



Vermont Cooperative for
Practice Improvement & Innovation

Vermont Statewide Learning Community
Six Core Strategies for Prevention of Conflict, Violence and Use of Seclusion/Restraint

Reduction of Conflict/Violence and Use of S/R
2015/2016: Proposal

I. Learning Community Definition: (from 2014 proposal)

From Wikipedia, the free encyclopedia:

A **learning community** is a group of people who share common emotions, values or beliefs, are actively engaged in learning together from each other, and by habituation. Community psychologists such as McMillan and Chavis (1986) state that there are four key factors that define a sense of community: “(1) *membership*, (2) *influence*, (3) *fulfillment of individuals needs* and (4) *shared events and emotional connections*. So, the participants of learning community must feel some sense of loyalty and belonging to the group (*membership*) that drive their desire to keep working and helping others, also the things that the participants do must affect what happens in the community; that means, an active and not just a reactive performance (*influence*). A learning community must give the chance to the participants to meet particular needs (*fulfillment*) by expressing personal opinions, asking for help or specific information and share stories of events with particular issue included (*emotional connections*) emotional experiences[2].

II. The Six Core Strategy© Learning Community, for the reduction of seclusion and restraint, had the following 2014 goals:

- 1). To develop a group of state leaders who, together, share the goal of changing the inpatient and residential system’s “culture of care” to one that is trauma-informed and recovery/resiliency oriented with the first objective being to reduce the use of SR and other coercive practices.
- 2). To choose key stakeholders, to invite to participate in the VT Learning Collaborative, that have the credibility and contacts to influence system change. This will include members from both within the state system of care as well as external stakeholders.
- 3). To develop a shared community of VT stakeholders, working for and alongside the public system of care, who are committed to do the work necessary to move the state through a culture change process in terms of a) policies and practices relating to prevention of conflict, violence, the use of coercive practices; b) the implementation of a trauma-informed approach; and, c) to seek the development of a Recovery Oriented System of Care (ROSC) that provides consistent high quality outcomes while being efficient and effective.



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III. Status Report:

Vermont is well on its way toward the attainment of these goals. Three state funded facilities have joined this learning community, as well as, University of Vermont's Medical Center and Windham Center.

1. **Action Plans:** All facilities have developed, or are working on developing, a facility specific strategic plan following the attendance by some of their key leaders at the Six Core Strategies© Training that occurred in October of 2014. This was a very well attended training and the participant evaluations noted it to be effective in moving staff forward.
2. **TA/Consultation:** After the Six Core Strategies© launch in October, facility-specific conference calls were scheduled about every 4-6 weeks. These calls were an opportunity for each facility to talk to one of the Six Core Strategy faculty and receive customized technical assistance toward implementation. This work included the review of plans and facility policy and procedures related to the goals. On several calls, specific issues related to individuals' who were challenging to the hospital were discussed. Six Core Strategies' faculty also participate in the VT statewide EIP Committee Meetings as needed.
3. **Site Visits:** Following the launch, one of the Six Core Strategies© faculty conducted post 6 month site visits in April 2015 with each of the following hospitals: Vermont Psychiatric Care Hospital, Rutland Regional Medical Center, Brattleboro Retreat and the UVM Medical Center. The goal of the site visits is to review the overall implementation efforts of each hospital and to provide technical support, assistance and comprehensive recommendations and resources to hospital leadership, teams and staff. These were all successful visits according to the faculty consultant and the hospitals.
4. **Site Reports:** Post these onsite visits, facility specific reports were developed and sent to VCPI to review and then send on to each facility (May 2015). These comprehensive site reports include specific recommendations and action steps related to the implementation of the Six Core Strategies©. Since that occurred facilities have requested more assistance regarding implementation of the plan.
5. **Training Needs:** One issue that has emerged since the training and throughout the rest of the events noted above was a common request (three facilities) to hold another Six Core Strategy© two-day training event so that the hospitals can send staff that could not attend the first training or whom are new. (As a note, most states have had to hold more than one training event to be successful due to staff coverage issues and new staff coming on board).
6. **Other Hospital Sites:** Engagement of additional designated hospitals in Vermont was an identified priority in this project. UVM Medical Center and Springfield Hospital have actively participated in early project engagement activities, training and consultation. VCPI will continue to make efforts to engage Central Vermont Medical Center in the initiative.



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IV. Scope of Work Proposal 2015-2016

VCPI will provide overall facilitation of the project as well as specific technical assistance and support for the quality improvement implementation efforts. VCPI will continue to structure the implementation of the project as a system-wide partnership that will build capacity within the Vermont system to support the sustainability of Six Core Strategies© statewide.

A: Learning Community / Consultation (July 2015 – June 2016)

Description: Continued TA, consultation and implementation support for all the participant facilities, to allow access to expert faculty on more effectiveness engaging challenging clients who are frequently experiencing S/R or involuntary medications. This can be done via teleconferences.

1. Monthly consultation calls with facility teams (4-5) led by Dr. Huckshorn
 - (1) Six Core Strategy© Implementation
 - (2) Staff needs and response to training
 - (3) Obstacles/barriers to implementation
 - (4) Special issues related to S/R episodes

B. Six Core Strategy© Training/Benchmark Event – Late Fall

Description:

Hold a second Six Core Strategies© two-day Training Event in the fall. This will include a “Brag and Steal” event on best practices, challenges and lessons learning in one year of the Six Core Strategy Initiative.

1. VCPI organize, market and facilitate a state-wide 2- day training on Six Core Strategies© for participating hospitals and other state partners to participate in.
2. VCPI will invite all facilities to participate and other facilities and other states if possible. Benchmark even will include recognition of hospitals or units in these hospitals, who have demonstrated success in reducing S/R. Multi-level recommendations for statewide implementation and dissemination.

C. Other Individualized Consultation

Description:

VCPI will work with individual hospitals to create consultation and structure Technical Assistance to support specific activities related to Six Core Strategies© that are of most value and most helpful to the individual hospitals. For example, hospitals may wish to utilize their consultation to support the integration of Peer Specialists in their facilities and consultation can be tailored to meet those needs.

