

**Vermont Psychiatric Care Hospital
Advisory Committee
Meeting Minutes**

DATE: July 25, 2016 TIME: 1330-1430

Present: Jeff Rothenberg, VPCH CEO, Dr. Desjardins, VPCH Executive Medical Director, Kathy Bushey, VPCH Associate Director of Nursing, Heidi Gee, VPCH Director of Operations, Scott Perry, VPCH Director of Quality, Sarah Sherbrook, VPCH-Quality, Karen Barber, DMH- General Counsel, Cathy Rickerby, community member

CEO Report: Jeff Rothenberg

The hospital census is at 25 and has been consistently for most of the time since our last Advisory meeting.

We were visited on June 29, 30 and July 1 for our 3-year Joint Commission reaccreditation survey. It was explained to us that the scoring for surveys had changed four weeks ago, with a new matrix being utilized by the surveyors during their visit to determine type and frequency of risk. The surveyors were thorough and gave helpful feedback for areas for improvement. Up to the middle of the day on the last day of the survey they were indicating they had found a number of deficiencies, none of which were conditional in nature, and had a number of recommendations including infection control, treatment planning and how we documented treatment. However, following a conference call to their Chicago headquarters, they were instructed that under the new scoring they were using to move several areas to conditional deficiencies. This means a Joint Commission surveyor will be back within 45 days from the last day of the survey to make sure all conditional level deficiencies have been corrected.

The hospital has already developed a plan to address all items, with many of them having already been done. All others have corrections in place that will be done by the end of this week. More explanation around the efforts regarding treatment planning will be addressed by Dr. Desjardins.

Some of the positives the surveyors mentioned in their exit interview included that the building was really nice, an outlier even among new construction, with the nicest patient rooms they had ever seen. They sent kudos to those who designed it. They said patients they spoke to were very complimentary of staff. They said there was good use of data and follow through on data, especially around safety, and they complimented specifically the pharmacy and dietician., Also, that it was obvious that staff were very concerned with patient welfare and with providing great services to patients.

The Joint Commission also recommended we pay attention to the 5 Traits of High Reliability Organizations, which talks about hospitals being as safety conscious as nuclear power plants or airplanes. The traits are:

- High Reliability Organizations are sensitive to Operations
- High Reliability Organizations are reluctant to accept “simple” explanations for problems
- High Reliability Organizations have a pre-occupation with failure
- High Reliability Organizations defer to expertise
- High Reliability Organizations are resilient

The article highlights the message that High Reliability Organizations have systems in place that make them exceptionally consistent in accomplishing their goal of avoiding catastrophic errors.

Licensing and Protection came for a 2-day visit for our state hospital license to investigate a patient complaint related to a termination of an emergency involuntary procedure, allegations of bruising during the restraint, and lack of documentation. Two surveyors looked at 3 charts, spoke to 3 Registered Nurses, and looked at how we train staff to terminate restraint or seclusion. There were no findings for the reported complaints. The nurse surveyors were complimentary of staff and suggested some improvements in how we can further document our decision making.

Staffing has continued to be a challenge, as we are still experiencing the need for constant overtime and mandated overtime usage due to patients requiring 1-1 observation and summer vacations. We are hopeful this will improve starting this week as five new traveling nurses and 4 new permanent staff are finishing Pro-Act.

While the total number of EIPs went up in June, the amount of moderate injuries to staff were less. There will be an EIP report later this meeting.

The Six Core Strategy Committees are all moving forward again:

The Leadership Committee continues to meet bi-weekly and has seen a recent increase in membership from direct care staff, who are eager to understand the role of the leadership committee and to contribute to increasing safety for the hospital.

Both the Consumer Roles Committee and the Seclusion and Restraint Prevention Tools committee have met recently and are setting new goals for the upcoming year for themselves. The Seclusion and Restraint Prevention tools committee is recruiting additional direct care staff to participate in the group.

Kathy can give a fuller update regarding hiring and applicants for MHS and nurse positions.

We had a client and staff BBQ in the Courtyard at the end of June, which was well attended.

Case Conferences and Monthly Clinical Trainings continue to occur with more planned for the upcoming months. In addition, Dr. Jay Batra from DMH is providing extra training to staff in collaboration with both Dr. Desjardins and Dr. Richards as part of our focus on meeting Joint Commission standards for treatment planning and documenting active treatment provided. His

expertise with the “B” Tags, which are only applicable to stand alone psychiatric hospitals, has been very useful.

We continue to meet bimonthly with CVMC leadership. This past month we arranged a meeting between CVMC and DMH leadership about possible partnerships around the need for a nursing home level of care for a small number of patients who statewide have significant mental health issues that no nursing home will accept. A second meeting has been scheduled and will include representatives from DAIL and Licensing and Protection to further drill down into the issues that typically arise in these types of situations.

Just last week we celebrated with staff our second year anniversary, with leadership from the hospital preparing pot luck meals for staff on all three shifts, which we heard positive feedback from.

Medical Director’ Report: Dr. Desjardins

A performance improvement initiative has been started addressing treatment plans at VPCH. The focus will be on educational efforts related to the Joint Commission standards for treatment plans. Dr. J Batra from DMH will be sharing his expertise on this subject.

Dr. Richards will be assuming the role of Medical Director in August. Dr. Desjardins will be at VPCH one day a week through the calendar year, then reducing to a half day per week. Dr. Hoskins is no longer at VPCH and Dr. Munson will be retiring after this week. Dr. Novas and Dr. Malloy will share a full time position.

VPCH is welcoming two new full time attending psychiatrists. Dr. Fintak begins this week and Dr. Williamson next week.

Data Review

The performance measures from the Dashboard were shared with the group. For the last quarter, 85% of individuals hospitalized were not involved in an emergency involuntary procedure. The Dashboard for the next Advisory will include FY 2015 and FY 2016 data for comparison.

Emergency Involuntary Procedure data from the last six months was reviewed. Overall, rates remain low for the last fiscal year.

Policy and Procedures: Scott Perry

The Dress Code Procedure has been finalized. The changes have resulted in positive feedback from employees. The Patient Visitor Procedure and Professional Business Visitor Procedures have also been reviewed.

Nursing Department: Kathy Bushey

There are 17 traveler positions, and one is open at this time. 5 new travelers started this week. There is one RN and 3 mental health specialists in orientation right now. There are two offers pending for two mental health specialist positions. Interviews with RNs and MHSs are currently being organized.

The nursing department is working on customizing options with the electronic health record.

We continue to work through staffing challenges. Hiring of temporary direct care staff will help with this.

Operations: Heidi Gee

Regular meetings are taking place with DII to finalize the process for EHR implementation.

Other topics:**Public comment:**

Advisory membership: Has there been consideration of former patients or family members from the first year of operations who may want to participate in the Advisory?

Response: Jeff will follow up with the Social Work department about this possibility.

Visitors: How many patients have visitors?

Response: Jeff will gather this information for the next Advisory meeting.

Next meeting:

August 29th, 2016 1330-1530