

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

**DATE: March 28, 2016      TIME: 1330-1530**

**Present:** Jeff Rothenberg, VPCH CEO, Dr. Desjardins, VPCH Executive Medical Director, Kathy Bushey, VPCH Associate Director of Nursing, Scott Perry, VPCH Director of Quality, Heidi Gee, VPCH Director of Operations, Lindsey Owen Babson, Disability Rights Vermont, Sarah Sherbrook, VPCH Quality, Karen Barber, DMH General Counsel, Michael Sabourin, VPS, Cathy Rickerby, community member, Ruth Grant (by phone), community member

**CEO Report: Jeff Rothenberg**

Hospital census is currently at 25 and has been almost continuously since the start of the year.

The hospital discharged more people in February than any month previous. Overtime during this period has varied, with a decrease in February and an increase in March. There is a clear relationship between the number of 1:1s, frequency of emergency involuntary procedures and the increase in need for overtime and mandatory overtime.

DMH and UVMC agreed to a contract through June 30, 2018, which adds stability to the hospital.

The AHS workgroup has finished its work and sent recommendations to affected Commissioners, the Agency of Administration and the VSEA. The VSEA has 45 days to respond. The recommendations may be implemented by the beginning of May. VPCH will have advertisement, publicity and perhaps another set of job fairs in hopes of getting more applicants.

The Joint Commission will be completing its 3-year reaccreditation survey before the end of July. We believe the hospital is ready to be surveyed.

As part of the UVMC contract, VPCH is redoing its treatment planning process and attempting to make it more efficient for physicians, while increasing patient and nursing staff participation in these meetings.

Patients have started using the tub room in between Unit A and Unit B. Patients who have used it have reported enjoying it. Right now the use of the tub room requires extra staff to have available when patients utilize it.

One patient went on an outing to the mall as part of her specific treatment plan to address discharge planning roadblocks. We had not previously done an outing like this with any patient before.

We continue to focus on discharge planning and collaborating with DMH.

The Leadership Committee of the Six Core Strategies is asking all Committees of the initiative to identify 3 goals for the next year. Leadership also reviewed suggestions related to engaging more staff in a Committee or leadership role. Next steps will focus on reducing seclusion and restraint, involving more staff, and identifying resources necessary to do so. A number of the staff suggestions about the Six Core Strategies initiative were similar to suggestions related to improving safety during recent meetings about the nurse consultant report.

Question: What achievements have been made in the Six Core Strategies committees?

Answer: Each committee was asked to identify three goals of their first year of work, and for the upcoming year. We can share these goals at next month's Advisory meeting.

30 staff are in their third month of a yearlong program that will advance them from Mental Health Specialist to Associate Mental Health Specialist. Completion of the course results in a raise in pay and responsibilities on the unit.

We had been using 20 travelers, but have been able to reduce that number to 19.

The hospital trained two new Pro-Act instructors.

The Special Events Dining room is being used on monthly basis for patient events, and patient attendance has increased each time. Clergy-led services are also now being conducted on a regular basis.

There has been turnover in Recovery Services staff, with two internal staff moving from Mental Health Recovery Services to Activity Therapists and the addition of an external staff member with a degree in music therapy. These changes have brought new energy and ideas to the department, and an increase in the number of patients attending groups has been noted. There is one open position to be filled in Recovery Services.

Case Conferences and Clinical Trainings continue to be held monthly. More are planned for the future. Recent topics of monthly clinical trainings have included malingering and the decision making process for emergency involuntary interventions.

**Medical Director Report: Dr. Desjardins**

The hospital, as a system, is maturing overall and is managing the admission, treatment and discharging of patients well. Medical staff continue to work to mitigate risk and utilize departments and areas of the hospital to meet patients' treatment needs. Dr. Hoskin and Dr. Munson will be leaving VPCH August 1<sup>st</sup>, 2016. Dr. Richards will assume the position of Medical Director. The UVM Medical Group will be recruiting for two full time psychiatrists for VPCH.

### **Quality Report**

The VPCH Dashboard was distributed to the group (attached) and reviewed. There were nine admissions and discharges in February. Of the patients with longest lengths of stay, one is a patient referred from court, one requires a nursing home placement, and one requires an individualized wrap plan in the community.

Question: Are you able to monitor readmission rates?

Answer: Yes, we are able to monitor readmissions that occur. We specifically take note of readmissions that occur within 30 days of discharge. We can report back more on this topic next month.

### **Policy Report: Scott Perry**

The Policy Committee will be working on minor changes to the Advanced Directives and Dress Code Procedures. The next Policy Committee meeting is April 7<sup>th</sup>, 2016, from 2:30pm-4:00pm at VPCH.

### **Operations: Heidi Gee**

Stephen Ducey began his position as Hospital Operations Coordinator. He previously worked as a Mental Health Specialist and brings valuable experience from his service in the Marines.

Six VPCH staff went to a week-long training in Alabama with Evident, the vendor of the electronic health record.

Nursing unit staff have been oriented to the Admissions office to assist due to a recent shortage. One full time Admissions Specialist will be returning to their position, which will help stabilize the staffing problem.

### **Presentation by Dr. Desjardins (handouts attached)**

Dr. Desjardins shared a presentation she recently brought to VPCH staff regarding the decision making process related to emergency involuntary procedures. Decisions to initiate emergency involuntary procedures are guided by the mission of VPCH, trauma informed care and assessment of risk in the situation. Clinical judgement by the physicians is a complex process influenced by many factors.

### **Other topics: Nursing Consultant Report: Jeff Rothenberg**

The Nursing Consultant report is close to 20 pages long and has over 100 separate suggestions. The hospital has broken the report down to five categories and 27 separate items that will be reviewed and followed up on (handout attached).

The report itself is comprehensive and includes many items worth evaluating and considering. Two of the most tangible decisions following from the report include reducing nursing positions and creating new therapeutic safety positions. During the week of March 14<sup>th</sup>, David Mitchell and I met with over 60 staff, mental health specialists, associate mental health specialists, senior mental health specialists, direct care registered nurses, charge nurses, traveling nurses,

nurse supervisors, psychologists, social workers, Recovery Services staff, Union stewards, and the Governing Body to get feedback on those two issues. Discussions included identification of specific activities nurses currently do that could be managed by non-nursing staff, as well as implications of creating therapeutic safety positions. Staff received the message that these changes would not lead to any staff losing his or her job, and the net effect is expected to be staff neutral. Staff in attendance gave a lot of feedback on these topics, as well as specific ideas on increasing safety at hospital without creating new therapeutic safety positions.

David Mitchell, Scott Perry and Jeff are monitoring an Action Plan that was developed based on the nursing consultant report. We continue to identify next steps for each of the items identified. We will also be incorporating new ideas raised in the staff meetings into the Action Plan. In the next few weeks we will again meet with all shifts to get feedback on the responsibilities of mental health specialists, as well as feedback about rules at the hospital.

**Next meeting:** April 25<sup>th</sup>, 2016, 1:30-2:30pm

Vermont Psychiatric  
Care Hospital

Dashboard Performance Measures

| Reporting Category                                                                             | Apr-15                            | May-15                          | June-15                         | Quarter total                    | July-15                        | Aug-15                         | Sept-15                         | Quarter total                    | Oct-15                           | Nov-15                           | Dec-15                           | Quarter total                      | Jan-16                           | Feb-16                           |                                  |
|------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|---------------------------------|----------------------------------|--------------------------------|--------------------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Effective Treatment<br>Average length of Stay<br>Admissions - current who have been discharged | 74 day LOS<br>6<br>13<br>121(90%) | 76 day LOS<br>6<br>8<br>14(67%) | 77 day LOS<br>4<br>4<br>14(64%) | 76 day LOS<br>18<br>21<br>8(36%) | 79 day LOS<br>0<br>5<br>8(44%) | 83 day LOS<br>2<br>2<br>6(50%) | 89 day LOS<br>4<br>4<br>12(93%) | 88 day LOS<br>8<br>11<br>15(68%) | 100 day LOS<br>7<br>4<br>15(60%) | 101 day LOS<br>5<br>5<br>15(60%) | 105 day LOS<br>6<br>5<br>15(60%) | 108 day LOS<br>18<br>14<br>18(66%) | 104 day LOS<br>5<br>3<br>18(66%) | 104 day LOS<br>5<br>3<br>18(66%) | 109 day LOS<br>9<br>9<br>18(66%) |
| Discharges                                                                                     | 13<br>8(40%)                      | 8<br>7(33%)                     | 14<br>16(73%)                   | 21<br>28(52%)                    | 5<br>13(72%)                   | 2<br>6(50%)                    | 4<br>13(68%)                    | 11<br>15(68%)                    | 4<br>15(60%)                     | 5<br>16(73%)                     | 6<br>15(60%)                     | 14<br>18(66%)                      | 3<br>15(60%)                     | 9<br>15(60%)                     |                                  |
| Current Patients: male                                                                         | 8(40%)                            | 7(33%)                          | 16(73%)                         | 28(52%)                          | 13(72%)                        | 6(50%)                         | 13(68%)                         | 15(68%)                          | 15(60%)                          | 16(73%)                          | 15(60%)                          | 18(66%)                            | 15(60%)                          | 15(60%)                          |                                  |
| Current Patients: female                                                                       | 8(40%)                            | 9(43%)                          | 16(73%)                         | 21(38%)                          | 13(72%)                        | 6(50%)                         | 13(68%)                         | 15(68%)                          | 15(60%)                          | 16(73%)                          | 15(60%)                          | 18(66%)                            | 15(60%)                          | 15(60%)                          |                                  |
| EL/Warrant Admissions                                                                          | 12(90%)                           | 12(57%)                         | 6(27%)                          | 5(28%)                           | 5(28%)                         | 6(50%)                         | 6(32%)                          | 7(32%)                           | 7(32%)                           | 7(32%)                           | 7(32%)                           | 10                                 | 10                               | 10                               |                                  |
| Emergency Admissions                                                                           | 0                                 | 0                               | 0                               | 0                                | 0                              | 0                              | 0                               | 0                                | 0                                | 0                                | 0                                | 0                                  | 0                                | 0                                |                                  |
| Admissions - current who have been discharged                                                  | 74                                | 76                              | 77                              | 76                               | 79                             | 83                             | 89                              | 88                               | 100                              | 101                              | 105                              | 108                                | 104                              | 109                              |                                  |
| Percent of individuals hospitalized who did not receive emergency/involuntary procedure        | 0%                                | 0%                              | 0%                              | 75%                              | 61%                            | 78%                            | 74%                             | 71%                              | 77%                              | 68%                              | 77%                              | 74%                                | 92%                              | 52%                              |                                  |
| Safety                                                                                         | 1                                 | 0                               | 0                               | 1                                | 0                              | 0                              | 0                               | 0                                | 0                                | 0                                | 0                                | 0                                  | 0                                | 0                                |                                  |
| Staff to Patient event: no injury                                                              | 0                                 | 3                               | 3                               | 6                                | 4                              | 7                              | 6                               | 17                               | 2                                | 3                                | 3                                | 8                                  | 1                                | 1                                |                                  |
| Patient to Patient event: no injury                                                            | 0                                 | 0                               | 0                               | 0                                | 1                              | 0                              | 0                               | 1                                | 0                                | 0                                | 0                                | 0                                  | 0                                | 0                                |                                  |
| Patient to Patient event: minor injury                                                         | 0                                 | 0                               | 0                               | 0                                | 0                              | 0                              | 0                               | 0                                | 0                                | 0                                | 0                                | 0                                  | 0                                | 0                                |                                  |
| Patient to Staff Assault: no injury/unknown                                                    | 22                                | 2                               | 4                               | 28                               | 2                              | 5                              | 2                               | 9                                | 0                                | 5                                | 0                                | 5                                  | 0                                | 0                                |                                  |
| Patient to Staff Assault: moderate injury                                                      | 16                                | 1                               | 7                               | 24                               | 10                             | 9                              | 10                              | 29                               | 3                                | 10                               | 4                                | 19                                 | 3                                | 3                                |                                  |
| Patient to Staff Assault: moderate injury                                                      | 1                                 | 1                               | 1                               | 3                                | 2                              | 0                              | 0                               | 2                                | 0                                | 1                                | 3                                | 4                                  | 1                                | 2                                |                                  |
| Staffing and Tachib                                                                            | 30                                | 19                              | 20                              | 6                                | 3                              | 0                              | 3                               | 6                                | 19                               | 21                               | 18                               | 4                                  | 17                               | 17                               |                                  |
| Return to work                                                                                 | 3                                 | 0                               | 3                               | 6                                | 3                              | 0                              | 3                               | 6                                | 5                                | 5                                | 0                                | 10                                 | 3                                | 2                                |                                  |
| New VPCJ employees attending orientation                                                       | 498.3                             | 615.90                          | 411.9                           | 1526.1                           | 721.8                          | 404.07                         | 458.55                          | 1594.4                           | 228.05                           | 379                              | 330.5                            | 941.5                              | 404.05                           | 223.95                           |                                  |
| VPCJ RN overtime hours                                                                         | 1598.9                            | 1744.00                         | 1520.1                          | 3136.44                          | 1872.1                         | 801.5                          | 573.7                           | 3247.3                           | 1306.2                           | 1394.6                           | 697.5                            | 3398.3                             | 1248.65                          | 908.85                           |                                  |

VPCJ Quality 3/27/2016

| Days in Hospital of current patients hospitalized at VPCJ | # patients |
|-----------------------------------------------------------|------------|
| 0-25 days                                                 | 5          |
| 26-50 days                                                | 5          |
| 51-100 days                                               | 4          |
| 101-150 days                                              | 3          |
| 151-200 days                                              | 2          |
| 201-300 days                                              | 1          |
| 301-350                                                   | 2          |
| 351-400                                                   | 1          |
| 401-450                                                   | 1          |
| 451-500                                                   | 1          |

data as of March 21, 2016

# VPCH MISSION

The VPCH provides

excellent care and treatment

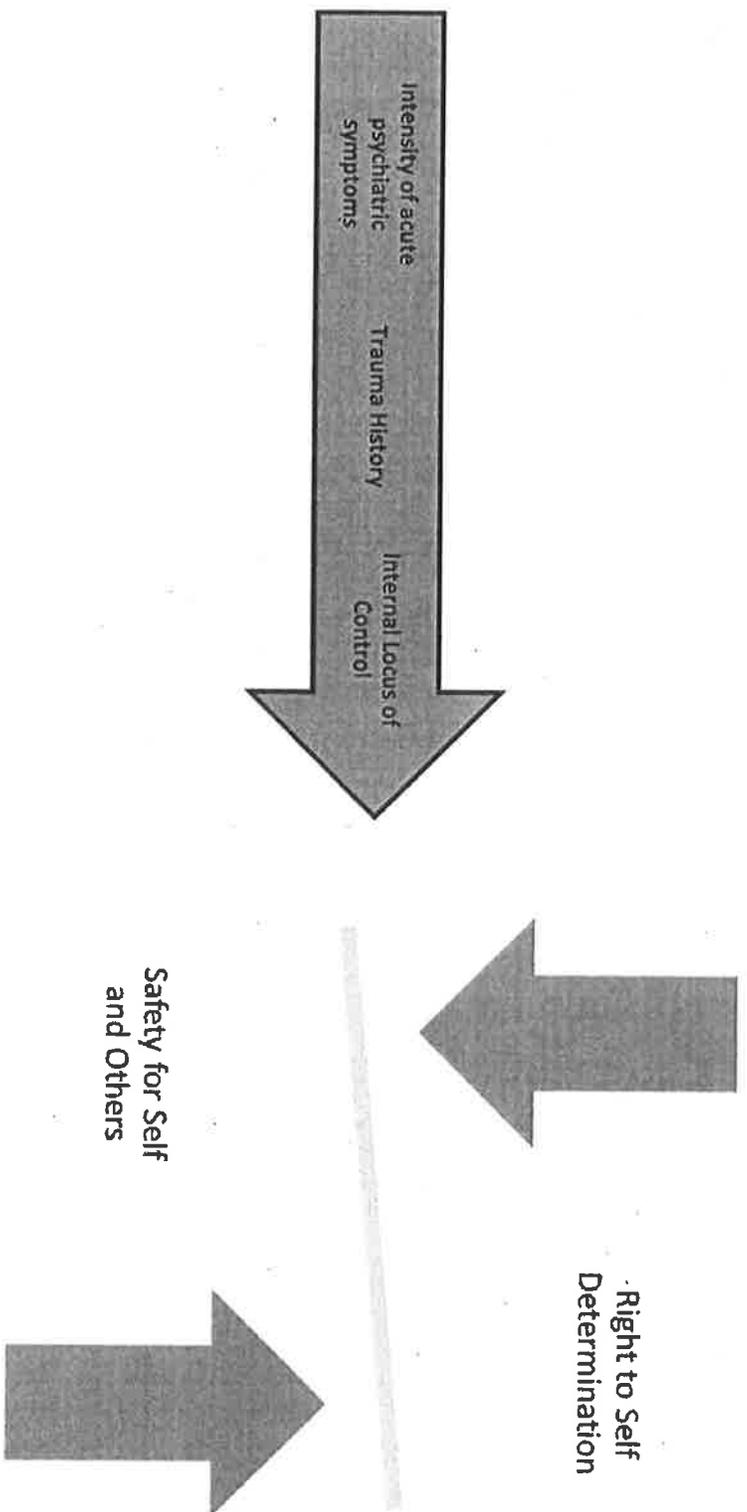
in a recovery-oriented, safe, respectful

environment that promotes

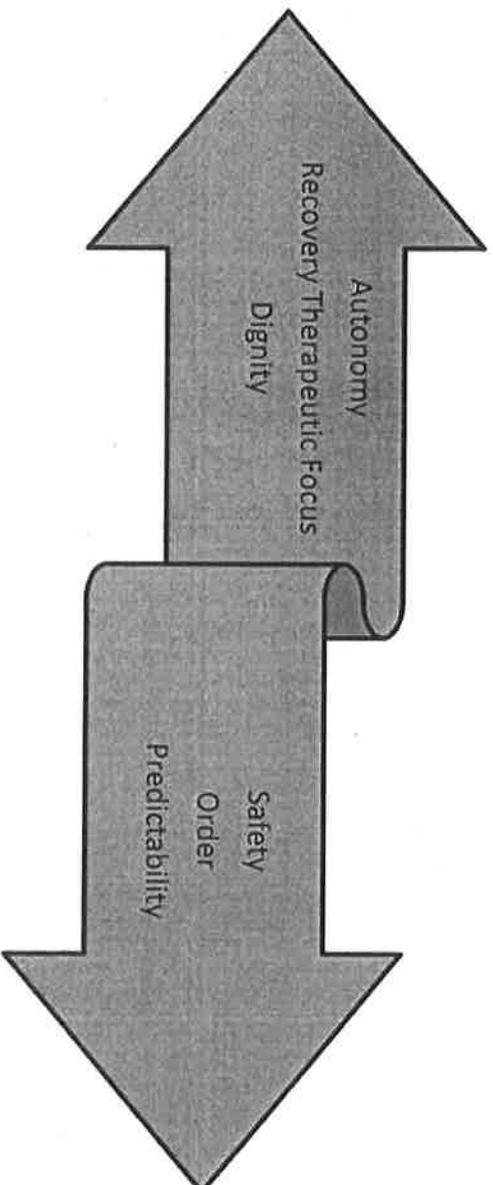
empowerment, hope and quality of

life for the individuals it serves.

# Assessment Process

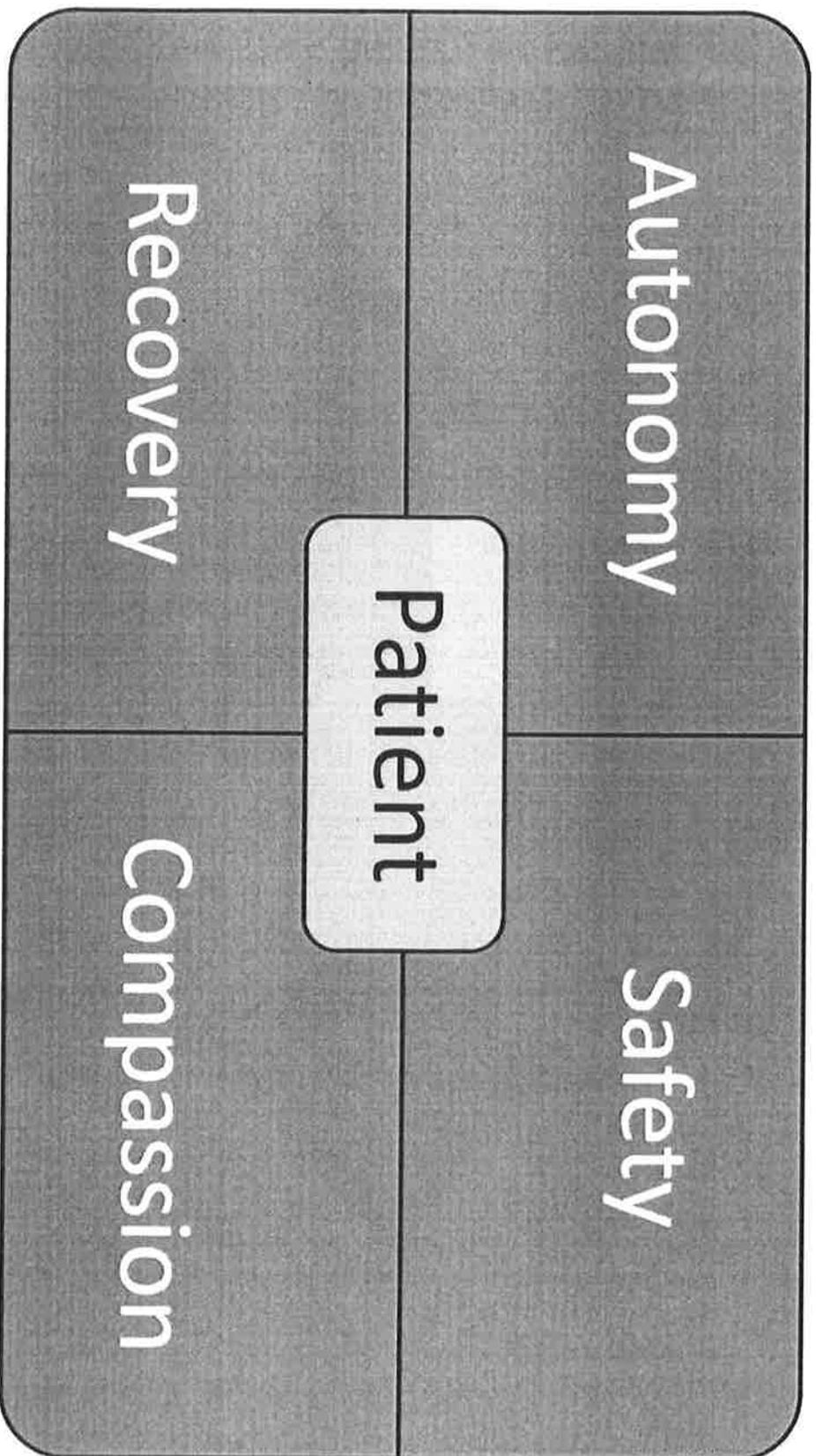


# The Challenge



Clinical Judgement  
Risk Assessment  
Critical Thinking

# Guiding Principles



| <b>VPCH Action Plan based on Nursing Consultant Report</b>                                                                                |                                                                |                                               |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|--------------------------------|
| <b>Issue in Report</b>                                                                                                                    | <b>People Responsible</b>                                      | <b>Next Action Steps</b>                      | <b>26-Feb-16<br/>Due Dates</b> |
| <b>Criteria for Developing Staffing Plans:</b>                                                                                            | <b>Gov. Body, CEO, DON,<br/>Med Dir.</b>                       | <b>Set up initial meeting</b>                 | <b>May</b>                     |
| Get input from direct care nurses and all staff in nursing department                                                                     | CEO                                                            | Meet w/ VSEA, set up meetings with staff      | February                       |
| Write up a number of area's we are doing already                                                                                          | Quality                                                        | Scott                                         | February                       |
| Get and review staff turnover data                                                                                                        | DHR/Staffing                                                   | Email Kathy, Nicole, Kate and set up meeting  | March                          |
| Write out variables at play in present and immediate future that impact staffing reduction consideration                                  | CEO, Gov. Body, DON,<br>Med. Dir                               | Will happen at initial deciding group meeting | March                          |
| Compile list of all duties of nurses at VPCH                                                                                              | Quality,                                                       | Scott work with Nursing staff to make list    | February / March               |
| Once list of nurse duties is established, review and identify any that either do not need to be done, or can be done by non nursing staff | Quality,<br>Gov. Body, CEO, DON,<br>Med Dir., DMH Legal,<br>HR |                                               | March                          |
| <b>Creating Therapeutic Safety positions</b>                                                                                              |                                                                | <b>Set up initial meeting</b>                 | <b>March</b>                   |
| Create draft therapeutic safety specialist position                                                                                       | CEO, DON, ADON,<br>Quality                                     | Set up initial meeting                        | March                          |

|                                                                                                                                                                |                                      |                                                  |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------|----------|
| Meet with HR and Comm. Team re the logistics of doing this                                                                                                     | CEO                                  | Set up internal meeting                          | March    |
| Set up meetings with other New England hospitals.                                                                                                              | CEO                                  | Jeff email other CEO's. Set up external meetings | March    |
| Get staff input                                                                                                                                                | CEO                                  | Set up meetings                                  | March    |
| <b>HR Type Issues</b>                                                                                                                                          | <b>CEO, HR, ADON, Staffing, DON,</b> |                                                  |          |
| Have Nicole and Kate review absenteeism data for types of patterns and potential misuse                                                                        | HR/VPCH                              | Set up internal meeting                          | March    |
| Review sample time and attendance policy                                                                                                                       | HR/VPCH/DMH legal                    | Set up internal meeting                          | March    |
| Redo staff survey done 6 months ago                                                                                                                            | CEO / Quality                        | Send out February                                | February |
| Find, review and possibly implement the Practice Environment Scale of Nursing Work Index                                                                       | DON/Quality                          | Scott and David to plan implementation           | June     |
| Check on new employee thoughts workplace mistreatment, and make sure not occurring or if it is make immediate plan to address                                  | Education and training               | Ernie will take lead on this                     | March    |
| Create code of conduct                                                                                                                                         | HR/VPCH/DMH legal                    | Schedule meeting                                 | March    |
| Research and Implement Exit Interviews                                                                                                                         | HR/VPCH                              | Email Kate, David, Kathy set up meeting          | March    |
| See from Staffing what alternate shifts could look like here, Gauge interest in current nurses in alternate shifts, ask HR alternate shifts just nurses only ? | HR/VPCH                              | Email David, Kate, Kathy, Karen,                 | March    |

|                                                                                                           |                                                                         |                                                           |          |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------|----------|
| Continue encouragement direct service staff to take on staff recognition idea's                           | CEO                                                                     | Email staff                                               |          |
| Continue discussion of how to empower nursing staff to engage in critical thinking and treatment planning | VPCH Clinical Leadership                                                | Put on agenda at VPCH clinical leadership. Resurvey staff | March    |
| <b>Training Issues</b>                                                                                    | <b>DON/CEO/Dir Training/Medical Director, Quality, Psychology, ADON</b> |                                                           |          |
| Assess and make plan for Nursing Leadership / management training                                         | DON/<br>ADON/CEO/Quality                                                | Set up internal meeting                                   | March    |
| Review PN 1 training, with residency suggestions                                                          | DON/CEO/Dir of Training, ADON, Quality                                  | Email and set up meeting                                  | March    |
| Review preceptor training now                                                                             | DON/CEO/Dir of Training, ADON, Quality                                  | Set up internal meeting                                   | February |
| Reassess Trauma training                                                                                  | CEO/Quality/ Six Core Strategy Workforce Development Committee          | Set up internal meeting                                   | March    |
| <b>Safety Issues</b>                                                                                      | <b>Governing Body, CEO, DON, Med Dir., Quality</b>                      |                                                           |          |
| Video                                                                                                     | Governing Body, CEO, DON, Med Dir., Quality                             | Discuss at Med Exec Meeting                               | March    |

|                                                                                            |                                             |                                                        |       |
|--------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------|-------|
| Reread TJC chapter on leadership                                                           | Governing Body, CEO, DON, Med Dir., Quality | Distribute and set up internal meeting                 | March |
| Review Vision                                                                              | VPCH Exec. Team / Governing Body            | Discuss at next Exec Team and then with Governing Body | March |
| 1-1's. Have a number of consecutive days limit that triggers a consult by Medical Director | CEO/Med. Dir./Quality                       | Set up internal meeting                                | March |