

**Vermont Psychiatric Care Hospital  
Advisory Committee  
Meeting Minutes**

**DATE: January 25, 2016      TIME: 1330-1530**

**Present:** Jeff Rothenberg, VPCH CEO, Dr. Desjardins, VPCH Executive Medical Director, David Mitchell, VPCH Director of Nursing, Kathy Bushey, VPCH Associate Director of Nursing, Scott Perry, VPCH Director of Quality, Mark Holderbach, VPCH Director of Recovery Services, Lindsey Owen Babson, Disability Rights Vermont, Sarah Sherbrook, VPCH-Quality, Laurie Emerson, NAMI, Karen Barber, DMH- General Counsel, Michael Sabourin, VPS, Cathy Rickerby, community member, Ruth Grant, community member.

**CEO Report: Jeff Rothenberg**

Hospital census is currently at 25.

Since the treatment of a patient with C-Difficile, we are working on updating our infection control procedures in collaboration with the Department of Mental Health.

There has been some overtime on third shift. Overall, staffing has stabilized.

The House Human Services Committee received an update from VPCH leadership about efforts to recruit registered nurses.

The external consultant report on Nurse Staffing was received by the Governing Body of the hospital. The report will be linked to the DMH website. There are a number of recommendations for consideration in the report covering a variety of topics including recruitment and retention, exit interviews, staff recognition, formalized review of 1-1's, training orientation, residency program, possible staffing configurations, and creation of a new security position at the hospital.

The hospital is in the process of reviewing all of the suggestions made. Any change to staffing patterns and reclassification of positions needs to be studied thoughtfully and balanced with the implementation of the electronic health record in the months ahead, and any impacts to the treatment environment, quality of care, and patient and staff safety at VPCH. The author noted a number of positive attributes with current VPCH patient services including a culture of safety and recovery, advances in the reduction in seclusion and restraint, and the diligence in limiting the use of one-to-one patient observation to the most acute and at-risk patients.

Jeff, David Mitchell and Dr. Hoskin and Dr. Richards continue to hold All Staff meetings on a monthly basis.

One patient has used the inner walkway of the hospital as part of their individualized plan. We are working to have this be available on regular basis.

The Special Events Dining room was used for two gatherings with patients during Christmas and the New Year.

A clergy lead service was held in the chapel in December and was well received by patients. Services are now being scheduled regularly.

Mark Holderbach and Jeff met with Sarah Lunderville. Recovery speakers are expected to begin coming to VPCH soon.

There is a NAMI support group volunteer training being held in April, followed by the initiation of groups at VPCH after that.

We continue to focus on implementation of the Six Core Strategies and are evaluating feedback from staff who participated in the Lake Morey and Rutland trainings.

Our Discharge Planning initiative involves several disciplines at VPCH and we continue to evaluate ways to address barriers to patient discharge.

While a survey could occur at any time, we anticipate the Joint Commission survey to occur near the end of our certification cycle, which is this summer.

Meetings held at VPCH since the last Advisory meetings have been with DRVT, and Community and Hospital Psychiatry Meeting with the Commissioner of DAIL.

The Intranet project is on hold due to the signed contract for the EHR.

We met with CVMC representatives from occupational therapy and physical therapy to hear feedback and suggestions about contracted services for VPCH patients.

The Psychology Department and David Mitchell have held two case conferences, with more planned in the future. Topics of monthly clinical trainings have recently included trauma and violence against women.

The contract for the EHR has been signed with the vendor.

#### **Medical Director Report: Dr. Desjardins**

The full census of the hospital is being managed well. Patient mix and unit combinations are being considered to mitigate risk and maintain the environment of care. The medical staff continues to engage with staff at all levels of treatment to deliver trauma informed and patient

centered care. The physicians are also engaging in a high level review of each emergency involuntary procedure and facilitate discharge plans.

The Department of Mental Health is currently negotiating the contract with UVM-MC physicians. This process has gone smoothly in the past and it is expected that renewal will continue to move forward.

### **Quality Report**

The VPCH Dashboard was distributed to the group (attached) and reviewed.

A report of frequency of Emergency Involuntary Procedures was distributed to the group and reviewed (attached). There is an assumption that most emergency involuntary procedures occur on second shift, but the data reflects most EIPs occur on first shift. An additional report in the future will follow to study which types of EIPs occur on each shift.

### **Policy Report**

A draft policy regarding patient passes is under development. The procedure on hospital telephone use is being finalized. The policy regarding visitors and security screening is being reviewed. The next VPCH Policy Committee meeting is February 4, 2016 at 2:30pm.

### **Nursing Report: David Mitchell**

Classes begin in February for mental health specialists seeking promotion to Associate Mental Health Specialists. Initial response to this course has been positive, with 30 staff applying. Eileen Worcester and Ernie Lapierre in the Education and Training Department will be leading the classes.

All slots for registered nurses are filled with the travel companies. Five travel RNs are starting at the hospital tomorrow.

The Time and Attendance policy is being monitored. Tardiness has improved. There were 5 involuntary mandates last week.

### **Nursing Report: Kathy Bushey**

There are four employees currently in orientation. There have been 12 interviews in the last two weeks. One permanent mental health specialist and one permanent mental health recovery specialist position remain open. Three registered nurses are in various phases of the application process. The AHS workgroup regarding nurses' salaries continues their work of reviewing nursing positions throughout State of Vermont departments.

### **Operations**

The contract with the EHR vendor has been signed. Evident (formally CPSI) specializes in EHRs with small hospitals. The preliminary on site visit with the vendor is the first week of February.

The VPCH Facilities Manager has resigned from his position. The job posting is still active until Thursday of this week.

**Recovery Services**

Mark Holderbach, the Director of Recovery Services introduced himself to the group. He will return to the Advisory Committee in the future and provide an update on the groups and programs available to patients through his department at VPCH.

**Other topics:**

A committee member raised a question about Governor Shumlin's remarks in the Budget address regarding timelines of court ordered involuntary medication orders. Karen Barber, DMH General Council, reported that DMH will hold meetings with stakeholders to gather information about this topic.

**Next meeting:**

To be announced

Vermont Psychiatric  
Care Hospital

Dashboard Performance Measures

Reporting Category	April-15	May-15	June-15	Quarter total	July-15	Aug-15	Sep-15	Quarter total	Oct-15	Nov-15	Dec-15	Quarter total
Effective Treatment	74 day LOS	76 day LOS	77 day LOS	76 day LOS	79 day LOS	83 day LOS	99 day LOS	83 day LOS	110 day LOS	108 day LOS	105 day LOS	108 day LOS
Average Length of Stay (based on all patients who have been discharged)	5	8	4	28	0	2	8	8	7	5	6	18
Admissions	11	6	4	21	5	2	4	11	6	5	6	14
Discharges	12(60%)	14(67%)	14(64%)	42	10(56%)	11(53%)	12(63%)	37	15(68%)	15(68%)	15(68%)	47
Current Patients: male	8(40%)	7(35%)	8(36%)	23	8(44%)	6(29%)	7(37%)	38	7(32%)	7(32%)	7(32%)	21
Current Patients: female	8(40%)	9(43%)	16(73%)	34	13(72%)	11(50%)	13(66%)	37	15(68%)	16(73%)	15(68%)	47
EE/Warrant Admission	12(60%)	12(57%)	6(27%)	30	5(26%)	6(28%)	6(32%)	17	7(32%)	6(27%)	7(32%)	20
Forensic Admission	0	0	0	0	0	0	0	0	0	0	0	0
Percent of individuals hospitalized who did not receive emergency involuntary procedure	0	0	0	75%	61%	75%	74%	71%	77%	69%	77%	74%
Staff to Patient events: no injury	1	0	0	1	0	0	0	0	0	0	0	0
Patient to Patient events: no injury	0	3	3	6	4	7	6	17	2	3	3	8
Patient to Patient events: minor injury	0	0	0	0	1	0	0	1	0	0	0	0
Patient to Staff Assault: no injury/ unknown	22	2	4	28	2	5	2	9	0	5	0	5
Patient to Staff Assault: minor injury	16	1	7	24	10	9	10	29	3	10	6	19
Patient to Staff Assault: moderate injury	1	1	1	3	2	0	0	2	0	1	3	4
Personnel vacancies	20	19	20	59	20	24	16	60	19	21	18	68
New VPCH employees attending orientation	3	0	3	6	3	0	3	6	5	5	0	10
VPCH RN overtime hours	498.3	615.90	411.9	1526.1	721.8	404.07	458.55	1584.4	238.05	173	330.5	941.5
VPCH MHS overtime hours	1598.9	1744.00	1530.1	3136.44	1872.1	801.5	573.7	3247.3	1366.2	1394.6	697.5	3398.3

Days in hospital of current patients hospitalized at VPCH

# of days in hospital	# patients
0-25 days	6
26-50 days	2
51-100 days	6
101-150 days	4
151-200 days	0
201-250 days	2
251-300 days	2
501-550 days	2
651 days	1

as of 1/11/2016

**Vermont Psychiatric Care Hospital  
Emergency Involuntary Procedures Frequency Distribution by Shift – Calendar Year 2015**

	Jan 1 through Mar 31 1 <sup>st</sup> Quarter		Apr 1 through Jun 30 2 <sup>nd</sup> Quarter		Jul 1 through Sep 30 3 <sup>rd</sup> Quarter		Oct 1 through Dec 31 4 <sup>th</sup> Quarter	
	# EIPs - % EIPs		# EIPs - % EIPs		# EIPs - % EIPs		# EIPs - % EIPs	
First Shift – Day	55	38%	30	47%	35	54%	33	50%
Second Shift – Evening	57	40%	17	26.5%	13	20%	16	24%
Third Shift – Night	31	22%	17	26.5%	17	26%	17	26%
Total per Quarter	143	100%	64	100%	65	100%	66	100%

	Calendar Year 2015
	# EIPs - % EIPs
First Shift – Day	153 45%
Second Shift – Evening	103 31%
Third Shift – Night	82 24%
Total per Calendar Year	338 100%