

VPCH Advisory Committee

02/06/2023

Attendees: Anne Donahue, Michael Sabourin, Greg Tomasulo, Jeremy Smith, Greg Tomasulo, Anna Strong, Emily Hawes, Missy McGibney, Grace Winters, Dr. Sam Evenson, Stephanie Shaw, Karen Barber, Julie Vose

DMH Update: (Emily Hawes & Karen Barber)

DMH central office has been focused on the early start of legislative season. We have presented our BAA (budget adjustment for FY23) and have begun testimony for FY 24 with the respective committees. Key DMH staff members have also provided testimony on legislation related to online sports betting, school mental health, and access to youth inpatient treatment.

CEO Update: (Stephanie Shaw)

An offer was made to a CEO candidate, and they accepted the position. It will be a few months before they step into the role, they are relocating to VT and still need to resign from current position. When a solid timeline has been agreed on a press release will go out. Still have key leadership positions to fill.

There is a workgroup that was formed for DMH for retention and recruitment that is helping to assist us. Revisiting a Market Factor Adjustment for some clinical positions, recently completed some RFRs for direct care positions (Request for Review) which is the state's way to review pay grades for positions. We recently partnered with Triad, which is similar to a LinkedIn but specific to the mental health field. Working to collect data around that platform and how many of those views are translating into interviews and offers.

Q: Has there been any employee satisfaction survey done about 12-hour shifts?

A: The union did several surveys regarding the 12-hour shifts, another survey will be occurring since the 12-hour shifts are not permanent.

Travel rates across the market are starting to drop, and we are seeing numbers for permanent employees on the rise. Filled our Clinical Informatics position, David Fogel joined our team since the last meeting. Managing our EHR will be his primary focus, and he will likely attend a user conference for the EHR.

Our VPCH website is set to undergo an overhaul. Taking feedback given to us and having it realized on the website.

Looking forward to having a consultation done for Six Core Strategies, they will meet with Executive Leadership and the employee run Safety Council as well.

Medical Director Update: (Dr. Sam Evenson)

Focusing on the transition for the new psychiatrist when they step into the role here, the UVM contract ends March 31st. We continue to employ locum Psychiatrists. UVM has communicated they will be as flexible as possible to maintain the same level of care and beds.

Nursing Update: (Grace Winters)

Scheduling interviews regularly and hoping to soon fill the vacant night Nurse Supervisor position with a travel nurse who has worked with us for 5 years.

Social Work Update: (Missy McGibney)

One of our Social Workers is involved in the Collaborative Network (Open Dialog) training that is five sessions spread out over nine months. Have a vacant Social Worker position currently, have had people apply but for various reasons they did not work out.

Operations Update: (Anna Strong)

Purchased a vinyl wall decal for the units, which was surprisingly hard to find what we were looking for. Ordered a world map that should arrive between 2/9 – 2/17, purchased it from Oriental Trading.

In communication with our BGS partner who recently did an energy audit and they will help us transition to efficiency lighting with capital money they have.

The Clinical Informatics Analyst who was hired is filling one of two positions that we are still actively recruiting for. Interviewing some applicants in the coming weeks.

Psychology and Recovery Services Update: (Greg Tomasulo)

Both Psychology and RS are fully staffed. A few months ago, we received a large donation of brand-new books since we are an official part of the VT Department of Libraries. We need more shelves now to accommodate the additional books, exploring options and will decide on something soon.

Have been working on updating our sensory room for about a year now and we are almost at the finish line. A few more installation projects taking place, a bubble tube will be the center piece of the room. The bubble tube needs distilled water and there is a national shortage of distilled water.

Q: Have heard of shortages of psychiatric medications, is that the case for VPCH?

A: We have a shortage of injectable Ativan; our nurses are aware of this, and some nicotine products are facing shortages as well. Diane Leigh, our Director of Pharmacy, at the onset of the pandemic, she anticipated this shortage and over ordered so we were not as impacted as other facilities, we are very thankful for her forward thinking.

Quality Update: (Jeremy Smith)

See attached Dashboard.

Q: The hours of seclusion and restraint seem higher than normal for VPCH.

A: We did in depth analysis and shared that with leadership regarding the spike. The analysis showed we had a period of time when we were down a psychiatrist before we got a locum, causing our number of persons hospitalized to go down which can skew the numbers. Will be working on some performance improvement projects to make sure those numbers go down.

Q: Is the mandatory overtime distinguished?

A: This is overtime built into the 12-hour shifts, the 8 hours beyond 40 is paid at the overtime rate.

We are keeping a close eye on the fact that we are using locums and how they impact care. How Vermont delivers in patient medications can takes a little bit of time to get accustomed to and we have a lot of travel staff. Kudos to our permanent staff who are helping to train our travel partners and locums.

Q: Regarding the average length of stay, did something change in the community?

A: Numbers were skewed by one or two lengths of stay, no community impact known.

Other Business:

Website needs to be updated to show you can join in person if members would like.

Michael S. received phone call from a former hospitalized person who told they are not allowed to call VPCH. The group felt it was hard to comment due to the lack of information, but

we would not do this unless there was a reason, if it is impacting care and making it dangerous for both staff and hospitalized persons that would be the only reason we would consider this.

Michael S. asked if Another Way could work with VPCH to offer a peer group or something in the evenings. Emily knows the contacts at Another Way and will send them to Greg so that he can reach out.