

**Report to the Emergency Involuntary
Procedures Review Committee
March 12, 2021**

**Data Review and Analysis
October - December
2020**



**Department of Mental Health
AGENCY OF HUMAN SERVICES**
280 State Drive – NOB 2 North
Waterbury, VT 05671-2010
www.mentalhealth.vermont.gov

Prepared by
DMH Research & Statistics and Quality Management Units

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Additional data are available at

<http://app.resultsscorecard.com/Scorecard/Embed/10396>

Definitions

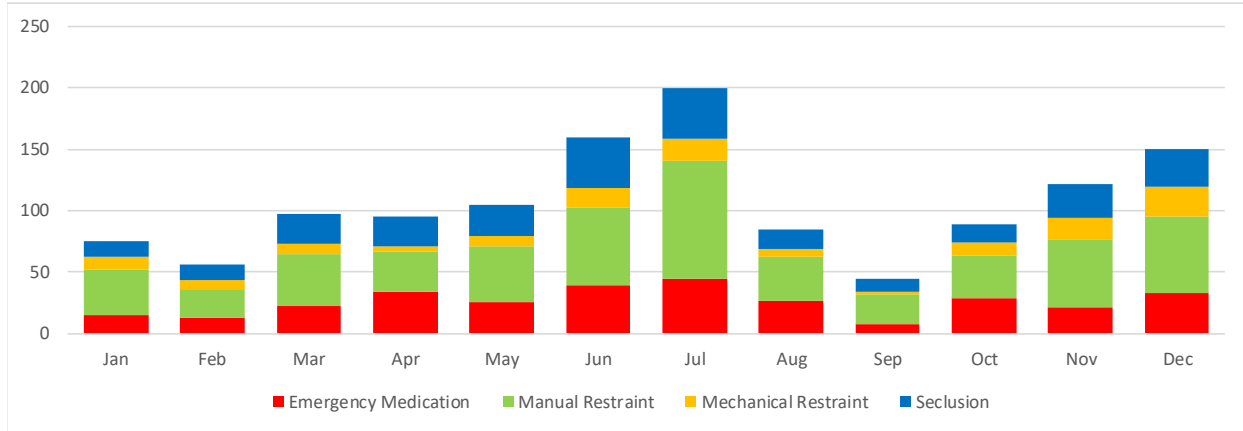
Vermont Designated Hospitals agree to follow Centers for Medicare and Medicaid Services (CMS) definitions for seclusion, restraint and emergency involuntary medication. For reporting purposes to DMH, the following definitions are utilized.

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

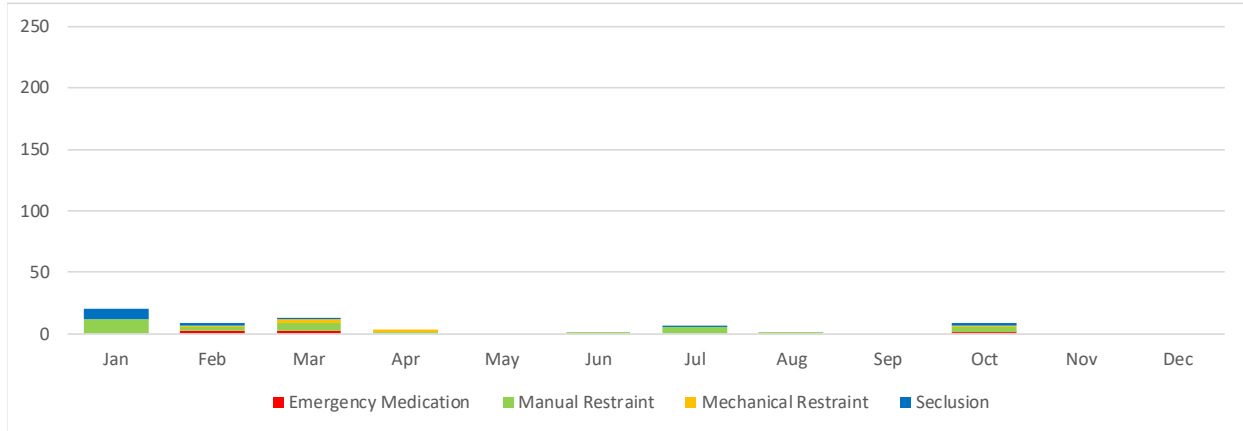
Aggregate Emergency Involuntary Procedures for **Involuntary Patients** **Adult Psychiatric Units** by Type of Procedure 2020



2020													
<u>Type of Procedure</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Trend</u>
Emergency Medication	15	13	22	34	26	39	45	27	8	29	21	33	
Manual Restraint	37	23	43	33	45	64	96	36	24	35	55	62	
Mechanical Restraint	11	7	8	4	8	15	18	6	2	10	18	25	
Seclusion	12	13	24	24	26	42	41	16	11	15	28	30	
Total	75	56	97	95	105	160	200	85	45	89	122	150	

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 (CON) following emergency involuntary procedures. Procedures for seclusion, restraint, and emergency medication meet criteria defined by the Centers for Medicare and Medicaid Services for clients involuntarily admitted to Vermont Designated Hospitals.

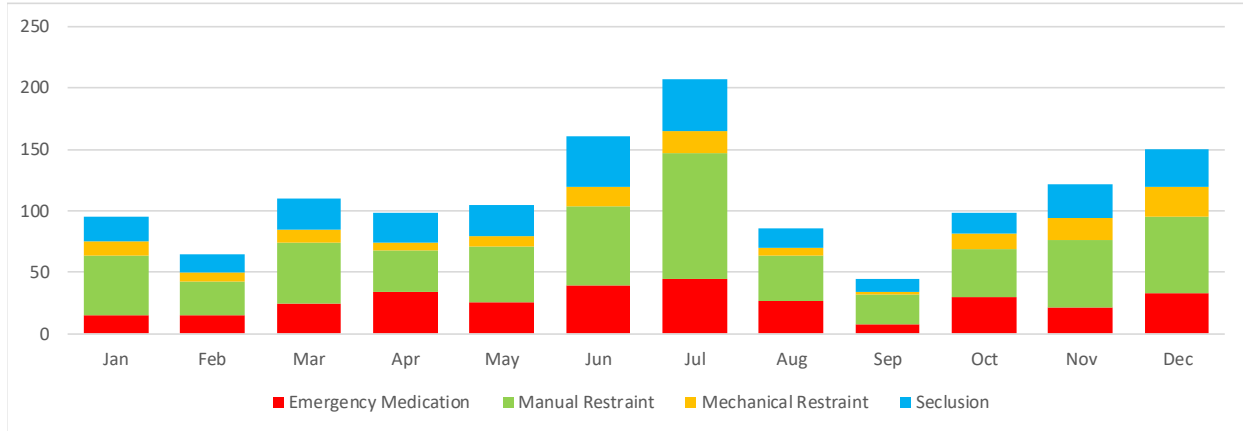
**Aggregate Emergency Involuntary Procedures
for Involuntary Patients
Youth Psychiatric Units by Type of Procedure
2020**



2020													
Type of Procedure	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Trend
Emergency Medication	0	2	2	0	0	0	0	0	0	1	0	0	■
Manual Restraint	12	4	7	1	0	1	6	1	0	4	0	0	■
Mechanical Restraint	0	1	3	2	0	0	0	0	0	2	0	0	■
Seclusion	8	2	1	0	0	0	1	0	0	2	0	0	■
Total	20	9	13	3	0	1	7	1	0	9	0	0	■

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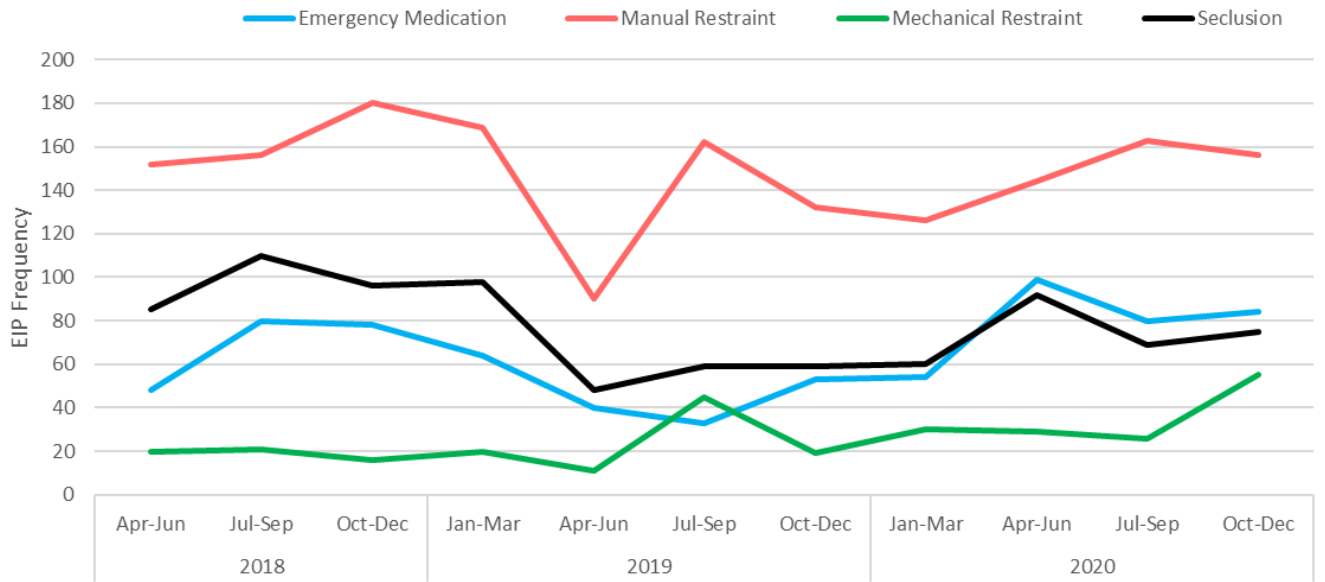
**Aggregate Emergency Involuntary Procedures
for Involuntary Patients
Psychiatric Units by Type of Procedure
2020**



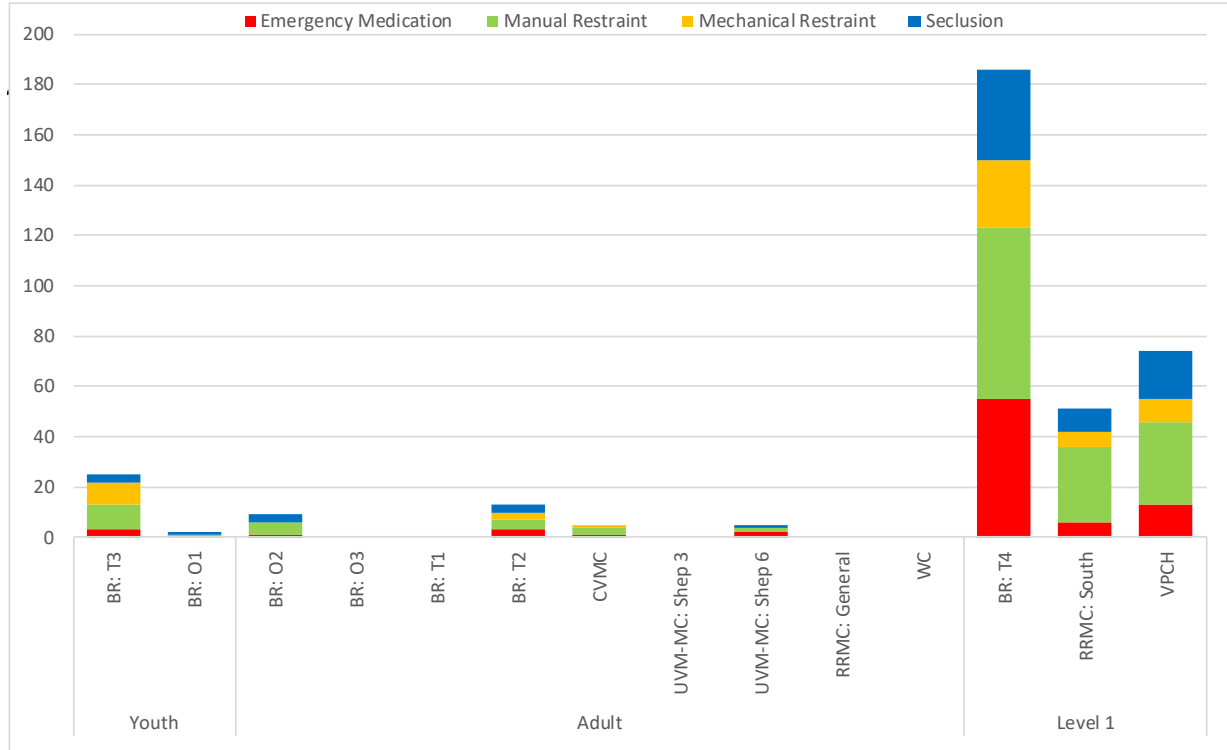
2020													
<u>Type of Procedure</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Trend</u>
Emergency Medication	15	15	24	34	26	39	45	27	8	30	21	33	
Manual Restraint	49	27	50	34	45	65	102	37	24	39	55	62	
Mechanical Restraint	11	8	11	6	8	15	18	6	2	12	18	25	
Seclusion	20	15	25	24	26	42	42	16	11	17	28	30	
Total	95	65	110	98	105	161	207	86	45	98	122	150	

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 (CON) following emergency involuntary procedures. Procedures for seclusion, restraint, and emergency medication meet criteria defined by the Centers for Medicare and Medicaid Services for clients involuntarily admitted to Vermont Designated Hospitals.

Emergency Involuntary Procedures Quarterly Frequencies by EIP Type All Involuntary Patients



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 2020



	Oct-Dec	Emergency Medication	Manual Restraint	Mechanical Restraint	Seclusion	Total Procedures	Total Episodes	Total Time
Youth	BR: Tyler 3	3	10	9	3	25	14	11:43
	BR: Osgood 1	0	1	0	1	2	1	0:18
	BR: Osgood 2	1	5	0	3	9	4	4:30
	BR: Osgood 3	0	0	0	0	0	0	0:00
	BR: Tyler 1	0	0	0	0	0	0	0:00
	BR: Tyler 2	3	4	3	3	13	5	10:43
Adult	CVMC	1	3	1	0	5	2	1:58
	UVM-MC: Shep 3	0	0	0	0	0	0	0:00
	UVM-MC: Shep 6	2	2	0	1	5	3	0:52
	RRMC: General	0	0	0	0	0	0	0:00
	WC	0	0	0	0	0	0	0:00
	BR: Tyler 4	55	68	27	36	186	81	92:12
Level 1	RRMC: South Wing	6	30	6	9	51	30	14:26
	VPCH	13	33	9	19	74	33	36:33
Total		84	156	55	75	370	173	173:15

Analysis conducted by the Vermont Department of Mental Health from data maintained by DMH Quality Management. Data are submitted by Designated Hospitals to DMH in compliance with department requirements for submission 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.

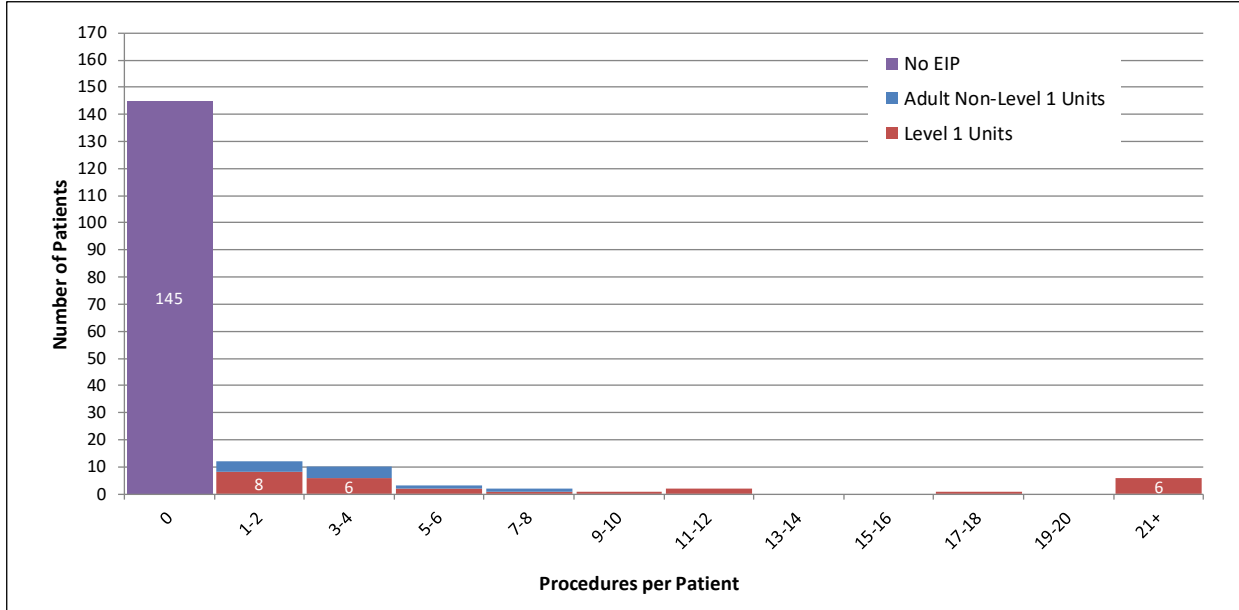
Aggregate Procedures: Procedures Per Patient

Aggregate Emergency Involuntary Procedures for Involuntary Patients

Procedures Per Patient

Adult Psychiatric Units

October - December 2020



Type of Unit	Number of EIPs per Patient												Total Patients
	0	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19-20	21+	
Adult		4	4	1	1	0	0	0	0	0	0	0	10
Level 1		8	6	2	1	1	2	0	0	1	0	6	27
Total Patients	145	12	10	3	2	1	2	0	0	1	0	6	182
% of Patients	80%	7%	5%	2%	1%	1%	1%	0%	0%	1%	0%	3%	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.

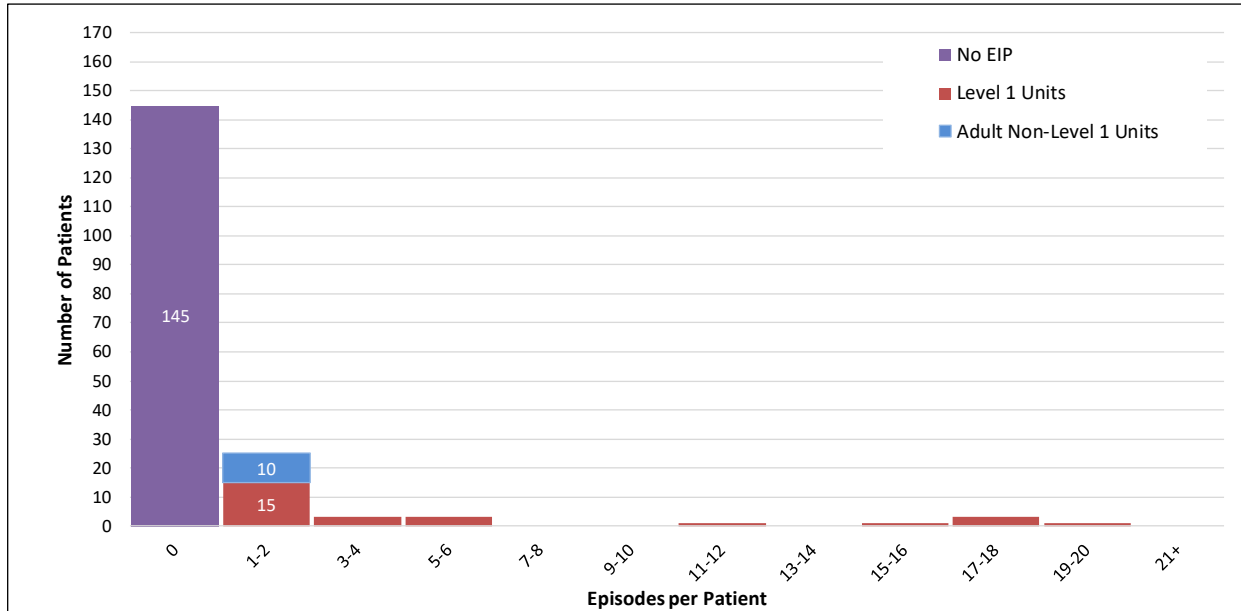
Aggregate Procedures: Episodes Per Patient

Aggregate Emergency Involuntary Procedures for Involuntary Patients

Episodes Per Patient

Adult Psychiatric Units

October - December 2020



Type of Unit	Number of Episodes per Patient												Total Patients
	0	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19-20	21+	
Adult	145	10	0	0	0	0	0	0	0	0	0	0	10
Level 1	0	15	3	3	0	0	1	0	1	3	1	0	27
Total Patients	145	25	3	3	0	0	1	0	1	3	1	0	182
% of Patients	80%	14%	2%	2%	0%	0%	1%	0%	1%	2%	1%	0%	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.

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 1,000 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

$$Rate = \frac{(total\ hours\ of\ seclusion\ and\ restraint)}{\frac{(total\ patient\ hours)}{1,000}} \quad -or- \quad Rate = 1,000 * \frac{(total\ hours\ of\ seclusion\ and\ restraint)}{(total\ patient\ hours)}$$

Year	Quarter	Brattleboro Retreat	Rutland Regional Medical Ctr	Vermont Psychiatric	Level 1 Units
		Tyler 4	South Wing	Care Hospital	Overall
2020	Jan-Mar	2.51	0.01	0.34	0.98
	Apr-Jun	5.04	1.08	0.52	2.43
	Jul-Sep	2.66	1.96	0.95	1.85
	Oct-Dec	3.23	1.22	1.23	2.04

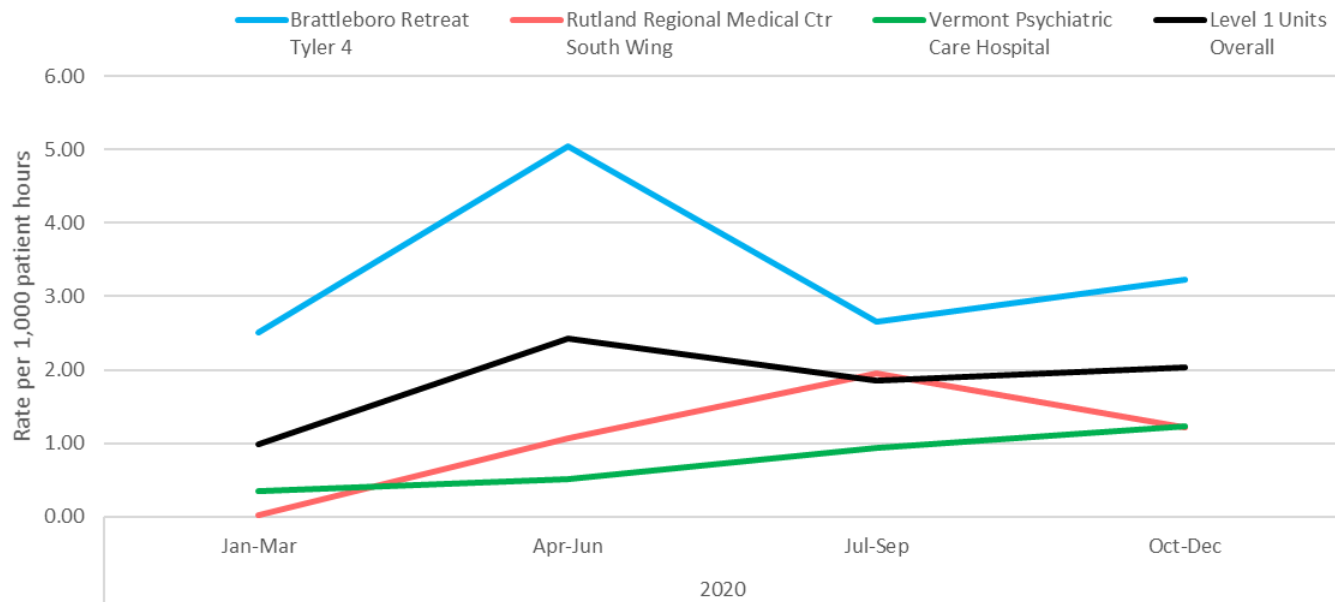
Joint Commission National Quality Measures:

National Averages for Hospital-Based Inpatient Psychiatric Services

Rate per 1,000 patient hours

Combined hours of seclusion and restraint	0.91 hours
Hours of restraint (adults age 18-64)	0.52 hours
Hours of seclusion (adults age 18-64)	0.39 hours

Emergency Involuntary Procedures Rate of Seclusion and Restraint on Level 1 Units



Emergency Involuntary Procedures: Rates per 1,000 Patient Hours All Units and Legal Status on Psychiatric Units

