

VERMONT EMERGENCY INVOLUNTARY PROCEDURE REVIEW COMMITTEE

June 14th, 2024

Join by phone
(802) 828-7667
Conference ID:
671 436 277#

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AGENDA

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|--|---------------------|
| I. Introductions and Updates | 10:30-10:40a |
| <ul style="list-style-type: none">• 2025 EIP Hospital Presentation Schedule• 2024 EIP Annual Report Planning Update | |
| II. Review April 2024 Meeting Minutes | 10:40-10:50a |
| <ul style="list-style-type: none">• Draft minutes (attached)• Discussion, amendments, approval | |
| III. EIP Hospital Presentations | 10:50-11:20a |
| <ul style="list-style-type: none">• UVMHC• WC | |
| IV. Update on Quarterly EIP Data Reporting | 11:20-11:25a |
| V. Public Comment | 11:25-11:30a |
| VI. Adjourn | 11:30a |

Next Meeting: Friday, September 13th, 2024 10:30-11:30a

Resources

- [Emergency Involuntary Procedures \(EIP\) Review Committee | Department of Mental Health \(vermont.gov\)](#)
- [EIP Administrative Rule](#)
- EIP 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.