

Vermont Psychiatric Care Hospital

Advisory Committee

October 31, 2016

Members present: Jeff Rothenberg, VPCH CEO, David Mitchell, VPCH Chief Nursing Executive, Eva Belatski, DRVT, Karen Barber, DMH General Counsel, Sarah Sherbrook, Nurse Quality Management Specialist, Heidi Gee, VPCH Director of Operations, Alisson Richards MD, VPCH Medical Director, Cathy Rickerby, community member, Scott Perry, Nurse Quality Management Administrator, Anne Donahue, community member, Michael Sabourin, Patient Representative

CEO Report: Jeff Rothenberg

The hospital census is 25 and has been almost continuously since the last Advisory meeting. While the census has remained full, acuity has fluctuated over the past few weeks.

We continue to hire mental health specialists, both permanent and temporary, as well as permanent nurses. Advertising for these positions is ongoing. We hired 2 permanent MHS in past month, and have 10 interviews scheduled for permanent positions. We are at end of a round of interviewing for MHS temporary staff and are ready to check references and make offers if those are satisfactory on 5 more individuals. We have completed another round of RN II interviews and have pending offers with two more nurses. We promoted two nurses to RN III (charge nurse) in the past month.

As you will see in Dashboard, overtime is still high, though less than it had been in August for mental health specialists.

Following a recent staff suggestion, a bulletin board has been installed near staffing. Current job postings are listed there so staff can tell people they know of all current job openings.

We have completed interviews for a new .5 FTE Infection Control position and have a strong candidate for that position.

Our request for a psychiatric social worker trainee position is still awaiting classification.

Ernie Lapierre was hired as our new Nurse Educator Administrator, and we are now advertising for his former position, Nurse Educator. In his new role, he has restarted the Associate Mental Health Specialist course, and is drafting updated orientation schedules for new staff, traveling nurses, and RN Is.

The hospital was informed on Friday that it is in full compliance with The Joint Commission, and has completed follow up needed to meet all areas that were cited from the June survey. The hospital also received correspondence from Medicare, certifying ongoing payment for all

applicable claims back to the original survey date. Maintaining Joint Commission accreditation and CMS certification is one of the hospital's priority goals. The fact that VPCH has had this recognition since our move from Morrisville, and has sustained it, is a testament to how well the hospital functions. Compliments to Alisson and Scott for their efforts as well as Isabelle, Jay and Sarah for their assistance with meeting survey requirements.

The EHR rollout has gone well. There were and continue to be adjustment issues in working with the Evident system. The EHR was implemented as planned on October 3rd. High quality care was sustained for our patients during this time. All systems and confidentiality functions are in place. There are two platforms with the EHR with different software, which has created a need for new processes and understanding of how the two different clinical platforms work together. Staff input and questions on the new processes have been very much appreciated. Some questions have resulted in change and others are actively being considered. Change is hard, and we are making this transition like many other health care organizations.

The Clinical Leadership at the hospital has developed the following Guiding Principles and Operating Assumptions about the Electronic Health Record to help guide decision making.

EHR Transformation Guiding Principles:

1. Clinical Care processes must be designed to allow clinicians to provide effective and efficient care, while maintaining accuracy, safety and capturing the collective narrative of the multidisciplinary care delivery.
2. Clinical Care delivery drives decisions about EHR access, formats and processes.

EHR Transformation Operating Assumptions:

1. Clinically relevant data ought to be available as fast as possible for clinical decision making and emergent actions.
2. Delivery of care comes first.
3. EHR serves as a tool to provide care. It does not drive care.
4. Questioning the existing functionality and formats is allowed.
5. It is not too late to make changes to processes and formats.

A full-time Business Application Support Specialist position has been approved, and will be advertised for later this week. This position would be a dedicated expert at VPCH for the electronic health record.

We have six patients who have been here more than a year. In looking more closely at people who stay here for a long time, they break down into two categories: We continue to work with DMH on these areas.

- individuals who need long-term care services in voluntary settings (ie. nursing home level of care)

- individuals with different types of competency, sanity, and public safety issues who are no longer acute, but must be agreeable to voluntary participation in community placement models and are not ready for discharge to voluntary programs

This coming Wednesday, November 2nd, Alisson, David and I will be available to answer any staff questions and hear any suggestions from staff at the following times: 6:45-8:00 AM, 1:30-2:30 PM, and 3:00-4:00.

Having gone through the Electronic Health Record, clinical supervision started back up last week. Staff are encouraged to use this resource. The work we do is hard, the situations we face present a myriad of challenges. Part of doing this work well is discussing the work we do, asking the questions we have, and improving care.

The last two Labor Management Committee meetings have been cancelled, so management has not seen the results of a mandating survey done by VSEA. I am hoping to meet with them soon, possibly as early as next Tuesday. There has been a recent survey of staff about mandatory overtime and the results have not been reported yet.

Safety at VPCH continues to be an ongoing area of focus. We continue to have low levels of emergency involuntary procedures. The goal is zero. The hospital is committed to trying to get to that goal. Part of the meetings on Wednesday will include hearing from hospital leadership about why it believes in following the practices laid out in the Six Core Strategies, and why the state of Vermont's laws and knowledge of how to work with people in a safe way guide clinical decision making.

Several staff have started an intensive 10-day training in Open Dialogue, a different model of care that has been given in Finland for many years and has recently been investigated and brought to the US and Vermont. There will be an upcoming day of training in Open Dialogue at VPCH. Details of that training are still being finalized.

We are having quarterly meetings with DRVT to enhance communication and answer questions as they arise.

All staff at VPCH are participating in a four-hour Diversity training provided through a program of the Department of Human Resources.

Question: In a 12-month period, how many grievances were from DRVT?

Answer: Just one was submitted from DRVT. 156 were grievances managed through our internal process for resolution.

Medical Director's report: Dr. Alisson Richards

Acuity has fluctuated at the hospital. We recently saw an increase in acuity and need for 1:1s, but acuity has come down over the weekend. There is a special case conference today regarding one patient experiencing an episode of higher acuity.

Intensive training in Collaborative Networks is being attended by several VPCH staff members. The plan is to open this collaborative to additional staff and expand it to a monthly basis at VPCH. We hope to have a half day training for VPCH staff in the future as well.

The EHR has required adjustments. We continue to make changes as part of the implementation process.

Our first medical resident from UVM will be starting tomorrow, which will be a positive opportunity for both the resident and all VPCH staff.

Quality Dashboard

The Dashboard was reviewed and distributed to the group (attached) A new performance measure was added to the Safety section.

Question: Is there data available about the percentage of hours of overtime that are mandatory versus voluntary?

Answer: We can look at whether this performance measure can be reported accurately monthly on the Dashboard.

Policy update: Scott Perry

There aren't any new policies or procedures for review. This month's committee meeting will be cancelled.

Nursing Department: David Mitchell

The number of travel nurses has decreased from 17 to 15. This number will decrease again by one in November.

The staffing office continues to manage call outs and FMLA absences. Call out numbers have slightly decreased in the past two weeks.

Interviews have been completed for an Infection Control RN. We hope to make an offer this week.

Applications for the open nurse educator position are being reviewed and interviews will be organized soon.

Operations Department: Heidi Gee

There was an episode of the EHR being offline due to a circuit in need of repair. It was off line for about three hours. We don't expect the issue that caused this to occur again. Staff handled this very smoothly, without it affecting patient care.

More psychiatric scenarios are being included in statewide emergency preparedness training and exercises, which will be beneficial information to bring back to VPCH.

Other topics:

Me 2 Orchestra performed at the hospital last month. Call and Response will be performing next week at VPCH. NAMI support group continues once a month.

Question: Can Six Core Strategy meetings be added to the Advisory agenda to help with communication of the dates they occur?

Answer: Committee meeting dates will be added starting next month.

Next meeting:

November 28, 2016 1330-1530