

This meeting was not recorded.

9/13/2024

Emergency Involuntary Procedures Review Committee Minutes

****DRAFT****

Designated Hospitals: Alix Goldschmidt (Brattleboro Retreat) Sherry Providence (Brattleboro Retreat) Terri Lynn Graham (Central Vermont Medical Center) Kimberly Cookson (Central Vermont Medical Center) Adam Gonyea (Central Vermont Medical Center) Lesa Cathcart (Rutland Regional Medical Center) Jeremy Smith (Vermont Psychiatric Care Hospital) Jaycee Sutton (Vermont Psychiatric Care Hospital) Jessica Charbonneau (University of Vermont Medical Center) Kaitlin Palombini (University of Vermont Medical Center) Dorothy Fuller (Veterans Affairs Medical Center) Jonathan Hastings (Veterans Affairs Medical Center) Jim Walsh (Springfield Hospital-Windham Center) Darcy Bixby (Springfield Hospital-Windham Center)

Designated Agencies: Caitlin Miller (HCRS) Tonya Davis (NKHS)

Peer/Family Representatives: Laurie Emerson (NAMI-VT; Peer/Family Representative) Zachary Hughes (Peer/Family Representative) Rhonda Prenskey (Disability Rights Vermont) Amy Richardson (Disability Rights Vermont)

DMH: Katie Ruffe Allie Nerenberg Kelley Klein, MD Karen Barber Eva Dayon Steve DeVoe Dave Horton Megan Shedaker

State of Vermont: Suzanne Leavitt (DAIL) Darlene Wideawake (DAIL)

Six Core Strategies Consultants: Janice LeBel Kevin Huckshorn

Public: Michael Sabourin

Agenda

- 10:30 Introductions and Updates
- 10:35 Review of June 2024 Meeting Minutes
- 10:40 EIP Hospital Presentations – Discuss Schedule for Hospital Presentations; VA Presentation
- 11:00 Data Review of Quarterly Report
- 11:20 EIP Reporting Requirements
- 11:50 Public Comment
- 12:00 Adjournment

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Agenda Item	Facilitator/Timekeeper: Katie Ruffe; Minutes: Steve DeVoe
Introductions and Updates	Discussion around goals of this meeting: looking at data in a contextualized manner, utilize shared learning, resource development, relationship building. Value in frank discussion around utilization of service, especially post-Covid in reconsidering interventions in a new workforce landscape.
Review June 2024 Minutes	Minutes were approved (Kimberly Cookson motioned to approve, Janice LeBel seconded the motion.) No discussion or edits to meeting minutes. Will be posted on DMH website here: Emergency Involuntary Procedures (EIP) Review Committee Department of Mental Health (vermont.gov)
EIP Hospital Presentations – Schedule	Proposed Designated Hospital presentation schedule is approved. No objections/revisions.
EIP Hospital Presentations – White River Junction Veterans Affairs Medical Center (WRJ VAMC)	<p>WRJ VAMC: EIPs do not occur frequently; can present challenges at times when EIPs do occur; case study presentation presented; Lessons learned and questions for consideration: what is the role of law enforcement when patient care is involved? Identification of training needs for restraint chair; Consideration for the appropriate use of involuntary medication; CQI tasks were identified within this review process: EIP practice drills, training needs, reviews of cases that involved EIPs.</p> <p>Discussion from committee regarding uses of seclusion space; involvement of VA Police (federal law enforcement service of the U.S. Department of Veterans Affairs) on the unit, including the overall roll of being a federal law enforcement agency and complying with federal regulations specific to VA facilities; All VA staff are trained in “Prevention and Management of Disruptive Behavior”, which is a VA-specific program that all staff must complete that focuses on de-escalation</p>
Data Review of Quarterly Report	<ul style="list-style-type: none"> • Review of January-March 2024 data report (See here: https://mentalhealth.vermont.gov/document/eip-report-january-through-march-2024) • DMH changed the lag time between data report and review by EIP Review Committee to ensure more accurate and complete dataset for analysis • Overall observations <ul style="list-style-type: none"> ○ Normal monthly fluctuations noted and most common EIP administered was restraint (both manual and mechanical) ○ Each EIP in data report is its own event (See p. 3) ○ Majority of EIPs were administered on Level 1 units (BR; RRM; VPCH) for this quarter (See p. 4)
EIP Reporting Requirements	<ul style="list-style-type: none"> • Katie Ruffe reviewed “Required Elements of EIP Usage Reports” <ul style="list-style-type: none"> ○ These reporting elements are mapped to different sections of the EIP Administrative Rule • DMH looking to improve compliance and reporting adherence with a focus on quality improvement across the inpatient system of care

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	<ul style="list-style-type: none">• Discussion about debrief requirement post-administration of an EIP episode• DMH will be outreaching to DHs to discuss these reporting elements in further detail
Public Comment	Inquiry about transcribing any handwritten Certificates of Needs (CONs) to digital CONs
Adjourn	Meeting was adjourned at 11:54a.