

Vermont Psychiatric Care Hospital

Advisory Committee

DATE: August 29th, 2016 TIME: 1330-1400

Present: Jeff Rothenberg, VPCH CEO, Dr. Richards, VPCH Medical Director, Kathy Bushey, VPCH Associate Director of Nursing, Heidi Gee, VPCH Director of Operations, Scott Perry, VPCH Director of Quality, Sarah Sherbrook, Laurie Emerson, NAMI, Michael Sabourin, VPS, Anne Donahue, community member, Kate Purcell, community member.

CEO Report: Jeff Rothenberg

The hospital census is 23 and has been between 25 and 23 since our last meeting. Census is at 23 right now due to specific patient acuity. Dr. Richards will speak more about acuity and admission considerations.

The Joint Commission returned on August 12th as part of their 45-day return visit to ensure VPCH addressed all 19 conditional level deficiencies. The reviewer was extremely impressed by progress made in addressing all infection control and treatment plan findings. Three of the 19 deficiencies remain; however, due to the small number and new scoring method, there are no conditional level deficiencies at this time. The three standard findings remaining were in cranial nerve documentation, mental status exam documentation and treatment planning for patients who don't speak English. The written response to all of the deficiencies, including those that have been corrected, is being written up. The corrective action plan submission deadline is September 11, 2016. Special thanks to Scott Perry and Sarah Sherbrook for their efforts to have this visit go successfully as well as Dr. J Batra, DMH Medical Director, who assisted with corrections related to treatment planning.

Staffing has continued to be a challenge due to summer vacations and acuity on the units requiring 1:1 observation of patients. Vacancies which have been filled are just now starting to impact the "count" on the unit since staff are completing their orientation process. Mandatory overtime is occurring, or close to occurring, on many shifts. The recent influx of traveling nurses and MHS entering the count is starting to have positive impact.

There were five minor patient-to-staff assaults and three moderate patient-to-staff assaults in early August, resulting in 3 staff being evaluated at the emergency department. All staff have returned to work at this time. Hospital staff are working closely with legal and DMH to review the incidents and determine any alternative strategies that would decrease the likelihood of recurrence.

The kitchenettes were fixed on Unit A and then Unit B. There was minimal disruption to patient care and programs, with no negative incidents during the modifications.

EHR implementation is moving forward; expecting to go live on October 3rd, 2016. VPCH leadership is very involved as we enter the home stretch for the implementation and preparation for full deployment.

EIP data reported recently by the Department of Mental Health continues to show VPCH sustaining very low rates for similar populations within Vermont and nationally.

The Copley partnership for pharmacy services and CVMC partnership continues to go well. We will be having an introductory meeting with Copley's new CEO this week.

We are currently advertising for temporary Mental Health Specialist and permanent RN positions.

A psychiatric social worker position has been open since December. We recently decided to open a social worker trainee position, which is an unlicensed position.

Public Comment: What supervision and job expectations are there for the trainee position?

Response: The employee may require training and additional supervision from the department director. CMS does not require licensure for this position. Not all social workers on inpatient psychiatry units in Vermont have a license.

Eileen Worcester has resigned as Director of Education. She had also been filling the role of Infection Control Practitioner. The nurse educator is a full time position, which will be split to Infection Control position so we will have a full time training position. These positions will be posted soon.

Medical Director's Report: Dr. Alisson Richards

Dr. Richards is returning from medical leave and is now in the role of medical director. Two new physicians, Drs. Williamson and Fintak, have joined the medical staff. The medical staff is continuing to look to the future and stay focused on person-centered care, Open Dialogue, dialogic practice. An upcoming intensive training through the Collaborative Networks Approach will include staff from VPCH.

Mental status exams and cranial nerve exams continue to be followed up on following the Joint Commission survey. Tracking, monitoring and follow up are important areas of documentation. On call physicians are receiving additional education, feedback and support on these topics.

Treatment planning is being aggressively addressed. Recovery Services and attending psychiatrists are leading treatment planning, which will continue to evolve over time.

There is a higher level of acuity on one unit related to one patient who has been involved in a number of physical assaults. Safety issues have been felt among staff and other patients. These factors have contributed to an increase in risk and decisions about admissions appropriate for the hospital during this time.

Question: Is there any accountability for patients involved in assaults following these events?

Response: The state's attorney is responsible for pressing charges. There are nuances around each event and the clinical presentation of the patient.

Discussion followed about expedited involuntary medication hearings and efforts by hospitals to prevent emergency involuntary procedures.

Question: Are there national data about rates of patient-staff assaults, and employee injuries related to emergency involuntary procedures? Is there a relationship between employee injuries and emergency involuntary procedures?

Response: There is no national framework about emergency involuntary procedures and employee injuries. VPCH has developed their own internal processes to follow up and evaluate these data points. Discussion followed about emergency involuntary procedures and environmental elements at VPCH that support brief emergency involuntary procedures and opportunities to de-escalate situations without the use of involuntary procedures.

Quality Review

All of the findings from the Joint Commission survey were initially standard, but rose to condition level due to the number that were identified.

Dashboard (see attached)

Performance Measures for July 2016 were reviewed, with comparison to fiscal year 2016 data. Discussed overtime rates for mental health specialists, which remain higher than average but are on a downward trend over the last quarter.

The pay scale increase for State of Vermont registered nurses was approved. High demand for psychiatric nurses and attempts to recruit registered nurses at VPCH continues. Norwich University is sending nursing students to VPCH. The Department of Human Resources continues to be a resource for recruitment strategies. VPCH plans on again hiring new graduate nurses in the future.

Policy and Procedures: Scott Perry

The monthly Policy Committee meeting will be postponed until next month.

The Medical Staff, under direction of Dr. Desjardin is addressing violence risk assessment, which is being addressed on a case-by-case basis about potential community notifications needed. There is also an educational piece for the social work department. NAMI Family to Family course is an additional resource.

Nursing Department Update: Kathy Bushey

We have 17 traveler positions. Two started last week. Some travelers have extended their contracts. Two traveler RNs have accepted permanent hospital RN positions.

Mental health specialist positions have been filled. Candidates for temporary positions are being considered. There are currently four potential RN candidates.

The Nursing Department has completed the main customizations required for the Electronic Health Record.

Operations Update: Heidi Gee

The kitchenette doors were installed on Units A and B. The construction process went well.

The pharmacy system for the Electronic Health Record implementation is underway. We are on track to go Live with the system on October 3rd, 2016.

Other topics:

At the next meeting we will share information about patient visitors to the hospital.

Discussed content that would be helpful to post on the VPCH webpage, including the Patient Handbook.

Next meeting:

September 26th 2016, 1:30-3:30