

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

Date: June 27, 2016

Time: 1330-1430

Present: Jeff Rothenberg, VPCH CEO, Dr. Alisson Richards, VPCH Associate Medical Director, David Mitchell, VPCH Director of Nursing, Scott Perry, VPCH Director of Quality, Heidi Gee, VPCH Director of Operations, Sarah Sherbrook, VPCH Quality, Michael Sabourin, VPS, Lindsey Babson, DRVT, Community members: Cathy Rickerby, Ruth Grant

CEO Report: Jeff Rothenberg

The hospital census is currently at 24. Since late May there have been two patient-to-staff assaults.

Staffing has continued to be a challenge. Patients requiring 1:1s as well as staff vacations has resulted in the need for voluntary and mandated overtime.

This combination of recent assaults and overtime usage has required us to look at patient acuity daily. These are variables we consider when admitting new patients.

Emergency Involuntary Procedures in May and so far in June have remained low in comparison to national averages and with recent trends at VPCH.

The Six Core Strategy Committees are all moving forward again:

The Leadership Committee is reviewing the Kevin Huckshorn consultant report from her visit to VPCH in April 2015. We are looking at what has been accomplished and what remains to be followed up on from her recommendations.

The Workforce Development Committee moves forward preparing trainings based on SAMSHA and evidenced based Trauma-Informed care. This group is piloting new meeting times to engage staff on other shifts in the work of the committee.

The Data Committee continues to fine tune the reports it gives out, and is looking into requests from Leadership Committee to review second level data about Emergency Involuntary Procedures such as what shift, what time, and who was involved.

The Debriefing Committee continues to see high returns of both staff debriefing and patient debriefings.

The Consumer Roles Committee is reforming, with recent internal emphasis on getting more staff involved.

The Seclusion and Restraint Prevention Tools Committee has been led by Dr. Desjardins with strong external involvement. We recently had an internal meeting to transition this committee to Dr. Richards. There have been attempts to engage more direct care staff in this committee.

VPCH is preparing for a planned transition in Medical Directors and physicians. Dr. Richards will provide more information about this in her update.

The increase in nurse salaries was approved, and has gone into effect. Advertisement both in print and radio are planned. David will provide an update on recruitment.

Due to several staff retirements and end of FMLA's, we had 7 permanent Mental Health Specialists openings, of which we have recently filled 5, with good candidates for the other 2 being identified. The majority of these staff will start orientation in July. We still have over 10 temporary MHS positions open and have recently filled one of these.

The Joint Commission will be completing its 3-year reaccreditation survey before the end of July, and the hospital believes itself to be ready to be surveyed.

Treatment plan transition is in process and due to definitely start August 1, but may start earlier. The goal is to make it more efficient for physicians while at the same time involving patients and more direct care unit staff in the treatment plan meetings. Activity Therapists will be taking a more active role in the treatment planning process, which will enhance our Person-First emphasis.

David will speak to you about continued success of the educational Associate Mental Health Specialist program, which offers a promotion opportunity for Mental Health Specialists.

There are many updates from Recovery Services. The garden was enlarged to utilize more of the space in the Courtyard. This provides clients a place to be a part of the community at VPCH and have a direct hand in the care and harvest of the food they eat, as well as an opportunity to engage in an activity many people do when they are not in the hospital.

After months of planning and coordination, June 13th saw our first NAMI connections group at VPCH. We had originally planned to hold the group once per month, however there was such a great response from volunteers that we are able to provide this group twice a month.

Since the beginning of the year we have been offering Beading Ceremonies to people who are leaving VPCH. This is a ceremony to mark their transition from VPCH to the community. In this ceremony each participant (Staff or client) takes a bead from a bowl, places it on the string and shares a memory of the person leaving, wishes them well or in general says something nice. The person being discharged receives a keychain with the beads, which they receive when leaving. This has been well received and helps to give some closure to their stay at VPCH. Each person leaving is asked if they wish to have the ceremony; it is not compulsory.

Recovery Services continues to adjust the schedule to the changing needs of the people we serve. New groups are added and others put on hiatus until they are requested by clients again. We have added Substance Abuse Groups as well as individual work in this area. We have added Music Therapy groups as well as individual work in this area. There has been much enhancement to the Cooking Groups. The Cooking Group has made food for our monthly Staff and Client Socials. This week we will have our first Client/Staff BBQ. It will be held in the yard and will include staff from the units and hospital

In June we added an additional day of Pet therapy with Haley and Catherine.

Over the coming months Recovery Services will be more fully integrating the use of WRAP and its components into the support offered at VPCH.

Recovery Services is getting a Volunteer Coordinator who will be doing a needs assessment for VPCH to determine what areas are needed for volunteers and work on collaborating with the community to fill these needs.

Case Conferences and Monthly Clinical Trainings continue to occur with more planned for the upcoming months. Topics of monthly clinical trainings have included Mourning Fox, DMH, on The Influence of Respect and Acceptance on Patient Adherence and Potential for Violence. We've also recently sent more staff to Intentional Peer Support training and in the fall are looking at reviewing our new staff orientation to update it. We've noticed a convergence of ideas around Open Dialogue, Intentional Peer Support, and other more familiar approaches like WRAP and DBT, and are looking at how we teach that to staff and include these topics in orientation as well. When asked about training and tools for de-escalation, Kevin Huckshorn stated that "there is no commonly used de-escalation tool. I wish there was. This is because effective de-escalation is completely reliant on staff interpersonal competencies and an understanding of customer service skills and competencies. This ability to de-escalate any person relies on the ability of staff to have 1) developed a meaningful relationship with that person, 2) to be authentically empathetic and put themselves in clients place and 3) to use their personal power, as staff, to advocate to meet the individuals needs quickly and in real time."

We continue to work on reviewing and implementing, as appropriate, recommendations from the Nursing Consultant Report. In addition, we are discussing other items that were identified as needing additional consideration and evaluation. For instance, we are continuing to drill down on turnover and absenteeism. We are reviewing internal data and comparing it to national averages to look for areas of improvement. We will meet with staff again on all shifts after the Joint Commission comes to further update them and provide responses to their suggestions.

We continue to meet bimonthly with CVMC leadership. Our relationship with CVMC as well as with Copley hospital is very strong.

We are coming up on the end of our 2nd year of patients being treated here, and are planning a potluck for all three shifts later in July.

Medical students and residents will be at VPCH. There is currently a social worker and activity therapist position open, which are under recruitment.

Discussion followed about the role of DMH Care Management and the attempt to support continuity of care for individuals re-hospitalized within 30 days from a previous discharge.

Dr. Richards: Medical Director Report

Dr. Richards introduced herself to the Advisory and announced that she will be assuming the role of Medical Director in August. Drs. Genevieve Williamson and Patricia Fintak will be starting at VPCH later this summer. Dr. Desjardins will continue to be at VPCH, but with reduced hours. The medical staff continues to look at areas for improvement including treatment plans, and ways to expand the process to be more inclusive of person-first and patient-centered care.

Quality Review: Dashboard

The Dashboard for May was distributed and reviewed (attached). Discussion followed about overtime rates and clarification that travel RN numbers are not included in the Dashboard data, although they do work overtime. Comment made by Advisory member about the 92% rate of individuals not involved in Emergency Involuntary Procedures for the month of May. There are various elements that contribute to EIP rates across different Level I hospital settings within the Vermont system of care.

VPCH Quality will bring a quarterly EIP report to the July Advisory meeting.

Policies and Procedures: Scott Perry

The next Policy Committee Meeting will be held on Thursday July 7th at 2:30pm. The most recently revised version of the Dress Code Procedure will be reviewed.

Nursing Department: David Mitchell

There are 28 active participants in the Associate Mental Health Specialist course. Those who finish will be eligible for promotion. The group just finished an exam and will be taking a brief summer break.

One Registered Nurse I has finished their six-month preceptorship. The second Registered Nurse I is tentatively scheduled to finish in July. The nursing department is looking at current nurses who may be preceptors, as this requires a time commitment.

There are currently 17 slots filled by travel nurses. Six are on first shift, four on second, and seven on third shift. One Registered Nurse II has recently been hired and will attend

orientation this summer. Five permanent Mental Health Specialists have been hired, as well as two temporary Mental Health Specialists and one Mental Health Recovery Specialist.

Hospital Operations: Heidi Gee

Progress is being made toward implementing the hospital intranet following the Office 365 and SharePoint migration. Connectivity and equipment issues have been addressed with the EHR and a fall implementation date is anticipated.

Next meeting:

July 25th, 2016, 1:30-3:30