

VPCH Advisory Meeting

August 27, 2018

Attendees: Emily Hawes, Scott Perry, Greg Tomasulo, Laurie Emmerson, Diane Bugbee, Alisson Richards, Karen Barber, Jeremy Smith, Heidi Gee, Michael Sabourin

CEO Update:

Greg is taking over for Elliott Benay – VPCH is very excited. Greg leads Open Dialogue state wide.

Want to review Advisory Charter and decide what makes sense.

Had a sudden death of a nursing supervisor recently who had been with us for 15-20 years. Soon will be hiring for his replacement – posting that schedule soon. Will have an uptick in travel nurses starting in September if they can find housing. Have run into issues with having housing available for travelers.

Have worked hard on streamlining recruitment and training. Will work to get permanent employees in the door.

CMS survey in July for 3 days and no findings.

Medical Director Update:

Dr. Roven just started in the beginning of August. Had lost a full-time position for about 10 months, so great to be back to 3 FTE. Just graduated from UVM. Dr. Richards worked with her as a resident.

DON, medical director, and leadership have been working on a big change to rounds to make them more patient centered. “Nothing about me without me” philosophy. Piloted it at MTCR and that’s the direction it is going here – just trying to get everyone on board. Having yet set goals but working on it. Want to try and improve community contacts.

Q: how often do you do rounds? A: five days a week

Trying to constantly improve, make it fluid, good chance for people to exchange ideas. Patient’s choice if they want to participate.

Q: how does this happen? How do you maintain confidentiality? A: reserve a room on the unit and ask people to join and then shut the door – create the confidentiality and privacy.

Q: one thing you talked about last time was assigning one doctor, one social worker, etc. per unit. That still moving forward? A: yes, this is all part of the same process. Right

now, it is spread out across all units, so it's trying to move in that direction. Looking at pros and cons, don't have a go live date right now. Trying to address staff concerns.

Operations Update:

All the trees are gone in the front. Been re-grassed. In either the fall or spring, plan to plant some new trees that are more stable for this environment. Needed to come down because of the instability of the grove.

Joan West, our dietitian and a master gardener, had another master gardener come and evaluated the center area and gave some feedback about how to utilize the space in a more efficient manner.

Earlier in the season, dedicated a remembrance garden. Did it with patients and staff. Have the seeds on hand if someone wants to plant during the year.

Q: has there ever been any idea of having any outdoor space for family and/or loved rooms when they are visiting? A: we have done it before, may need to incorporate it into our process to think about it being offered. Need to think about staffing needs. Maybe a picnic in the courtyard.

Quality Update:

Discussed dashboard. See attached.

Q: Have you ever tried to capture the length of stay for people who are waiting to leave? When people are no longer in need of hospitalization. A: that's a really complicated ask with lots of variables. Talking internally about different data points.

Nursing Update:

Stephanie out this week. Emily filled in.

Safety Council meets every other week, comprised of staff – mostly MHS and nursing staff. Have already done verbal de-escalation training. Now starting hands-on trainings (in addition to those already done through Pro-ACT). Roll out in the next month or so. All staff will go through that.

Changed EIP debriefing tool – use the Six Core Strategy debriefing tool. Starting to see a change in how staff are debriefing. Ask staff to stay 15 minutes after shift to do debriefing so that everyone involved can attend. Hopefully will be a learning opportunity.

Visitor Handbook Discussion

There is a draft version in the works. Does still need some work. Compared with other hospitals, Kathy Rikersby had brought some examples. Stephanie went through and re-did the handbook. Welcome feedback. Can send out and chat about it next time.

A: few links that aren't working on the DMH website. A: the worksite is under construction, if you are ever missing something, just call the DMH line and we can get it to you. It's a work in progress.

Q: what do they get now? A: they can get a copy of the patient handbook, but there is not "handbook" right now. Q: would be helpful for family, especially around privacy issues. A: yes, that would be helpful. Also, could be something social work could help. Q: do we have our hours on the website? A: not sure, have to look. Q: maybe add support groups for family members – like NAMI. A: makes sense. Q: can we add online? Send out to family, DAs, etc.

Advisory Committee Charter Review:

Initially in May 2014. Wanted to review and update if necessary – do they make sense? Need changes?

Q: part of the problem is getting these people to come. A: yes, did reach out to a few people ahead of today's meeting. It's a complication. Q: maybe it should be less than monthly to get more people to come. A: yes. Might be a good pilot project. Sometimes meeting monthly there just isn't enough to go over. Having it less often would provide more info. Provide dashboard monthly and meet less than monthly – maybe on website or e-mail out. Don't have to meet in person, can always provide comments over e-mail.

People may want to look and talk about next time. Who should be members? With experience – people who have been in the hospital. Washington County DA? Will make some proposed edits and send it out to folks.

DMH Update:

Q: any updates? A: DMH is working with UVM and BR on planning. Nothing new right now. But does cause uncertainty. Especially at MTCR.

Q: what reports are due? Any public meetings? No big public meetings but do plan to reach out to different advocacy groups and other people so people feel more comfortable talking and not feelings as though they are being attacked. Working on transport too – trying to get all sheriffs departments to use unmarked cars, no uniform, soft restraints.

Public Comment:

None.