Report to the Emergency Involuntary Procedures Review Committee
March 10, 2023

Data Review and Analysis
October - December
2022

Department of Mental Health
AGENCY OF HUMAN SERVICES
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Prepared by
DMH Research & Statistics and Quality Management Units

Contents

Additional data are available at

http://app.resultsscorecard.com/Scorecard/Embed/10396

Definitions

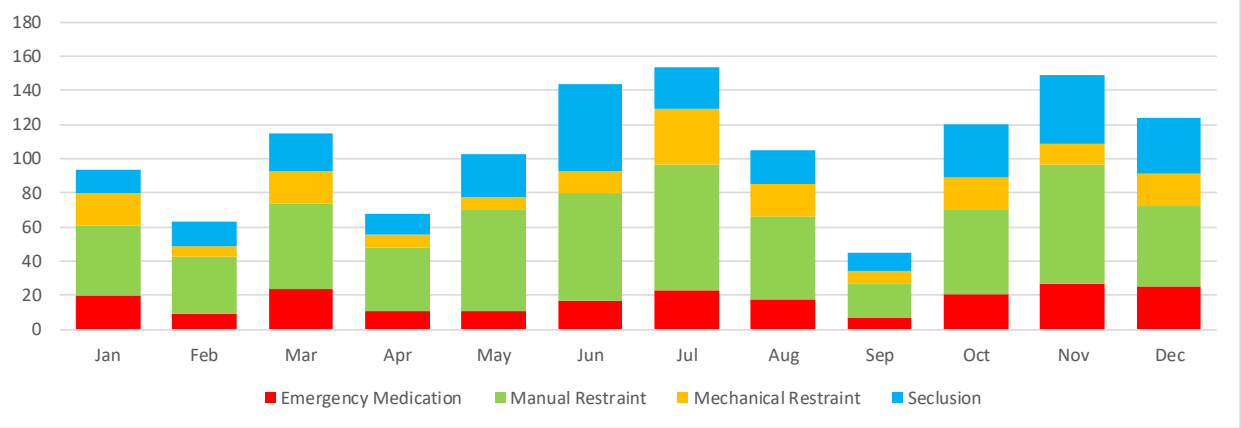
Vermont Designated Hospitals agree to follow Centers for Medicare and Medicaid Services (CMS) definitions for seclusion, restraint and emergency involuntary medication. For reporting purposes to DMH, the following definitions are utilized.

Emergency Involuntary Procedures (EIPs)	Include instances of restraint, seclusion or emergency involuntary medication.
Restraint	A **restraint** includes any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely (CMS 482.13(e)(1)(i)(A)).
Seclusion	**Seclusion** means the involuntary confinement of a patient alone in a room or an area from which the patient is physically or otherwise prevented from leaving. Seclusion shall be used only for the management of violent or self-destructive behavior that poses an imminent risk of serious bodily harm to the patient, staff member, or others. (CMS 482.13(e)(1)(ii).
Emergency Involuntary Medication	A restraint is also defined as a drug or medicine used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement, and is not standard treatment or dosage for the patient's condition (CMS 482.13(e)(1)(i)(B)).
Episodes of Emergency Involuntary Procedures	When clinically indicated, emergency involuntary procedures may be used in combination when a single procedure has not been effective in protecting the safety of the patient, staff, or others. When the simultaneous use of emergency involuntary procedures is used, there must be adequate documentation that justifies the decision for combined use. (CMS 482.13(e)(15)). In the following report, the use of emergency involuntary procedures in combination is referred to as an episode. Episodes can include any combination of seclusion, restraint, or emergency involuntary medication.

Data Reports

Aggregate Procedures: All Units by Type of Procedure

Aggregate Emergency Involuntary Procedures for Involuntary Patients Psychiatric Units by Type of Procedure 2022



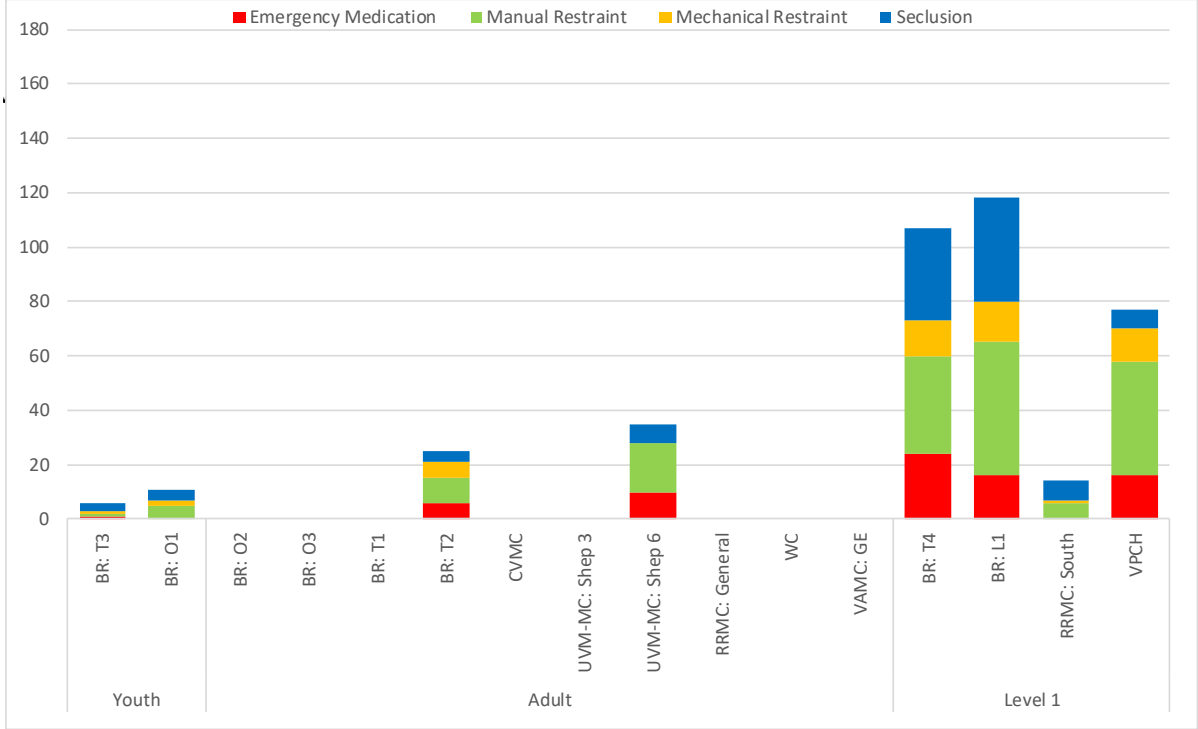
2022

Type of Procedure	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Trend
Emergency Medication	20	9	24	11	11	17	23	18	7	21	27	25	
Manual Restraint	41	34	50	37	59	63	74	48	20	49	70	47	
Mechanical Restraint	19	6	19	8	8	13	32	19	7	19	12	19	
Seclusion	14	14	22	12	25	51	25	20	11	31	40	33	
Total	**94**	**63**	**115**	**68**	**103**	**144**	**154**	**105**	**45**	**120**	**149**	**124**	

Analysis conducted by the Vermont Department of Mental Health Research and Statistics Unit from data maintained by DMH Quality Management. Data are submitted by Designated Hospitals to DMH in compliance with department requests for submittal of Certificates of Need (CON) following emergency involuntary procedures. Procedures for seclusion, restraint, and emergency medication meet criteria defined by the Centers for Medicare and Medicaid Services for clients involuntarily admitted to Vermont Designated Hospitals.

Aggregate Procedures: Type of Procedure by Unit

Aggregate Emergency Involuntary Procedures for Involuntary Patients
Adult and Youth Psychiatric Units by Type of Procedure
October - December 2022



		Emergency Medication	Manual Restraint	Mechanical Restraint	Seclusion	Total Procedures	Total Episodes	Total Time
Youth	BR: Tyler 3	1	1	1	3	**6**	3	4:02
	BR: Osgood 1	0	5	2	4	**11**	3	2:43
Adult	BR: Osgood 2	0	0	0	0	**0**	0	0:00
	BR: Osgood 3	0	0	0	0	**0**	0	0:00
	BR: Tyler 1	0	0	0	0	**0**	0	0:00
	BR: Tyler 2	6	9	6	4	**25**	9	7:34
	CVMC	0	0	0	0	**0**	0	0:00
	UVM-MC: Shep 3	0	0	0	0	**0**	0	0:00
	UVM-MC: Shep 6	10	18	0	7	**35**	27	18:49
	RRMC: General	0	0	0	0	**0**	0	0:00
	WC	0	0	0	0	**0**	0	0:00
	VAMC: GE	0	0	0	0	**0**	0	0:00
Level 1	BR: Tyler 4	24	36	13	34	**107**	47	43:35
	BR: Linden Lodge 1	16	49	15	38	**118**	56	76:15
	RRMC: South	0	6	1	7	**14**	9	8:02
	VPCH	16	42	12	7	**77**	40	22:42
Total		**73**	**166**	**50**	**104**	**393**	**194**	**183:42**

Analysis conducted by the Vermont Department of Mental Health from data maintained by DMH Quality Management. Data are submitted by Designated Hospitals to DMH in compliance with department requirements for submission of Certificates of Need following Emergency Involuntary Procedures. Procedures of seclusion, restraint and emergency medication meet criteria defined by Centers for Medicare and Medicaid Services for clients involuntarily admitted to Vermont Designated Hospitals.

Emergency Involuntary Procedures Rates

Analysis:

Each of the seven designated hospitals sends raw data to DMH in the form of a Certificates of Need (CON) for every EIP conducted on involuntarily admitted patients. Data is abstracted from the CONs and used to calculate the number of hours that involuntary patients were in seclusion or restraint for every 1,000 patient hours on each hospital unit where EIPs could potentially have been administered. (See the data visualization on pg. 6.)

However, because Certificates of Need are only sent to DMH for involuntarily admitted patients (i.e. patients in the care and custody of the DMH Commissioner), this report also includes aggregate data sent to DMH directly from each hospital that includes the number of hours that voluntary **and** involuntary patients spent in seclusion and restraint. Hospitals have conducted preliminary analyses on this data before sending it to DMH. This data cannot be broken out by hospital unit, but is used to provide the overall seclusion and restraint rate for each hospital. (See the data visualization on pg. 7.)

Methodological Note: Rate calculation defined

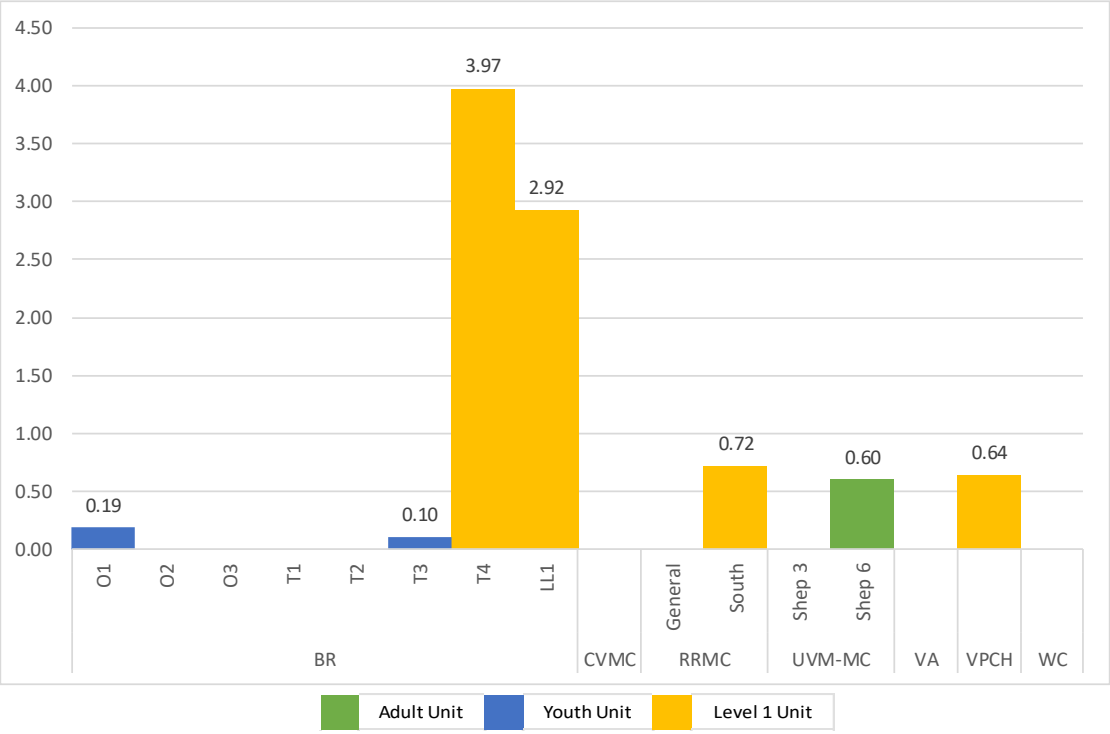
Numerator: Total number of hours that psychiatric patients were in seclusion or restraint (restraint includes all manual and mechanical EIPs)

Denominator: Total patient hours on Level 1 units divided by 1,000 patient hours

$$Rate = \frac{(total\ hours\ of\ seclusion\ and\ restraint)}{\frac{(total\ patient\ hours)}{1{,}000}}$$ -or- $$Rate = 1{,}000 * \frac{(total\ hours\ of\ seclusion\ and\ restraint)}{(total\ patient\ hours)}$$

Combined Rate of Seclusion and Restraint per 1,000 Patient Hours by Hospital Unit

Involuntary Patients Only
October - December 2022



Facility	Unit	Total Patient Hours	Total Time Restraint & Seclusion CY2022 Q1	Rate of Seclusion & Restraint per 1,000 Patient Hours: Unit	Rate of Seclusion & Restraint per 1,000 Patient Hours: Facility
BR	BR O1	14,664	2:43	0.19	0.90
	BR O2	28,008	0:00	0.00	
	BR O3	0	0:00	0.00	
	BR T1	30,240	0:00	0.00	
	BR T2	0	7:34	0.00	
	BR T3	38,760	4:02	0.10	
	BR T4	10,968	43:35	3.97	
	BR LL1	26,088	76:15	2.92	
CVMC	CVMC	21,312	0:00	0.00	0.00
RRMC	General	34,032	0:00	0.00	0.18
	South	11,184	8:02	0.72	
UVM	Shep 3	25,536	0:00	0.00	0.33
	Shep 6	31,344	18:49	0.60	
VAWRJ	VAWRJ	15,768	0:00	0.00	0.00
VPCH	VPCH	35,568	22:42	0.64	0.64
WC	WC	14,760	0:00	0.00	0.00

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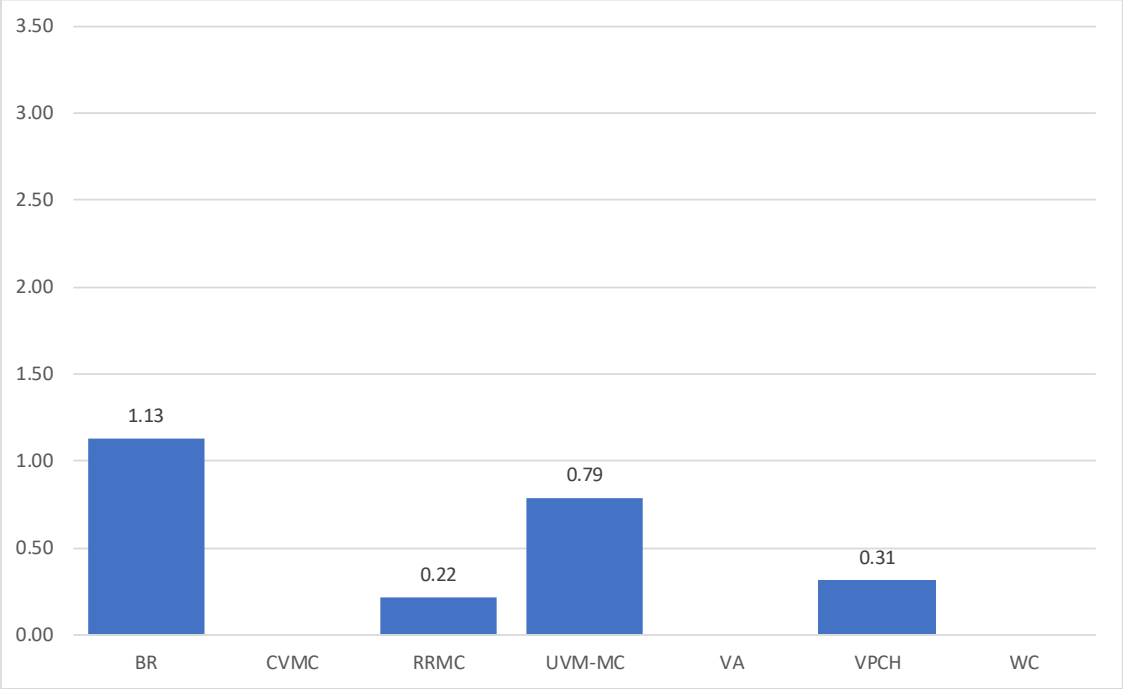
Combined Rate of Seclusion and Restraint per 1,000 Patient Hours by Hospital

Involuntary and Voluntary Patients Combined
October - December 2022



Facility	Total Patient Hours	Total Time: Restraint & Seclusion CY2022 Q4	Rate of Seclusion & Restraint per 1,000 Patient Hours
BR	148,728	167.91	1.13
CVMC	21,312	0.00	0.00
RRMC	45,216	9.85	0.22
UVM	56,880	44.92	0.79
VAWRJ	15,768	0.00	0.00
VPCH	35,568	40.10	0.31
WC	14,760	0.00	0.00

Analysis conducted by the Vermont Department of Mental Health from data maintained by Designated Hospitals.