2013 Hospital Report Card Quality Information

VERMONT PSYCHIATRIC CARE HOSPITAL - INPATIENT UNIT

The Vermont Psychiatric Care Hospital (VPCH) is the state inpatient psychiatric hospital that opened in January 2013 at an interim location in Morrisville, while the permanent hospital was being constructed in Berlin. The interim hospital in Morrisville has 8 beds and is preparing to relocate to the permanent 25 bed Berlin facility in July 2014. The hospital is a secure facility providing acute care for involuntarily hospitalized adults diagnosed with a psychiatric disorder.

The hospital at the interim location opened and began admitting patients on January 2, 2013. The hospital was initially called the Green Mountain Psychiatric Care Center. The name of the hospital changed to Vermont Psychiatric Care Hospital on April 7, 2014.

In this report, the current name of the hospital, Vermont Psychiatric Care Hospital, will be used.

During calendar year 2013, VPCH admitted and treated 42 patients.

Patient Safety

Patient Falls: During 2013, a total of six patient falls, by five unique patients, were reported.

The severity level of all patient falls was minor, which means that the patient required either no treatment or immediate first aid. None of the patient falls resulted in an injury that required further medical assessment or treatment.

Multiple Antipsychotic Medications: Thirty four patients were discharged from VPCH during 2013. Several patients were admitted to VPCH while being prescribed more than one antipsychotic medication as outpatients. One patient was discharged on two antipsychotic medications.

Vermont Psychiatric Care Hospital
Emergency Involuntary Procedures Data Summary
Calendar Year 2013

Seclusion	
Average length of an episode of seclusion	1.08 hours
Total episodes of seclusion	37
Seclusions per 1000 patient hours	0.56
Number of patients secluded at least once	14
Percent of patients secluded at least once	33%

Emergency Involuntary Medication	
Total episodes of emergency involuntary medication (EIM)	31
EIMs per 1000 patient hours	0.47
Number of patients receiving EIM at least once	12
Percent of patients receiving EIM at least once	29%

Vermont Psychiatric Care Hospital
Emergency Involuntary Procedures Data Summary
Calendar Year 2013

Restraint – Mechanical and Manual	
Average length of an episode of restraint	22.76 minutes
Total episodes of restraints	33
Restraints per 1000 patient hours	0.50
Episodes of restraint lasting 5 minutes or less	22
Number of patients involved in any type of restraint at least once	12
Percent of patients involved in any type of restraint at least once	29%

Screening and Assessment

Admission Screening: All patients treated at VPCH are admitted involuntarily and all have been diagnosed by an admitting psychiatrist with a treatable mental illness.

Patients come to the hospital through what is called the "civil" route, which is usually initiated in a hospital emergency department or through a designated agency's mobile crisis team. These individuals are hospitalized because they are believed to present a significant risk of harm to self or others.

Patients also come to the hospital under what is call the "forensic" route, which means that a judge has determined that the individual accused of a crime requires a forensic evaluation before the legal process can move forward. Forensic evaluations take place at VPCH.

Pain Assessment: All patients admitted to VPCH receive an assessment of pain during the admission process by a registered nurse and by a physician.
A registered nurse assesses each patient for pain and at least once a day throughout the hospitalization.

Care Planning

Treatment Planning: An Initial Treatment Plan is developed by the core treatment team, which includes the patient, within 24 hours of admission.

A Comprehensive Treatment Plan is written within 7 business day of each patient's admission. The patient is always encouraged to attend and participate in the development and updating of the plan, and the majority of patients attend and participate in treatment planning meetings.

Following the development of the Comprehensive Plan, each patient's Treatment Plan is updated at least every 14 days for the first 60 days of hospitalization. After 60 days, the plan must be updated at least every 30 days throughout the remainder of hospitalization.

Throughout hospitalization, treatment teams meet every day to discuss, evaluate and when necessary, modify treatment being provided for every patient.

Discharge Planning: Planning for discharge begins at the time of admission, and often begins even before the patient has been admitted.

The social worker is the team member primarily responsible for discharge planning, but all members of the team – physicians, nurses, mental health specialists, recovery service clinicians, and psychologists – participate actively in helping the patient prepare for discharge from the hospital.

Post-Discharge Continuing Care Plans: Aftercare Plans are developed in collaboration with the patient and others who will provide treatment, care, and support for the patient after discharge.

Every patient leaves the hospital with a written aftercare plan. The plan includes follow-up appointments and often includes prescriptions and guidelines for the use of medications. The plan is shared with outpatient providers and other community supports, either at the time of discharge or within a few days after.

Infection Rates

Rates of Hospital-acquired Infections (HAI): There have been no hospital-acquired infections at VPCH.