

Emergency Involuntary Procedures (EIP) Work Group
Department of Mental Health
280 State Drive, NOB 2 North
Waterbury, VT 05671-2010
September 10, 2021 ~ 10:30am – 12:00am

Attendance: DMH Staff: Jennifer Rowell, David Horton, Dr. Tom Weigel, Laurel Omland, Sarah Sherbrook, Karen Barber, Dr. David Rettew; VCPI: Alex Lehning; Amy Stonha, BR: Dr. Chawla, Bonnie McGregor, Alix Goldschmidt, Kayte Bak; DAIL, Suzanne Leavitt; RRMC: Lesa Cathcart; DRVVT: Merry Postemski; VAHHS: Emma Harrigan, VA: Karen Lewicki, Windham Center: Darcy Bixby; NAMI: Laurie Emerson; CVMC: Terri Graham; Dr. Janice Lebel, Dr. Kevin Huckshorn, Ward Nial, Conor Carpenter, Alex DelMarco

Meeting minutes are intended to capture the substantive business of the meeting and should not be construed as an explicit transcript of all meeting commentary

Welcome and Introduction: Introductions took place. Review of agenda items.

Agenda questions – purpose of this group. Inpatient psych units have very few pts under the custody of the commissioner and almost zero EIPs. In the ED's have a ton of people and none are discussed here. Answer: Rule was negotiated and very specifically designed to apply only to inpatient psych units, limited to this.

Updates from Members:

BR: Over the last quarter, we saw an increase in the EIPs April going into May, then a steady decline going into June. We observed a lot of this was initiated on peer-on-peer aggression. We focused on more individualized plans for individuals. We had an individual that wanted the restraint chair, would ask for it and we worked to try to find something different for this individual. Actively in the work of 6CS and really trying to engage all staff to understand our philosophy of care is really shifting. Starting to see the results of that.

CVMC: Last two quarters, 2 EIPS on the same person, otherwise we haven't had any, going very well on our inpatient psych unit. Went to 9 rooms during COVID, lost staff, but now at full capacity again. Things are going really well and feels good.

DA: No representation

DAIL: Vaccination from all staff, have not received guidance on that for all certified facilities yet.

DMH: We continue to review all the specific CON documents that are sent to use for each event/incident. Also, all of the voluntary patients at the BR. Will talk about possible updates to the EIP report later in the meeting.

NAMI: Really see this group evolving with now including the voluntary data. I wonder, as we look to improve this, why not invite and include other providers, such as hospitals, to learn from this group to reduce involuntary procedures all around. Our goal is to reduce and eliminate S/R. Let's invite others to learn from us.

RRMC: We are continuing to move forward toward electronic documents of EIPs. With the increased transmission of COVID in the community we have had to refocus on other things. We are also continuing to move forward with the renovations of the inpatient unit. We are hoping the unit will be much brighter, more welcoming to the patients and more community spaces. We hoped to have a full staff retreat this fall but going to move this to Spring due to COVID.

SH: Were the designated COVID unit, since reopened to the public we have seen an increase in involuntary admissions, however no incidents of aggression from the patients and we seem to be able to keep them pretty well managed and comfortable. Not familiar with any outbursts or incidents of violence when we were designated for just the COVID unit, do know that we had a pretty significant staff turnaround. We are almost fully staffed and revamping/training the staff for EIP, when it becomes necessary. Recently had a full renovation of our unit and can share pictures.

UVMMC: No representation

VPCH: We look at every EIP that happens at the hospital and look what they need individually to help prevent EIPs in the future. Looking at performance improvement for the debriefing process in moving forward.

Data Presentation:

Involuntary Link:

https://mentalhealth.vermont.gov/sites/mhnew/files/documents/AboutUs/Committees/EIP/EIP_Report_AprJun2021.pdf

Comment: Graphs, when you look at the quarter to quarter, looks pretty erratic. When you look at the yearly graphs, it looks more stable.

Comment: Vermont sees approximately 30 individuals who received 1 or more EIPS, our data is really statistically speaking, not well suited for calculating trends. It can be skewed wildly by 1-2 patients who receive a large number of EIPs in a quarter which happens frequently in our data. Vote to remove the national average line off of the data trend.

Comment: Wanted to remind everyone that the national average is relatively meaningless for a number of reasons. It is not a goal and nothing to measure yourself against. You can't really compare yourselves as it is a gross number. Vote to remove this from the report.

Voluntary Link:

https://mentalhealth.vermont.gov/sites/mhnew/files/documents/AboutUs/Committees/EIP/EIPs_Administered_to_Voluntary_Patients_Report_AprJun2021.pdf

Comment/Question: Great to see the numbers really decreasing. That is a huge improvement. One thing I am noticing is the year in the table, need to update that. Does this tell us what the census is? Answer: That data is only calculated for only involuntary patients versus voluntary patients.

Question: Were there significantly fewer voluntary youth? How many kids in general – did it drop due to less voluntary youth? Answer: the first quarter of the year had 458 patient days and more patients days in the second quarter.

Discussion of the New Proposed Data Report Format:

At the last couple of meetings, also separately in meetings, there has been a couple of themes, one is that it would be good to have the voluntary and involuntary data in these reports for all hospitals and also, we have gotten feedback from committee members that the reports are a little complicated and sometimes hard to interpret.

If each hospital were able to discuss their own process/quality improvement strategies to decrease EIPS on their own units and look at numbers on specific units, have the hospital compare it to themselves instead of national averages.

Have the hospitals/units themselves look at how the data could be presented.

Comment: Data is coming directly from the DH units directly to DMH, not from VAHHS.

Comment: I think we are moving in the right direction but need to iron out more details about what the report should look like.

Question: have the units present the data? Answer: Idea is that DMH would present the combined data and when it is time for each hospital to present, dig down into their own data analysis.

Question: There would be a standard format for consistency, correct? Answer: I think that would be helpful to at least have the elements. I know the hospitals have different EMR systems, but the general content, there would be recommendations around that.

Comment: We need to remember the legislative content is about aggregate data and need to be careful about what we can generate for reports.

Question: Do you want to come to the December meeting to talk about this proposed format, or have it ready for then?

Comment: This is a public meeting and transparency, what EIPS are looking like around the State. Having a conversation to talk about it on an aggregate level. The proposal is to not get to the granular patient level but give a little but more to have context around the data the hospitals are presenting.

Comment: For the proposed change in report, not necessarily create hospital specific benchmarks but rate specific benchmarks for the entire state.

Comment: We also don't want hospitals who take high acuity patients to stop that, when seeing the numbers from this meeting.

Comment: Email directly Tom Weigel if you have comments about the new format. Keep this as an agenda item.

Other items on Agenda

Annual Report: Any recommendations, etc? Please take a look at it and let Alex know if there is anything to contribute, in the next two weeks.

Contact List: Please take a look to make sure this is up to date.

Next Meeting: December 10, 2021, via Zoom with call-in option.

Janice/Kevin: It has been a real pleasure to work with you over the last couple of months. We were able to do some really good work with BR, RMMC and VPCH. Seeing staff shortage nationally. Thank you from us and keep up the good work. I think the conversations are on a really good path. We are going to have to come to some agreement, state lead, in terms of what gets discussed at the meetings. It is really not about getting to zero, but what you are doing to get there. Encourage you to continue to challenge yourself.

Public Comments

Comment: VPCH will present for a more in-depth report in December.

In Chat: highlight a couple of hospitals to give reports so they can be prepared to give a more in-depth discussion.