

## VPCH Advisory Committee

**April 30, 2018**

### In attendance:

Michael Sabourin, Rebecca Poitras, Steph Shaw, Heidi Gee, Karen Barber, Alisson Richards, Anne Donahue, Scott Perry

### Medical Director Report:

Down a full-time position, made an offer and expect an acceptance – start Aug 13<sup>th</sup> – to a UVMHC resident.

A lot of discharges this month, quite busy with lots of turnover. Managed acuity well.

Sent Dr. Fintak to Six Core Strategies training.

Once fully staffed want to look at how to make the hospital run more efficiently – doctors/teams assigned to units

### Director of Nursing Report:

Staffing wise: hired about 30 MHS in last 60 months. Only one MHS true vacancy. Nursing is a bit harder, probably still about 40% travelers (we have 14 right now). Have a few new ones coming out of school. Unemployment rate for nurses in VT is zero, so that makes it hard. Have been going to New England job fairs. Flexible scheduling is a deterrent, so we are working on that – 4 different models are being drafted right now. Talking to staff at all-staff meetings. Did have a nurse resident, hoping to grow that program as a possible recruitment strategy.

Staff led safety council: adopted many of the Six Core Strategies principles

Sent over 20 employees to Six Core Strategies training

Changes to recovery services: Mental Health Recovery Specialist positions have been changed a bit to add a lot more (40-50 hours) structured time to groups on and off the unit; looking at add 2 more positions (have 6 right now)

Broset: April 1<sup>st</sup> on C/D units the Broset Violence Assessment Tool – evidence based simple tool that is a predictor for the next 24 hours. A/B started this past Saturday. Link to treatment team interventions. More direct staff involvement. Provides for a common language. Done three times a day. Help spark conversations. Score is done once a shift. Staff collaborate and one resulting score for that shift.

### Operations Report:

Remembrance garden: both patients and staff have asked for it, are dedicating it next week. Anne Donahue – what about a plaque memorializing the people in the cemetery in Waterbury?

Patient Right Posters were redone. 3 of 4 have been hung, one unit too acute.

Employee of the month sign is now up.

Working on resurfacing the unit floors. Tricky because have to get the patients off the unit for 2 hours.

Part of the Vermont Hospital Emergency Preparedness Coalition – statewide exercise we participated in. Discuss the fire drills we have and the fire plan.

### Quality Report:

Review dashboard (see attached)

Q: what's the difference between minor and moderate? Minor injury: first aid only (includes ice pack); moderate injury: someone goes to ED

### CEO Report:

Great how many staff went to the Six Core Strategy training, how to revitalize it given the leadership turnover. Great opportunity for staff who are leading Safety Council to get some experience, understand the language better, connections.

All staff meetings once a month – do it for all three shifts.

Lots of people going to an EHR conference soon. Looking to make improvements in how we use the EHR and how to make it better.

Move the meeting to quarterly – the rest of the meetings this year will be: June 2018, September 2018, December 2018.

### DMH Updates:

VOSHA: ahead of schedule, had one meeting since signing with VOSHA, e-mail with updates.

Legislative session winding down. There is a large mental health bill, S.203, which is not final yet can update next meeting. The bill deals with multiple parts of the mental health system, but certainly with the IMD issue looming, there is a lot of discussion regarding options.

Public Comment:

Better advertise meetings like the six core strategies meetings.

Think about peer specialists. Request more hours for VPS.

# Vermont Psychiatric Care Hospital

Reporting Category	Jan-18	Feb-18	Mar-18
<b>Effective Treatment</b>			
<b>Average Length of Stay</b> (based only on patients who have been discharged)	106	105	105
<b>Admissions</b>	8	3	3
<b>Discharges</b>	5	3	3
<b>Current Patients: male</b>	13	15	15
<b>Current Patients: female</b>	11	10	10
<b>EE/ Warrant Admission</b>	6	2	2
<b>Forensic Admission</b>	2	1	1
<b>Patient Care</b>			
<b>Eloperments</b>	0	0	0
<b>Percent of individuals hospitalized who did not receive emergency involuntary procedure</b>	71%	80%	76%
<b># hours of seclusion and restraint per 1,000 patient hours</b>	1.96	0.55	0.72
<b>Safety</b>			
<b>Staff to Patient event: no injury</b>	0	0	0
<b>Patient to Patient event: no injury</b>	4	4	2
<b>Patient to Patient event: minor injury</b>	0	0	1
<b>Patient to Staff Assault: no injury/ unknown</b>	1	0	2
<b>Patient to Staff Assault: minor injury</b>	3	0	1
<b>Patient to Staff Assault: moderate injury</b>	5	0	0
<b>Staffing and Training</b>			
<b>Personnel vacancies</b> (RN and MHS permanent positions )	17	18	17
<b>New VPCH employees attending orientation</b>	6	3	1
<b>VPCH RN overtime hours</b>	517.27	369.44	418
<b>VPCH MHS overtime hours</b>	1275.11	1059.68	1129.72