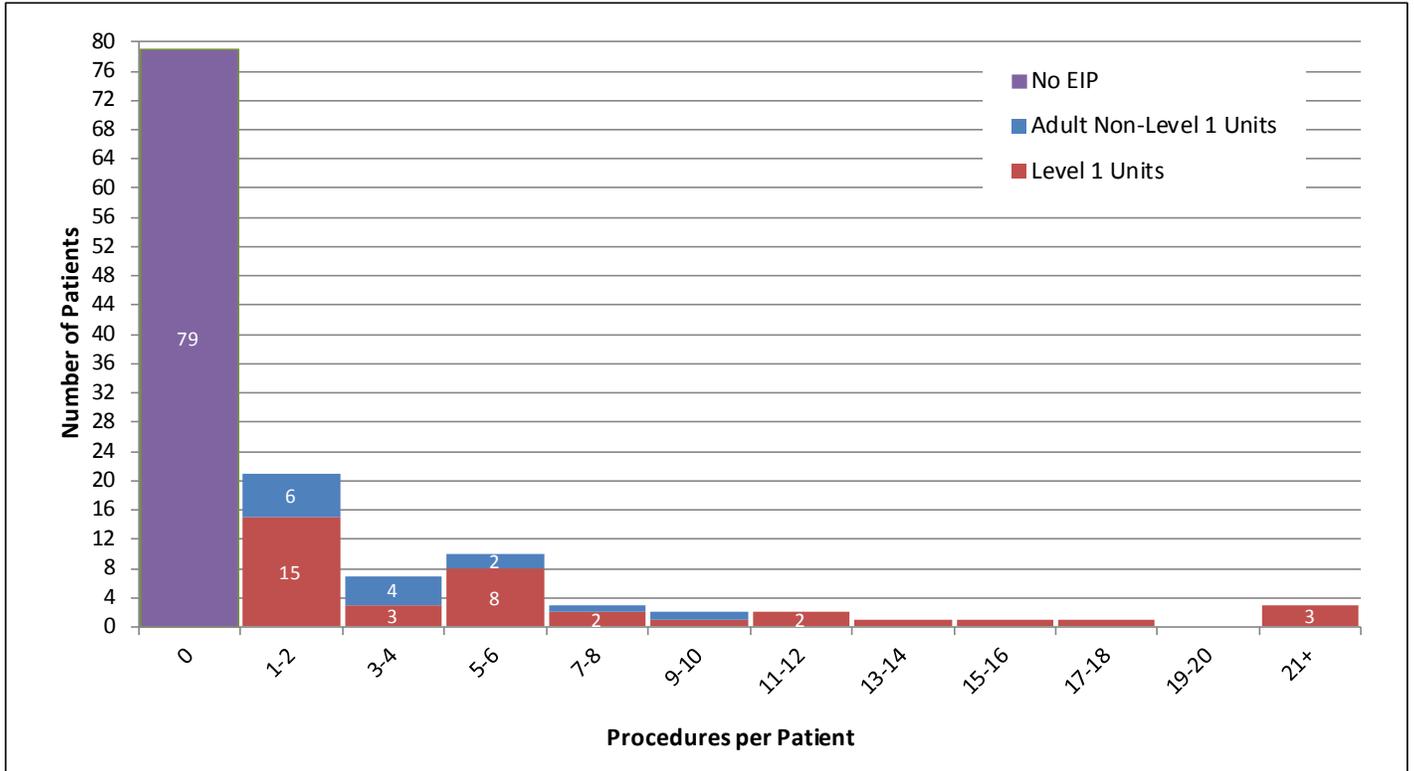
Aggregate Procedures: Procedures Per Patient

Aggregate Emergency Involuntary Procedures for Involuntary Patients

Procedures Per Patient

Adult Psychiatric Units

October - December 2015



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	6	4	2	1	1	0	0	0	0	0	0	14
Level 1	15	3	8	2	1	2	1	1	1	0	3	37
Total Patients	21	7	10	3	2	2	1	1	1	0	3	51
% of Patients	41%	14%	20%	6%	4%	4%	2%	2%	2%	0%	6%	100%

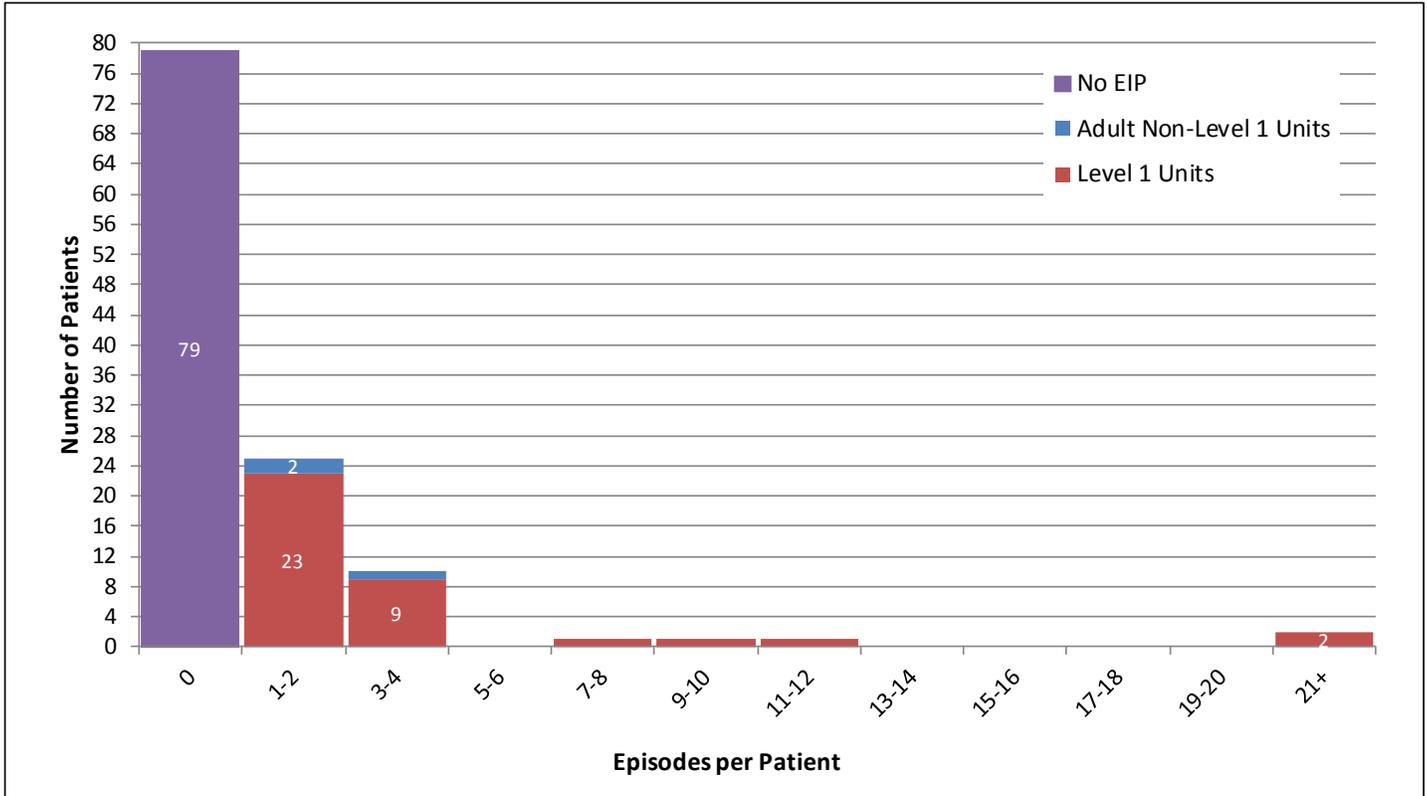
Analysis conducted by the Vermont Department of Mental Health Research and Statistics Unit from data maintained by DMH Quality Management. Data are submitted by Designated Hospitals to DMH in compliance with department requests for submittal of Certificates of Need following Emergency Involuntary Procedures. 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: 79 individuals (61%) 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
October - December 2015**



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	11	2	1	0	0	0	0	0	0	0	0	14
Level 1	22	10	0	1	1	1	0	0	0	0	2	37
Total Patients	33	12	1	1	1	1	0	0	0	0	2	51
% of Patients	65%	24%	2%	2%	2%	2%	0%	0%	0%	0%	4%	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.

Note: 79 individuals (61%) 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
Oct – Dec 2014	1.32 hours	1.14 hours	0.70 hours
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

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

