



State of Vermont

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Department of Mental Health

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## MEMORANDUM

**TO:** Joint Fiscal Committee and Mental Health Oversight Committee

**FROM:** Paul Dupre, Commissioner  
Department of Mental Health

**DATE:** July 18, 2014

**RE:** Staffing Plan for the Vermont Psychiatric Care Hospital (VPCH)

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Attached please find the July, 2014 report to the Joint Fiscal Committee and the Mental Health Oversight Committee as outlined in **2014 Acts and Resolves No. 179**.

### I. Act 179 Requirements

1. Establish criteria by which to determine the appropriate staffing level at VPCH, considering the need to provide sufficient direct care and administrative and support staff consistent with the requirement to provide effective treatment services in an environment that monitors:
  - a. patient care;
  - b. safety needs of patients
  - c. alignment with the guidelines of the federal Centers for Medicare and Medicaid Services
2. Justify and demonstrate need for each of the administrative and support staff included in the plan
3. Identify, in consultation with the State's Chief Performance Officer, the desired outcomes, performance measures, and data requirements required to measure whether the hospital is achieving the stated outcomes for:
  - a. patient care;
  - b. effectiveness of treatment services;
  - c. patient monitoring; and
  - d. safety requirement

### II. ATTACHMENTS A - F

Respectfully submitted by the Department of Mental Health

Please direct any inquiries for additional data collection or report content development to Paul Dupre, Commissioner of the Department of Mental Health; paul.dupre@state.vt.us.

## Joint Fiscal Committee and Mental Health Oversight Committee

### Department of Mental Health July 2014 Report

July 18, 2014

This report provides information required by the 2014 Acts and Resolves No. 179. The questions are followed by both data and narrative explanation.

Act 179 Requirements pertaining to Criteria for Vermont Psychiatric Care Hospital (VPCH) staffing

- 1. Establish criteria by which to determine the appropriate staffing level at VPCH, considering the need to provide sufficient direct care and administrative and support staff consistent with the requirement to provide effective treatment services in an environment that monitors:**
  - a. patient care;**
  - b. safety needs of patients**
  - c. alignment with the guidelines of the federal Centers for Medicare and Medicaid Services**

The Vermont Psychiatric Care Hospital (VPCH) opened on July 2, 2014 and is just two weeks into operations within the new facility. As of July, 2014, VPCH is piloting a daily acuity rating scale (**ATTACHMENT A**) for the purpose of considering sufficient direct care staffing to provide effective treatment services for patients admitted to the hospital. Throughout the course of upcoming months, clinical program and business office personnel will continue to fine tune the scale in order to most appropriately capture and further target appropriate staffing levels at the new hospital.

The attached acuity scale is divided into six levels of patient acuity to capture the overall clinical needs of each inpatient. The lowest rating scale, Level 1, reflects inpatients who are assessed as no longer meeting inpatient criteria for hospitalization and appropriate for discharge or transfer to a lower level of care. The highest rating scale, Level 6, reflects inpatients at the highest level of acuity and in need of constant observation and/or require significant staff resources as evidenced by incoming patients who require secure transport or inpatients requiring emergency involuntary interventions or emergency medical response. Patient acuity ratings will be maintained daily. A base level of patient acuity has been established calculating the total number of direct care staff hours needed to staff the hospital operations and design.

Base level staffing includes a minimum nurse-to-patient and mental health specialist-to-patient ratio to staff a unit at full census with patients at Level 3 acuity. Acuity levels above 3 then capture additional staffing needed to provide adequate care, treatment, supervision, and

safety. The numeric rating scale for direct care staff is then joined with a staffing table that incorporates the threshold staffing hours plus any additional acuity identified to meet patient care needs and is then aggregated for total hours needed to staff the hospital facility. Actual hours worked, adjusted for training hours, plus any contractual direct care hours (traveling nurses) are reported and compared to the staffing need identified by the acuity rating. Staff members considered to be indirect or administrative in function are captured in a separate rating scale reflecting the fixed infrastructure needs of these position hours for operating the hospital. These positions are further reflected in the Section 2 of this report. See **ATTACHMENT B** and **Attachment C** for both tracking and graphing of trends over time.

The greatest use of the acuity scale will be retrospective rating of each patient for the prior 24 hour period based on behavior and needs that are evaluated daily. While the tool may offer, with experience and at a later point, a prospective patient rating capability for staffing levels, the most valid rating at this time will come from patient care needs that have already occurred and been provided. Administrative and support staff hours will continue to be evaluated by the functional requirements necessary as outlined in the standards for certification by the Centers for Medicare and Medicaid Services (**ATTACHMENT D**). This attached information is often referred to as the A and B Tags for hospital certification. A Tags are applicable to any hospital seeking CMS accreditation regardless of size. B tags are the specific psychiatric inpatient hospital standards that must be met for CMS accreditation. These standards and “Tags” are further referenced in Section 2.

Going forward, this information will be collected and analyzed monthly using the tools attached to this report.

## **2. Justify and demonstrate need for each of the administrative and support staff included in the plan**

During the past year, VPCH, and formerly the Green Mountain Psychiatric Care Center, has been accredited by the Joint Commission on Accreditation of Health Care Organizations (TJC) and certified by the Center for Medicaid and Medicare Services (CMS). This accreditation and certification was transferred with VPCH during its relocation to Berlin. Each of these organizations will soon review the environment of care in the new facility in Berlin. Neither TJC nor CMS publish numeric staffing standards. Rather the standard is that hospitals have to have adequate staff to accomplish their mission for the inpatient population served. It is left to the hospital to determine what that “right” number of staff is for its facility. One of the most critical issues of concern in developing a staffing plan is the level of acuity of the patients being served. The mission of VPCH is to serve Level I patients who by definition present as the most complex, challenging patients in the state’s psychiatric inpatient services system. By virtue of the illness that these patients are experiencing, as a population, they are very demanding in terms of the hospital’s requirements for monitoring and oversight responsibilities.

The most significant portion of the staffing allocation for VPCH is in the clinical area of nursing. The Department of Nursing consists of both professional nursing staff and nurse extenders referred to as 'mental health specialists' both of whom provide ongoing direct care to the patients. Basic to any psychiatric hospital is ensuring that the patients, staff and visitors are in a safe environment and that the focus is to move the patient back to the community so that the recovery process for the patient can continue in the least restrictive setting possible. While the new building at Berlin presents a welcoming and bright environment for patients, staff and visitors, it also presents certain challenges to ensuring safety that are not eliminated by the design process.

The design of the Vermont Psychiatric Care Hospital does not create new staffing efficiencies over the former Vermont State Hospital. The open concept design, the multiple rooms on and off the inpatient units that encourage maximum utilization of the available space to create sanctuary and recovery, and expanse of available outdoor green space require monitoring that was more readily provided through limited treatment area space at the former state hospital. The benefit of the more healing design of the new hospital comes with new challenges. In fact, several of the design features of the new hospital functionally promote availability of staffing for patient interaction and compel staffing for purposes of monitoring and safety given the layout of the hospital patient care areas. Some of the examples previously identified are:

#### Nurses Station Configuration –

The Nurses Station bisects the bedroom areas in each wing, creating two distinct treatment areas. This provides a barrier, both physical and audio, to staff who must now be divided between two smaller areas rather than serving one larger area. It takes more staff to serve the two areas than it would take to serve one of equal size.

#### Open Concept Dining Areas -

Unlike the former state hospital, the new hospital dining/kitchenette areas, of which there are four, are no longer physically separated areas in the new hospital. Within this new design, staff members no longer have the ability to manage patient access or separate patients who may require less stimulation or who are easily triggered in group settings. For each shift serving meals, two staff are necessary for a significant portion during the shift to manage the areas and serve meals. Within the open design, staff must prep the area for meals, serve trays, clean up, and meet individual patient requests for specific food service or assistance.

#### Help Desk Function –

The design of the current Nurses Station has been enclosed to create better protection of patient health information being discussed by phone or in-person, as well as preventing unauthorized patient access to hard copy patient documentation, patient monitoring and medical equipment, and medication rooms.

The concept of a help desk positioned before the nurse's station supports ongoing patient access to staff given the artificial separation created to maintain the privacy of other patient information. This creates a fixed staffing demand as patients need a point of contact with staff to ask for personal items, assistance with the phone, and other immediate questions on the inpatient unit. The Help Desk concept, which as was also in operation at the temporary hospital in Morrisville prior to relocation, was very successful, but did create a fixed need for staffing to immediately respond to patient inquiries. There are a total of four Help Desks at VPCH. Fully staffing this design element requires four dedicated staff per shift 24/7.

#### Monitors –

Cameras, for monitoring real-time activity given that recording of patient activity has been identified by oversight entities as a potential infringement on patient privacy, are strategically positioned at VPCH for monitoring patient and staff safety. These monitors are located at the nursing station and also require 24/7 dedicated staffing to monitor in real-time. If cameras are not actively monitored, there is a liability risk should there be an adverse event and the available surveillance capacity has not been properly utilized to mitigate the occurrence. Given the number of cameras covering the inpatient units and accessible patient areas, two staff per shift are required for continuous monitoring of inpatient movement.

#### Room Checks –

The layout of the patient rooms promotes greater privacy and amenities, as each patient bedroom has its own bathroom which the former state hospital did not. For staff entering a patient room, there are identified blind spots not visible from the doorway, as well as bathrooms which must be routinely checked. Due to assault potential (such events have occurred), staff are trained never to enter a patient's room alone. Since the entire patient room cannot be observed from the doorway, two staff are required to conduct checks in the patient bedroom area of the unit. Patient checks are done at regular and as needed intervals around the clock requiring two staff members routinely for this review.

#### Escorts/Supervision –

Since the main areas in which groups will be conducted are off of the inpatient unit, patients must be monitored to and from these areas by staff. Even though treatment areas are also within the secure perimeters of the hospital and the hospital itself is a relatively "safe" environment, the hospital remains responsible for ensuring patient safety and monitoring at all times. Additionally, mental health specialists are assigned to treatment activities with Recovery Service staff to assure that sufficient staffing is in accompaniment and available for the group activity and response to individual patient needs and circumstances. There are no alarms or mechanisms to summon help in the event of an emergency, so it is essential that sufficient direct care staff be available and assigned to this area during group times. The number of staff required will be impacted upon by the number of patients present and their level of acuity.

#### Other Activities requiring Staff Supervision –

- The tub room on the each inpatient unit at VPCH is a high risk area for injury. For those patients not assessed as safe to be alone in the room, staff must be available to provide supervision.
- Outdoor green space requires staff to monitor patients for safety even though outdoor space is enclosed. Generally, a minimum of two staff is required for up to five patients, with a third staff member added for 6-8 patients, etc.
- When an individual arrives for admission, transport personnel transfer the individual to hospital staff and leave. Inpatient staff must be deployed to the Admissions area to ensure adequate patient management and safety throughout the admissions process for whatever amount of time is needed to process the incoming patient.
- Housekeeping and/or maintenance staff must be accompanied by VPCH staff when cleaning patient rooms or maintaining areas on the inpatient units. VPCH staff solicit the patient's permission to clean the room or manage the perimeters of the maintenance area to ensure that housekeepers or maintenance workers can perform their duties safely and without interruption. These are daily functions and require multiple hours of staff time.
- Individualized patient needs related to constant observation, screening/escorting visitors, supervising visits, monitoring phone calls, and assisting patients who require supervised computer use drive staffing demands at varying intervals throughout the day.

The current staffing plan for the opening of the hospital was developed by the hospital administration with DMH, and approved by the Administration and Legislature. The projected staffing needs took into account the acuity of patients with the design of the new building and consideration of standards for both TJC accreditation and CMS certification. The staffing plan was reviewed and supported by Dr. Kevin Huckshorn, a national expert on reducing seclusion and restraint and staffing patterns for acute psychiatric hospital settings (**ATTACHMENT E**). The American Psychiatric Nursing Association also has published a position paper on staffing for acute psychiatric units, which is provided as a reference to current staffing considerations (**ATTACHMENT F**). Its first recommendation is that a hospital adopt a staffing committee, which VPCH has done, and it has a list of other recommendations but is clear there is no one numeric formula that can be used instead the number needs to take into account patient acuity, environment and other individual state and facility factors.

Brief overview of Position Justification:

- Of these 183 personnel, 56 are not considered direct care positions (Nursing supervisors, Activity Therapists, Psychologists, and Social Workers).
- Non-direct, administrative position functions are necessary to meet the minimum standards needed for accreditation and certification. (Education, Director and Associate Director of Nursing, and CEO, for example).
- Several of the functions require more than 1 FTE to cover multiple shifts at the hospital. For example, Staffing and Admissions are 24/7 activities, and it would take 5 FTE to ensure that 1 person was available for all shifts.
- A number of responsibilities are held by one staff person with back-up capacity for periods of absence by another position to maximize cross coverage opportunities.

The justification overview of administrative and non-direct care personnel for VPCH follows below. The information is compiled by each position title, the full-time equivalent (FTE) required for this function, any comment specific to its categorization, the role justification that the function fulfills at the hospital, and the CMS standard citation of the position responsibilities for the required function.

**VERMONT PSYCHIATRIC CARE HOSPITAL**

**Staffing Justification - FY15**

Position	FTE's	Comment	Justification	CMS Conditions
Med Records (Health Info Spec)	1.0	One dedicated staff for hospital	The hospital must have a medical record service that has administrative responsibility for medical records. Responsible for all aspects of facility records management and compliance. Includes the management of active and closed medical records; ensuring completion, filing, and retrieval of records in accordance with statute and federal regulations.	Tag: A 0431, 0438, Tag: B 101, 103.
Unit support specialist	2.0	Two staff for four patient care areas with no replacement factor for absence	Responsible for filing and maintaining order in patient medical records, maintains storage of forms and other supplies on the unit, provides limited support to treatment staff, connects documentation on the patient care units with the off-unit Medical Records department.	Tag: A 0432.
Admin Assistant B	4.0	Position title for multi-functional administrative support personnel. Day and partial evening coverage 7 days per week	Reception for the hospital. Greets and orients visitors, communicates about visitors and others in the hospital's main entrance to unit staff and other hospital employees, routes calls, transcribes physician documentation for the medical record, deals with incoming and outgoing mail. (7 days per week/days/evenings).	Tag: A-0431 A non-direct care infrastructure position that manages the flow of individuals within the facility; incoming and outgoing communications in multiple forms, and provides initial screening functions for safety and security at the facility.
Mental Health Scheduling Coordinator	5.0	1 staff per shift 24/7	Provides 24/7 coverage in Staffing Office. Prepares staff schedules, processes time off requests, contacts staff to fill shortages created by absence, coordinates Workers Comp cases with other State agencies, processes FMLA requests, processes payroll, and provides various reports upon request.	Tag: B-149, B-150 An infrastructure position that provides a number of core nursing department functions essential to the operation of a hospital.

Psychiatric Admissions specialists	5.0	1 staff per shift 24/7	Acts as hub for 24/7 statewide point of contact with community service providers and hospitals for involuntary hospitalizations. Processes all admissions/discharges to VPCH. Schedules and coordinates patient transports by sheriffs or alternative transport teams. Provides centralized DMH tracking of patients under the care and custody of the DMH Commissioner statewide, including those waiting for an inpatient bed (EE, Voluntary, Warrants, Minors).	Tag: A-0701 An infrastructure position that provides patient-specific and DMH-system care management functions. Organizes and facilitates the movement of patients into and out of VPCH at the times of admission and discharge, and patient transports during hospitalization.
Hospital Operations Chief	1.0	One supervisory staff with facility operations coordinator assist and backup for hospital	Directs Operations of Medical Records, Admin B, Facilities, Admissions, Kitchen staff	Tag: A-0144, Tag: A-0432, Tag: A-0537.
Facilities Operations Coordinator	1.0	One staff for hospital with no replacement factor	Responsible for the facility operations (CMS/JC). Oversees all aspects of the physical environment throughout the hospital. Collaborates actively with Buildings and General Services managers and employees; manages hazardous waste.	Tag: A-0144, 0537.
Storekeeper B	1.0	One staff for hospital with no replacement factor	Orders, receives, documents, organizes and stores all physical materials delivered to the facility - medical and nursing supplies, food, beverages and other nutrition service supplies, laundry and linen, cleaning supplies, furniture, etc.	Tag: A-0724; Tag: A-0622 An infrastructure position with overall responsibility for acquiring and managing all supply and storage of dry goods necessary to operate a hospital.
Nursing Education	2.0	two staff for all orientation and mandatory trainings and management of training records for all staff of hospital	Provides orientation for new employees, oversees competency process, provides ongoing training, runs Vera Hanks School of Psychiatric Technology, ensures documentation of training and maintenance of records.	Tag: A-0194, 0196, 0200.
Executive Office Mgr.	1.0	One staff for hospital with no replacement factor	Direct collaboration with and administrative support to CEO, Medical Director and Director of Nursing. Manages credentialing activity for medical staff and all administrative support functions for CEO and assigned staff.	Tag A-0022.

Supervising Chef	1.0	One staff for hospital with no replacement factor	Responsible for hospital health standards and all kitchen operations. Creates menus, orders food, and oversees kitchen staff in all areas of meal preparation 7 days/week.	Tag: A-0620.
Cook C	3.0	Three staff for 7 days per week	Prepares meals for patients 7 days/week; 3 meals/day.	Tag: A-0620.
Food Service worker	3.0	Three staff for 7 days per week	Food preparation and cleaning of kitchen 7 days/week; 3 meals/day.	Tag: A-0620.
Pharmacy	2.0	Contracted	Provide pharmaceutical services 24/7 for hospital. Procures, stores, packages, dispenses, orders, distributes and disposes of all medications and medication related devices. Sets-up and manages pharmacy-related software system. Consults with physicians, registered nurses and patients regarding medications effects, side effects, drug-drug and food-drug interactions.	Tag: A-0490.
QA (Director of Quality)	1.0	One staff for hospital with back up of Risk Management	Directs Quality Program for Hospital. Oversees patient and staff safety, quality of care, treatment, and services. Responsible for maintaining a culture of safety. Leads policy development, patient grievance processes, event reporting system, external and internal analysis and reporting of data, regulatory compliance, hospital risk management and participates in utilization review.	Tag: A-0166, Tag: A 0120, Tag: A-0263, Tag: A-0652.
Risk Mgmt/Pat Safety	1.0	One staff for hospital with no replacement factor	Collaborates with Director of Quality and represents Quality Department in the Director's absence. Engages in activities which increase patient and staff safety, quality of care, treatment and services. Participates in development and management of policies, patient grievances, event reporting, analysis and corrective responses, external and internal analysis and reporting of data, regulatory compliance/risk management.	Tag:A-0286.

Utilization Review	1.0	One staff for hospital with no replacement factor	Provides utilization review support functions to medical staff in determining patient acuity and continued stay. Collects, manages, and organizes quality assurance and quality improvement data for all clinical and operational departments. Produces summary reports of hospital performance for internal and external audiences. Conducts quantitative audits, provides support to improvement processes.	Tag: A-0297.
Registered Dietician	1.0	One staff for hospital with no replacement factor	Provides medical nutrition therapy (MNT) to hospitalized patients. Completes screenings, assessments, and ongoing monitoring of patients' nutritional care. Develops special diets as ordered by physicians. Analyzes food intake patterns of patients including between-meal feedings and makes recommendations based on evident needs. Consults with patients, families, and clinical treatment staff.	Tag: A-0620, 0621.
Director of Nursing	1.0	non-ratio Direct care	Human resource management (evaluations, feedback, corrective action), ensures regulatory compliance, ensures follow up on event reports, oversees mandated reporting, assists with policy/procedure development, liaison for contracted services, coverage as acting head of hospital, etc.	Tag A-0385, 0396.
Asst Director of Nursing	1.0	Not direct care per standards and back up for Director of Nursing	Interviews job applicants, oversees Staffing Office and its' functions, coordinates availability of direct care supplies, facilitates meetings with nurses regarding professional practice issues, oversees disciplinary actions	Tag: A-0392/NR.02.03.01.
Nursing Services Supervisor	6.0	Not direct care per standards	Provides direct oversight and coordination of nursing units, oversees shift unit staffing, oversees personnel matters and management of emergencies within the hospital	Tag: A-0393, 0395, 0397.

Therapeutic Activity Chief	1.0	One staff, not considered in direct care ratio, with backup of recovery personnel	Designs and directs Recovery Services program of therapeutic and leisure activities in groups and with individuals. Provides direct care to patients with other Recovery Service employees.	Tag: B-156.
Activity Therapist	4.0	Not considered in direct care ratio. Staff cross both day and evening shifts and weekend hours.	CMS Requires minimum of 20 hours per week of Active Treatment. Recovery staff provide a broad curriculum of therapeutic and leisure activities in groups and for individuals. Maintain safety in managing patient use of restricted items. Participate in multidisciplinary treatment team assessments and planning. Promote philosophy of patient-driven Recovery and Wellness Planning. Emphasize evidence-based and evidence-supported practices.	Tag A-1123, Tag B-158.
CEO	1.0		Responsible for managing the entire hospital. All department heads report directly to the CEO.	Tag: A-0057, Tag: A-0309.
Psychologist	2.0	Not direct care per standards.	Provide behaviorally-oriented education and training for direct-care nursing staff through group clinical supervision; consult with treatment teams, including patients, to develop pro-social and adaptive behaviors and to minimize behaviors that interfere with recovery and community re-integration; assess patients exhibiting behavior problems and assist in developing behavioral interventions; provide psychometric assessments for diagnostic clarification; evaluate and treat trauma-based behaviors.	Tag: A-0064, Tag: B-151.
Social Services Chief	1.0	Not considered direct care. One staff with backup of social work staff	Clinical and administrative oversight of social work department. As a clinician, develops Social Assessment; participates in discharge planning, arranging follow-up, exchanges information with sources outside the hospital; engages with family members and others with whom the patient has a relationship; provides education support and	Tag: A-0799-0837, Tag: B-108, 128 133-140.

			advocacy for family members and others.	
Psychiatric Social Worker	3.0	Not considered direct care. No replacement factor for 1:6 patient coverage ratio with Social Services Chief	Develops Social Assessment; participates in discharge planning, arranging follow-up, exchanges information with sources outside the hospital; engages with family members and others with whom the patient has a relationship; provides education support and advocacy for family members and others.	Tag: A-0799-0837, Tag: B-128, 133-140.
Nurses	34.0	Direct Care	Provide professional nursing care according to the Nursing Process (Assessment, Planning, Intervention, Evaluation) including admission, treatment planning, monitoring health, documentation, medication administration, patient education, assisting with ADLs (Activities of Daily Living, such as washing and dressing), etc. Supervises Mental Health Specialists and oversees provision of a safe environment and responses to emergencies that may arise.	Tag: B-127, 136, 146.
Mental Health Specialists	93.0	Direct Care	Provide visual monitoring (including frequent checks and constant observation), escorts of patients within the hospital, transport of patients outside of the hospital, assist Recovery Services in providing individualized patient support or groups, scan the environment for potential risks, maintain required documentation, and response to emergencies that may arise.	Tag B 136, 150.
	<b>183.0</b>			

- 3. Identify, in consultation with the State’s Chief Performance Officer, the desired outcomes, performance measures, and data requirements required to measure whether the hospital is achieving the stated outcomes for:**
  - a. patient care;**
  - b. effectiveness of treatment services;**
  - c. patient monitoring; and**
  - d. safety requirement**

#### Results-Based Accountability Background –

Results-Based Accountability™ (RBA), also known as Outcomes-Based Accountability™ (OBA), is a disciplined way of thinking and taking action to improve the lives of children, youth, families, adults and the community as a whole. RBA is also used by organizations to improve the performance of their programs or services. Developed by Mark Friedman and described in his book *Trying Hard is Not Good Enough*, RBA is being used throughout the United States, and in countries around the world, to produce measurable change in people’s lives.

RBA improves the performance of programs because RBA:

- Gets from talk to action quickly;
- Is a simple, common sense process that everyone can understand;
- Helps groups to surface and challenge assumptions that can be barriers to innovation;
- Builds collaboration and consensus;
- Uses data and transparency to ensure accountability for both the well-being of people and the performance of programs.

RBA uses a data-driven, decision-making process to get beyond talking about problems to taking action to solve problems. It is designed as a simple, common sense framework that everyone can understand. RBA starts with ends and works backward, towards means. The “end” or difference you are trying to make looks slightly different if you are working on a broad community level or are focusing on your specific program or organization.

Organizations and programs can only be accountable for the customers they serve. RBA helps organizations by identifying specific customers who benefit from the services the organization provides. The performance measures focus on whether customers are better off as a result of services. These performance measures also look at the quality and efficiency of these services. RBA asks three simple questions to get at the most important performance measures:

How much did we do?  
How well did we do it?  
Is anyone better off?

In consultation with the State’s Chief Performance Officer, the desired outcomes, performance measures, and data requirements for VPCH follow:

Vermont Psychiatric Care Hospital (VPCH): Performance Accountability

**Mission:** The Vermont Psychiatric Care Hospital 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.

**Desired Hospital Outcome(s):**

1. All patients in the care of the VPCH are treated effectively and are monitored appropriately to achieve their individual care plans and to maintain a safe environment of care.
2. The VPCH maintains approval by the TJC and CMS for leadership, management, clinical program and environment of care, and ensures a high standard of operations and quality services by an extensive program of data collection, tracking, and trend analysis monitored by VPCH.

**Client Population:**

The VPCH serves adult patients who are involuntarily admitted to inpatient care. Most patients are Level 1, an involuntary inpatient designation reserved for patients with risk of imminent harm to self or others and requiring significant resources.

HOW MUCH?		HOW WELL?
<b>Patient Care</b>	<ul style="list-style-type: none"> <li>▪ Average daily census</li> <li>▪ # commitments</li> <li>▪ # Hours of seclusion and restraint annually</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rate of seclusion and restraint per 1,000 patient hours</li> <li>▪ % of patients who do not receive EIPs during their stay</li> <li>▪ Rates of staff retention</li> </ul>
<b>Effective Treatment</b>	<ul style="list-style-type: none"> <li>▪ Average length of stay for discharged patients</li> <li>▪ Median length of stay for discharged patients</li> <li>▪ # patients readmitted involuntarily within 30 days of discharge</li> </ul>	<ul style="list-style-type: none"> <li>▪ 30 day readmission rate to involuntary inpatient care statewide</li> <li>▪ % patients satisfied with treatment</li> <li>▪ Average acuity of patients</li> </ul>
<b>Patient Monitoring</b>	<ul style="list-style-type: none"> <li>▪ # of patient elopements</li> <li>▪ # of sentinel events</li> <li>▪ # hours of 1:1 observation</li> </ul>	<ul style="list-style-type: none"> <li>▪ % of patients with elopements</li> <li>▪ % of patients involved in sentinel events</li> <li>▪ Rate of 1:1 observation per 1,000 patient hours</li> </ul>
<b>Safety Requirements</b>	<ul style="list-style-type: none"> <li>▪ # of staff trainings conducted each year</li> <li>▪ # of safety drills conducted</li> <li>▪ # of employee injuries</li> </ul>	<ul style="list-style-type: none"> <li>▪ % completion of annual staff mandatory trainings</li> <li>▪ % of employees who are injured by patients</li> <li>▪ % of medication errors reaching the patient of all medication dispersals</li> </ul>

**IS ANYONE BETTER OFF?**

<b>Patient Care</b>	<ul style="list-style-type: none"> <li>▪ % of people who are discharged to stable housing</li> </ul>
<b>Effective Treatment</b>	<ul style="list-style-type: none"> <li>▪ % of patients receiving state funded services in the community within 30 days of discharge</li> </ul>
<b>Patient Monitoring</b>	<ul style="list-style-type: none"> <li>▪ % of patients who report they feel safe</li> </ul>
<b>Safety Requirements</b>	<ul style="list-style-type: none"> <li>▪ % of patients who report satisfaction with VPCH environment</li> </ul>

**About the data:** *How frequently reported and to whom? What is the data source? Plans to develop Results Scorecard, etc.*

All measures will be reported on an annual basis. Data come from VPCH data collection in PsychConsult, with a few exceptions. Patient ratings of safety, satisfaction, come from a VPCH perception of care survey administered after inpatient discharge. Data regarding state funded services after discharge come from Designated Agency Monthly Service Reports (MSR) and Medicaid Claims data.

Data Development Agenda (any items you cannot measure now but would like to measure in the future):

Effective Treatment

How Well:

- % of patients actively engaged with group therapy
- % of patients invited to treatment team meetings
- % of patients participating in treatment team meetings
- % of patients actively engaged with treatment options

Better Off:

- % of patients that reach stated goals in individual care plans
- % family members satisfied with patient care

Patient Monitoring

How Much:

- # of admissions requiring 15 minute checks (or greater levels of supervision) during their stay

How Well:

- % of staff working mandatory shifts

Most of these items will be measurable when a fully functional electronic health record is implemented at VPCH.