## **VPCH Advisory Committee**

# 07/19/2021

Attendees: Laurie Shanks, Greg Tomasulo, Heidi Gee, Sarah Sherbrook, Jeremy Smith, Stephanie Shaw, Laurie Emerson, Zachary Hozid, Diane Bugbee

### **CEO Update:** (Greg Tomasulo)

Emily Hawes resigned as the CEO for VPCH, however she has taken the position of Commissioner of DMH, and we are very excited to have her in that role. The CEO position has been posted and have gotten several impressive candidates, some that are in VT and some outside of the state. The first group of candidates we would like to interview have been identified. There will be no interim CEO while we interview, the executive leadership team will be stepping up to help. Greg will lead Advisory Committee until a new CEO has been appointed. appointed.

Q: Will we have past patients or family member of previous patients sit on the interviewing committee? A: Greg is unsure and can look into the process for the hiring panel.

#### Social Work Update: (Greg Tomasulo)

Our new Social Services Chief Elizabeth Kanard was unable to join us today, she has been at VPCH a few weeks and already fits in with our team. She came to us from Community Health Center and her goals and values match the leadership team at VPCH.

We have a new Psychiatric Social Worker who started today, Cassia Leendertse, she interned with us previously. Since Cassia was an intern at VPCH she knows some staff already and knows the special needs of those that we serve at VPCH. Our social work team was down two people for over a year so having a full team will be great. Kudos to Missy and Christopher who have done an excellent job at doing the work of four people while we looked for replacements.

## Medical Director Update: (Greg Tomasulo)

Dr. Richards is currently on vacation, Greg will update the committee.

We have a new attending psychiatrist, Sam Evenson, he is a recent graduate who completed his residency at UVM and has been with us since July 7<sup>th</sup>. He has done an excellent job so far and seems to be a good fit with our team, Sam was also a member of our on-call doctors.

UVM has had doctors leave their inpatient psychiatry, so Dr. Fintak is helping for a short period of time while UVM looks to fill the vacant position. We still have Lola Amdahl, her position is not permanent, but it will be helpful to have her for the short time that we do. We also have a resident, Corrine Reynolds, who is doing her residency at UVM and will be with us for a couple weeks.

#### Nursing Update: (Stephanie Shaw)

Hoping to reach the end of our negotiations with the union regarding the 12-hour shifts by the end of this week, we think the 12-hour model will help with recruitment as well. Regardless of what the decision is we will be putting time and money toward recruitment.

We just renegotiated some of our travel contracts to be more competitive in the market, and by doing so we have positioned ourselves much better. After the renegotiation of the travel contracts our nursing candidates are starting to pick back up.

Q: What is the current census?

A: 16

Q: Are the 12-hour shifts for nursing or MHS?

A: It is for both.

## Facilities Update: (Heidi Gee)

We have recently acquired our cloud test server. This will enable us to test updates, and train staff on new processes without impacting the live patient records. We previously did not have a way to test without utilizing the live system.

Another EHR requirement is the Patient Event Notification (PEN), anytime a hospitalized person is admitted it sends an automatic message to their primary physician and lets them know that they were admitted to this facility. We are also working on getting web access up and running so that hospitalized persons can view their medical records while they are here at VPCH.

The BGS garage is now finished, this will be a place for them to store their items. The parking lot is almost finished, they should be laying the tarmac this week.

We have secured a location for all our PPE supplies, which is external from VPCH. This storage location will allow us to use Education Room A again which was where PPE was previously stored.

### <u>Psychology Update:</u> (Greg Tomasulo)

We have been able to hold two socials, one being a BBQ event for the 4<sup>th</sup> of July with yard games. These socials allow hospitalized persons and staff to come together outside without masks and hangout in an informal way.

We have been making small steps toward reintegration, which includes rolling back on restrictions that we used to have. Almost all our staff are reintegrated back into the building, there are still some who need to work remote due to childcare needs.

Greg added that we are now able to have in person meetings again. Members of this committee are welcomed to come to VPCH for the next Advisory meeting, we have a screening process which involves a temperature check, and all visitors would be required to wear a mask regardless of vaccination status. Persons hospitalized have started getting visits from their family members, the hair stylist has returned to VPCH, and we are working to get pet therapy back into the building.

**Quality Update:** (Jeremy Smith)

See dashboard attached.

Q: It looks like the length of stay are trending down since March, would you agree?

A: Yes, we had some hospitalized persons who had longer lengths of stay which can skew the numbers a little bit as well.

Q: In talking about the total number of people at the hospital and looking at what are those outliers, are their two people who have been there over 90 days since it does skew those numbers a little when you have someone who has been there long enough?

A: Sarah will bring this information to the next meeting.

Q: Do you think not having so many hospitalized persons there is helping with the population and having lower EIPS?

A: Jeremy would have to look at the data more closely, cannot speak on that now. All the patients are on two units and both units are full, they are not spread out to the other units making it smaller. If you were on those two units it would feel like the hospital is full.

Q: Were any staff available to take the online June training on the Six Core Strategies from VPCH?

A: Greg was not aware of any special training at VPCH. A lot of our staff are aware of the Six Core Strategies, and we keep that in mind when creating the patient treatment plans.

Q: Are you thinking that staffing will be to the point where the third unit could be opened?

A: We are striving to open the third unit at the end of August or beginning of September.

Q: Are we holding a waiting list?

A: No, we have no internal waiting list, there are system waits but we are not privy to that information. When we get a discharge, we are getting a referral that same day, but that has been the same since Stephanie started at VPCH.

#### Patient Handbook Review: (Greg Tomasulo)

We received feedback from hospitalized persons at VPCH but there were not distinct changes made to the handbook. Some hospitalized persons said they did not have a copy of our current handbook or had not read it, after learning that we can refine our process to make sure that everyone has a copy.

Q: Do you have the capacity to translate it into someone's first langue?

A: Yes, if someone wanted that we could get it to them, it might not be the next day, but it would happen. In the past we had three different copies of the most common languages in this area and then keep those on hand.

Comment: We should change the years from 2019-2020, to 2021-2022.

Q: Could we add the patient rights in this handbook?

A: They receive that separately upon admission, and it is posted on the units right off the kitchen. If any person hospitalized wants another copy, we are happy to give them another one.

Q: Regarding the medical examination that is offered, if someone declines that will they be offered that another time?

A: Yes, it is offered routinely after their admission, sometimes even as soon as the next day.

Comment: Would be helpful to give an example of what perishable and nonperishable items are.

Q: Regarding the times that staff are not available to help with calls for patients, are those different with the 12-hour shifts?

A: Stephanie felt that could be taken out since most of the time staff are able to help make a call for a patient. We could add instead that if a hospitalized person would like to make a call, they will work with staff to coordinate that call.

Comment: Greg will go back and double check all phone numbers and addresses in the handbook.

Q: Since a hairdryer is restricted can we add to ask a staff member to use it.

A: We do not have hairdryers, curling irons, or straighteners, if a hospitalized person would like one, they may purchase it themselves and we might be able to store it and let them use it when requested.

Comment: Add something about a separate visitor's handbook, that is available.

Q: Should we add something about the screening process?

A: This is more for the hospitalized persons, so I do not think that is necessary. If a visitor comes, we will alert them of any screening process that we have prior to them coming to VPCH.

Comment: Should include Disability Rights under Legal Services in the handbook.

Greg will send a digital copy to everyone in this committee, if you could please let him know of any changes by the end of the week.