

Vermont Psychiatric Care Hospital

Advisory Committee

January 30, 2017

1330-1430

Present: Jeff Rothenberg, Scott Perry, Heidi Gee, Sarah Sherbrook, Dr. Alisson Richards, Michael Sabourin, Cathy Rickerby, Laurie Emerson (phone), Karen Barber, Eva Belatski, Mark Holderbach

CEO Report: Jeff Rothenberg

Markus Austin was a mental health specialist who was universally well-liked and regarded at VPCH. He was known for his smile, his easy-going nature and therapeutic skill with patients. A hospital is like a family, with close bonds especially between staff on the same shift and with patients on the unit he worked on. The senseless death of a young father and co-worker has affected everyone at the hospital. A Washington County Mental Health emergency services clinician came on Sunday afternoon and 11 staff spoke to him. EAP numbers were given and used, and EAP staff came in and led 3 debriefings Tuesday and Wednesday, which 20 staff attended. Senior leadership came in on Sunday and on Monday, and new DMH Commissioner Melissa Bailey came over and met with staff to lend her support. The night of his death staff did an excellent job explaining what had occurred to patients that Markus closely worked with, who intuited that a serious event had occurred.

The hospital census will be 25 at the end of the day. The hospital's census was full through the end of 2016. For about a week the census decreased to a low of 22 due to a lack of individuals waiting, before the need for Level 1 beds returned.

In mid-December, Kathy Bushey announced her retirement, and she left VPCH at the end of the year. Scott Perry accepted the offer of interim Chief Nursing Executive. A long-planned Nursing Department restructuring, delayed by EHR implementation has led to adding and advertising for 2 Nursing Supervisor positions. Both Kathy and David Mitchell were instrumental in helping VPCH achieve many of its goals, and their sudden departures has given the hospital an opportunity to relook at several internal nursing processes. In retrospect 2016 was a very busy year, with the Joint Commission survey, change in Medical Leadership in July, EHR implementation and then nursing leadership changes.

Division of duties: Scott will be overseeing nursing services, pharmacy, staffing and management of travelers. Jeff is helping with Human Resources and the hiring process. Heidi is helping with hospital supplies and inventories, which the nursing department has previously done.

Staff updates: Nicole Pellerin has been hired as Staffing Office Manager.

Ann Mackay has been hired as Business Application Support Specialist, to understand processes related to the electronic health record. Augusta Blackstone has been hired as Infection Control RN.

There will be six people in February orientation. This includes 2 MHS, 2 temp MHS, 1 MHRS and one RN I. We are interviewing people on ongoing basis for remaining MHS and temporary MHS positions. Advertising for all nurse positions is ongoing.

Changes planned for orientation include having new staff spend time on the nursing units earlier in the orientation process, as well as not having staff orient to shifts they will not be assigned to.

We are starting a pilot of reducing staffing on Unit C/D by one nurse and increasing one MHS position in that area.

32 nursing students from UVM and Norwich are coming to VPCH for clinical rotations across this semester.

Acuity has remained very high for the last two months with more than usual 1-1's and increased overtime for most of that time. Over the last two weeks, Nursing and Medical Staff have worked hard to reduce 1-1's which has led to less overtime needed at present.

The Labor Management committee met two weeks ago, staff were most concerned with mandates which was discussed. It was agreed that administration and staff would work on a public "mandate list" within the hospital which is something staff have asked for.

Hospital administration continues to hold All Staff meetings on a regular basis, and the one in January had over 60 staff attend. These meetings follow a similar process with updates on a variety of topics given to staff, staff asking questions, and making suggestions. Topics discussed included: mandates, hiring, treatment plans, behavior plans discharge plans. Notes are taken and followed up on. At all three of the January meetings, a member of the Workforce Development committee came and presented a Code of Civility, which is something they had worked on for over 6 months.

VPCH hosted a Vermont Psychiatric Association meeting in January and gave them a tour of the facility, and were joined by Melissa and Frank for discussion afterwards.

The new Executive Director of the Vermont Cooperative for Practice Improvement, Karen Crowley, came for a tour and a discussion of ongoing support and spreading of Six Core Strategies and Open Dialogue.

The EHR implementation continues to go well. We continue to learn system limitations, and natural leaders have developed. Our new business application support staff will become our

expert. Areas that we have found the new EHR helps the most is in emergency documentation, admissions documentation and business office functions.

Wilda White from Vermont Psychiatric Survivors also came to VPCH for a tour and meeting.

Question: Are you expecting to see a decrease in mandatory overtime, now that the holidays have passed?

Response: Mandatory overtime is influenced by call-offs, number of 1:1s, and number of vacant positions. We expect a decrease in January.

All the Six Core Strategy workgroups are meeting regularly.

- Data Committee: Reviewing an increase in number EIPs over the last quarter. NEXT MTG 2/17 at 7:30
- Consumer Roles: Speaking with Kevin Huckshorn about peer services and funding peer positions. Also working on information on the VPCH website and inviting CRT Standing Committees to have their meeting here. NEXT MTG 2/23 at 2 PM
- Seclusion and Restraint Prevention Tools: Reviewing how to improving shift report, providing more info for staff, considering a physician led group, peer roles in hospital, linkage to community supports NEXT MTG 2/9 from 3-4 PM
- Leadership Committee: Is following up on all committees, relooking at Leadership committee role. NEXT MTG 2/10 at 1:30 PM
- Workforce Development: Suicide prevention and trauma informed care, Code of Civility roll out NEXT MTG 1/31 at 1:30 PM
- Debriefing: Audit review. NEXT MTG 2/22 at 3:00 PM

Medical Director: Dr. Richards

Psychiatrists are continuing Collaborative Solutions training in dialogic interventions. One trainer may be able to come to VPCH for a day-long session.

We continue to look at admission needs from the community, emergency departments and corrections and how to prioritize admissions to VPCH. Communication with DMH care management continues to go well.

Medical staff regularly looks at intrastate transfers and opportunities to appropriately relocate patients to community hospitals closer to their outpatient treatment teams, which opens beds for new admissions.

The criteria for discharge vary from person to person. Treatment teams are consistently looking at what an individuals' needs are well in advance of the actual discharge. VPCH has

ongoing communication with outpatient providers for discharge planning. Assessment and planning for patients who may need a higher level of support in the community due to possible risk requires collaboration between hospital, community staff and DMH. The social work department manages details of discharge to ensure patients have the appointments and medications needed to transition from the hospital.

A request was made to see the aftercare/ discharge form used by VPCH at the next Advisory meeting.

Nursing: Scott Perry

There have been openings for senior mental health specialists, who take the role as lead on the nursing units. There was an application and promotion process which led to the hiring of four new senior mental health specialists.

We are about to begin interviewing for a nurse educator position.

We still utilizing travel nurses. Our hospital staff are used to integrating travelers into this environment. Some travelers have applied for permanent nurse positions. There has been a decrease in travel nurses since the nurse position reclassification last spring.

Quality

The group discussed the Dashboard and discussed factors related to length of stay. Many complexities contributing to length of stay. Leadership continues to look at patients hospitalized with longer lengths of stay. Request made to look at a breakout of length of stay for individuals hospitalized through civil vs. forensic court process at the next Advisory meeting.

Operations: Heidi Gee

More security mirrors were installed in patient rooms during the recent period when we had open beds. Two remain to be installed.

We are moving to a radio only response system instead of pagers for emergencies which will improve and increase response time to high risk events and EIPs.

BGS is coming next week to start discussions about composting.

Supplies for artwork in the Admission area have been ordered and painting should start soon.

Recovery Services: Mark Holderbach

Mark handed out schedules for two weeks of groups offered by Recovery Services.

Mark discussed potential effects of longer lengths of stay, and how longer lengths of stay can negatively affect individuals' recovery.

Recovery Services groups are changed every 8-10 weeks based on group attendance and requests from individuals hospitalized. Three additional kiosks are in the planning phase for the library, which continues to be a popular request.

Frequency of socials have increased to a monthly basis. Activities and themes are varied. All socials have been attended by clients, along with clinical and administrative staff. The music therapist has helped with organization of a choir and music performances at some of the socials.

Plans for the garden in the courtyard are being made for the spring. Produce is used by the kitchen and during the cooking group led by the hospital dietician.

NAMI connections started in June, which is held twice a month now and is an important option for peer support. In Our Own Voice was well received.

In the next year, ideas from our new volunteer coordinator will be considered. There is a volunteer leading yoga.

Two new pet therapy teams have started coming.

Other updates

The Code of Civility was originally started as a code of conduct, which then shifted to an approach to help staff communicate and set expectations for each other as teammates. This is separate from any disciplinary process through human resources. It is intended to be used as a resource to guide employee behavior and foster a positive work environment.

Next meeting:

February 27, 2017 1330-1500