

VPCH Advisory Committee

March 26, 2018

Staff Present: Emily Hawes, Stephanie Shaw, Alisson Richards, Scott Perry, Karen Barber

Public Present: Rebecca Poitras

Introductions

Medical Director (Dr. Alisson Richards):

One of our psychiatrists left and went back to UVMHC. Her potential replacement is currently a resident here and has applied for the permanent position.

Maintained being full and managing safety. Working hard to minimize 1:1s.

Nursing (Stephanie Shaw):

Big emphasis on recruiting. Almost fully staffed for MHS positions. Nursing is still a struggle, but that's a nationwide issue.

Restructured MHRS role – doubled the amount of structured time patients have (on and off the unit).

Piloting Broset (new risk assessment) at the end of the month.

Quality (Scott Perry):

Dashboard presentation. See attached.

Operations (Emily Hawes for Heidi Gee):

Fire Drill coordinated with fire marshal. Most successful since opened. New evacuation plan being tested.

SWAT Analysis results of HER – what's working and what is not.

Seedlings – Recovery Services got a donation, those have been started.

Snow Plowing – very successful season.

Floor resurfacing project – working with patients on this to give them some ownership. All units have to be resurfaced and waxed every 18 months.

Composting – started in the last few months.

General Counsel (Karen Barber):

Reached settlement with VOSHA – effective March 8, 2018. DMH/VPCH always believed met VOSHA/OSHA requirements. This settlement outlines several deliverables VPCH has agreed to meet within a year and as long as we meet deliverables and time frames, the citations will be dismissed.

Things we have been doing – Safety Council, looking at Pro-ACT, piloting new risk assessment, including MHS participation in important meetings, etc. Well on our way. Already met with VOSHA once.

CEO (Emily Hawes):

Safety Council (had 2.5 meetings): nominated leaders already, working on standing agenda, will meet monthly.

VPCH working with RRMCM and UVMMC on the next Six Core Strategies conference (2 days).

Tina Champagne coming – occupational therapy

All staff meetings: had been a break, but those have been reinvigorated. Monthly, 3x throughout the day so all shifts can attend.

Public Comment:

None

Vermont Psychiatric Care Hospital

Reporting Category	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Effective Treatment					
Average Length of Stay (based only on patients who have been discharged)	100	110	96	106	105
Admissions	5	2	4	8	3
Discharges	5	2	7	5	3
Current Patients: male	17	17	15	13	15
Current Patients: female	8	8	8	11	10
EE/ Warrant Admission	3	1	2	6	2
Forensic Admission	2	1	2	2	1
Patient Care					
Eloperments	0	0	0	0	0
Percent of individuals who did not receive emergency involuntary procedure	88%	76%	73%	71%	80%
# hours of seclusion and restraint per 1,000 patient hours	0.22	0.61	1.18	1.96	0.55
Safety					
Staff to Patient event: no injury	0	0	0	0	0
Patient to Patient event: no injury	0	2	5	4	4
Patient to Patient event: minor injury	0	0	0	0	0
Patient to Staff Assault: no injury/ unknown	5	3	4	1	0
Patient to Staff Assault: minor injury	4	3	6	7	0
Patient to Staff Assault: moderate injury	1	2	1	2	0
Staffing and Training					
Personnel vacancies (RN and MHS permanent positions)	21	20	23	17	18
New VPCH employees attending orientation	3	6	0	6	3
VPCH RN overtime hours	412.25	468.95	432.7	517.27	369.44
VPCH MHS overtime hours	2165.25	2512	2459.95	1275.11	1059.68