

Vermont Psychiatric Care Hospital

Advisory Committee Meeting Minutes

November 28, 2016

1330-1430

Present: Jeff Rothenberg, VPCH CEO, Heidi Gee, VPCH Director of Operations, Scott Perry, VPCH Director of Quality, Karen Barber, DMH General Counsel, Kathy Bushey, VPCH Associate Nursing Executive, Cathy Rickerby, community member, Laurie Emerson, NAMI Vermont, Michael Sabourin, VPS Patient Representative, Eva Belatski, DRVT

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 increased over the past two weeks, with an increase in patient to staff assaults, as well as 1-1's which has contributed to an increase in staff being needed for overtime and an increase in staff being mandated.

Two weeks ago, David Mitchell announced his retirement, effective December 1. He has been working with Kathy and me to make sure all his responsibilities are covered. The hospital will be advertising for a Chief Nursing Executive, and Kathy Bushey will be the lead Nursing Administrator.

David and I were working on a change to the Training and Education department. We believe it would make more sense for Ernie Lapierre and the Nurse Educator to report to the Quality Department as opposed to the Chief Nursing Executive. With David's retirement, this change will start now.

Ernie Lapierre has been working on changes to the orientation program for permanent and temporary staff to begin in the New Year. He is also working on updates for orientation for traveling nurses and new graduate nurses (RN Is) who are right out of nursing school.

We continue to hire mental health specialists, both permanent and temporary, as well as permanent nurses. Advertising for those positions is ongoing. We are in the process of checking references on 8 mental health specialists, and hope to fill our 6 open MHS permanent positions. We currently have one RN II we have made an offer to, and a traveling nurse who is interviewing tomorrow for a RN II position. We also have 3 active RN 1 applicants.

In addition to the 3 RN 1 applicants, we are hosting 2 classes each from both UVM and Norwich University. These are bachelor level student nurses doing a spring course at VPCH one day a week for the semester. Last year we did have student nurses at VPCH, but we also needed to cancel hosting due to schools not having enough instructors for these courses.

We have hired a .5 FTE Infection Control RN who starts today. This position will be a part of the Quality department.

We have multiple applicants for our BASU, Staffing Manager, and Psychiatric Social Worker 1 positions. These are in the interviewing and hiring process.

The EHR rollout continues to go well. All the hardware and connectivity issues are working as planned. Clinical staff, medical records, quality are all working to ensure that the hospital is using the EHR per the principles we developed around the EHR, while looking to support and improve the clinical care we provide.

Safety at VPCH continues to be an ongoing area of focus. We continue to have low levels of EIP's. The most recent quarters' data from DMH presented last week at the Emergency Involuntary Procedure Review Committee again shows VPCH having the lowest number of EIPs as measured among Level 1 units, averaging .40 hours per 1000 patient hours over the past year, compared to a nationwide average of .95 hours. All the Six Core Strategy workgroups are meeting regularly and working on improvement projects.

Data Committee 12/14/2016 0730-830

Consumer Roles 1/19/2017 1400-1500

Seclusion and Restraint Prevention Tools 12/8/2016

Leadership Committee 12/2/2016 1330-1430

Workforce Development 11/22/2016 1330-1430

An offsite elopement occurred during a DA visit as part of the patient's aftercare planning. Staff who were present performed superbly as they had excellent collaboration with Burlington P.D. The patient was out of custody for less than 15 minutes. A thorough debriefing was done, and ideas generated for follow up in several specific areas.

There was a recent article in Vermont Digger regarding continued funding for VPCH and Brattleboro Retreat, under the 1115 health care waiver between State of Vermont and the federal government/CMS. As part of the agreement, DMH and AHS will be working on developing a plan to be able to measure the impact on the mental health system as a whole by using waiver funding for VPCH. There will be no changes to funding for VPCH for the next few years.

Earlier this month, the hospital proposed piloting a staffing plan which reduced a nurse and increased a mental health specialist on the C/D unit during second shift. This is due to start in January.

Last week a Labor Management Committee meeting occurred. Staff continue to be concerned about mandating and safety. It was agreed that the hospital would prioritize setting up a mandate list to be posted outside of the staffing office. Rachel, the VSEA staff person who works at the Veterans Home, has offered to help design a process that can be quickly and fairly

implemented. Staff were also pleased that the hospital is piloting reducing the number of nurses on C/D unit on second shift.

The CEO and Governing Body testified in front of the Health Reform Committee about nursing staffing at VPCH. We reported the clear increase in nurse hires since the salary increase went into effect, and that we continue to use traveling nurse companies to fill our nurse vacancies and that the hospital is averaging a census of 24.5 for this calendar year.

The hospital is clearly going through a transition period, with a lot of events happening, but leadership is committed to communicating with staff constantly during this period and is hopefully having an all staff meeting later this week to continue to do so.

Question: Can you provide more information about the RN position reduction?

Response: On second shift, there will be a two-month pilot for a staffing model that includes two RNs and an additional mental health specialist position.

Question: Did you make any requests during testimony at Health Reform Committee?

Response: We did not make any requests, but did clarify information about the number of nurses being hired and our census. There were other questions for the Commissioner about the state-wide system of care.

Dr. Richards (not present) continues to work with developing training for VPCH staff and implementing Open Dialogue at VPCH. The two new psychiatrists who began in the summer have been a positive addition to the hospital.

Quality

The Dashboard (attached) and October performance measures were reviewed. There was an increase in the number of patients involved in emergency involuntary procedures in October. The overtime rates for mental health specialists is partially related to changes in acuity.

Policies and Procedures

No meeting this month.

Nursing

No additional updates.

Operations

No additional updates.

Additional topics:

Question about Recovery Services and programming for long term patients.

Answer: Programing is individualized for the patients admitted. Jeff will invite Mark Holderbach, Director of Recovery Services, to the next Advisory meeting.

Response: Longer lengths of stay are due to multiple reasons such as court and forensic timelines, community placements, and clinical needs of patients hospitalized.

Question: Are the long-term patients involved in events that were just reported out on?

Response: Longer term patients are not usually involved in patient or staff events.

Question: Will VPCH be considered a nursing home?

Response: We are providing active treatment and meeting standards for patients hospitalized at VPCH, who per regulation, are receiving hospital-level care.

Question: What does discharge planning look like?

Response: Jeff will ask Dr. Richards to talk about the process of discharge planning, who is involved and how treatment teams move forward through challenges that may arise.

Next meeting: There will be no December meeting. The next meeting will be on January 30th, 2017 at 1330.