

Vermont Psychiatric Care Hospital

Advisory Committee

DATE: September 26th, 2016 TIME: 1330-1400

Present: Jeff Rothenberg, VPCH CEO, David Mitchell, VPCH Chief Nursing Executive, Scott Perry, VPCH Director of Quality, Frank Reed, DMH Commissioner, Laurie Emerson, Eva Bolinsky, NAMI, Michael Sabourin, VPS, Kate Purcell, community member.

CEO Report: Jeff Rothenberg

The hospital census is 24. Census has been between 24 and 25 for the last two weeks. Acuity in the hospital over last month has gotten better, though one patient right now is requiring 2-1 staffing for multiple assaults on staff over the past two weeks.

VPCH's written responses to all the findings that TJC found during their visit from June 29 to July 1st was submitted on Sept. 11th. This was to comply with the 60-day time period. On August 12th during the unannounced resurvey, 2 of the original findings were not cleared. In addition, one more finding was made requiring that the hospital improve the use and documentation of translation services when a person who does not speak English is hospitalized here. VPCH is currently correcting these 3 findings and will report those corrections electronically to The Joint Commission by October 14, 2016. Hospital leadership anticipates that these 3 findings will be fully corrected and approved and that VPCH will retain Joint Commission accreditation and CMS certification.

Staffing has continued to be a challenge but has improved over last month, due to new staff finishing their training. There is currently one patient who has a 1-1 and one patient who has required a 2-1 the last week due to multiple assaults, both of which have caused a strain on staffing.

EHR implementation is moving forward and we just started our intensive staff training week, with Go-Live scheduled for 6:30 AM next Monday at shift change. Equipment, connectivity issues, pharmacy issues, and form creation are all on track. We have moved from planning implementation to the implementation stage with the Steering Committee now meeting each morning to check in. A readiness survey was done last week by AHS-IT and they gave the go-ahead for the Go-Live. They also identified some issues that are being addressed, including need for VPCH to have a Business Application Support Specialist, which other departments have. VPCH is working with DMH to finish the process so such a position can be advertised for.

The Copley partnership for pharmacy services and CVMC partnership continues to go well. The new Copley CEO visited VPCH and reported how well he heard the partnership was going from Copley's perspective.

We are currently advertising for temporary Mental Health Specialist and permanent RN positions, as well as an Infection Control position.

A psychiatric social worker position has been open since December. We recently decided to open a social worker trainee position, and needed to go through state process for this. Right now it is with classification which hopefully will not take more than another week to decide pay grade and we can move forward with advertising and hiring.

Dashboard data shows that we have 6 patients who have been here more than a year. In looking more closely at groups of people who stay here for a long time, they break down into three main categories: individuals who need nursing home level of care; individuals with different types of competency, sanity, and public safety issues; and those who require individualized placements, which need to be developed, funded, and then implemented.

Medical Director Report

EHR training commences for all full-time psychiatrists as well as training for the on call psychiatrists on Thursday evening.

The 2 new psychiatrists will be attending the Collaborative Network approach training (CNA) training in Vermont along with 4 other VPCH staff members. The training is based upon Open Dialogue and the goal is to continue the training statewide as several of the DAs have "trainers". Our trainer is Greg Tomasulo. The training is 15 sessions in 5 3-day long trainings over the next year.

Acuity is moderate. We have had several admissions from Corrections recently and have had to make moves to separate patients due to patient-patient aggression. Our one patient on D unit who had been on a lower census unit is on court ordered medications and D unit has been full for the past 2-3 weeks.

Treatment planning continues to be evaluated and Dr. Richards plans on working with Dr. Batra to continue to do audits to ensure we are following regulations.

Recovery Services is working on streamlining the treatment planning process including scheduling via Outlook calendar. Dr. Richards continues to work with RS to work towards changing the treatment planning process to be meaningful for patients and patient-centered.

Operations Update

EHR implementation is moving forward with Go-Live scheduled for 6:30 AM next Monday at shift change.

Admissions Staff- Due to information from HR re a position that has been on an extended WC, we have been given permission to double fill that position, which we did internally.

BGS Staff continue to be an asset to hospital. They were instrumental in getting additional electrical outlets for the pharmacy.

The hospital had a full scale fire drill involving patients and all staff, which was attended by Berlin F.D and State Fire Marshal. A full debriefing occurred after and the hospital identified some areas of improvement, which we are correcting.

Nursing Update

Currently there are 17 travelers (6=D, 4=E, 7=N). Will reduce by 1 on eves (hired one of the travel nurses). We will have nursing students from UVM here for spring semester (January). Also will host senior practicum students (if any select VPCH). There are 84 seniors to place.

Two nurses attended preceptor training from the VT Nurses in Partnership → Evidence Based Preceptor Development. The goal is to improve experience for RN I's that are hired in the future. Four VPCH staff were invited to apply to become Adjunct Faculty in Nursing at UVM.

VPCH is Interviewing for Director of Education and Training (Nurse Educator Administrator is new job title) as well as recruiting for Infection Control position.

Hiring/Recruiting from Kathy:

2 RN's, 1 temp MHS begin orientation on Monday 10/3

Job offers out to 2 others for temp MHS positions

One temp MHS converting to permanent

Two other temp MHS's considering offers for permanent

Two staff nurses promoted to charge nurse

Questions:

Kate – Is there anything that stimulates assaults?

Management looks at each EIP in multiple ways to understand what stimulates assaults. This includes debriefing of staff immediately after assault, treatment team review the next day, and senior management weekly review to look at trends

K.R – Is the person on 1:1 ready to “talk it down”?

Yes, someone is right there to talk to them.

M.S – Is the EHR secure?

Yes

M.S – Is it available to patients online?

No

M.S – How do Pt's see it?

They can view w/staff assistance or hard copy.

K.R – What about contract w/CVMC re taking people to their nursing home?

DAIL and DMH reps meeting w/ two different nursing homes that are interested in working with hard-to-place individuals. Still in process.

K.R – Is agreement between VPCH and nursing homes?

No, state-wide.

Kate – Why don't people go to Middlesex?

Sometimes individuals do not want to go there, they can refuse voluntary options.

K.R – Can people refuse to be discharged?

We have not forced someone out the door.

M.S – What is life expectancy of MTCR building?

Several more years, but maintenance is required. Still looking at

State-run facility and “Broadest possible management”.

K.R – Did the Six Core Strategy workgroup on Consumer Roles in Inpatient Setting group meet in September?

Yes. Jeff, gave overview of meeting, and will follow up with Becky re minutes and making sure everyone knows of next meeting.

L.E – Can you put visitor hours and what items can be brought in on website?

A PDF is being created on website in October.