Emergency Involuntary Procedures Review Committee

Report to the Commissioner of the Vermont Department of Mental Health

July 1, 2020- June 30, 2021 (FY21)

About

The Emergency Involuntary Procedures (EIP) Review Committee is a committee convened by the Commissioner of the Department of Mental Health (Department) to review emergency involuntary procedures occurring on inpatient psychiatric units for those in the custody of the Commissioner. The Committee's responsibilities will be to review aggregate data, review inpatient hospitals' adherence to the requirements of the CMS and Joint Commission standards, to review the appropriateness of the decision(s) to use emergency involuntary procedures to ensure that there is external review and oversight of emergency involuntary procedures, and to prepare an annual report to the Department summarizing its work, providing suggestions and recommendations regarding the hospitals' adherence to CMS & Joint Commission standards.[1]

This report is submitted on behalf of the EIP Review Committee in accordance with Vermont Regulation for Establishing Standards for Involuntary Procedures (EIP Administrative Rule[2], adopted July 2016):

> *The Review Committee shall prepare an annual report summarizing its advisory work, providing suggestions and recommendations regarding adherence to these standards, including trends in the frequency in the use of emergency involuntary procedures, findings relative to compliance with the requirements for the use of such procedures, the need for staff training, and other related matters.*

This report reflects the fifth year of the Committee's work. The Vermont Cooperative for Practice Improvement and Innovation (VCPI) again served as Facilitator.

Membership

Please see below the 2020-2021 roster of appointed Committee members:

[1] https://mentalhealth.vermont.gov/about-us/boards-and-committees/emergency-involuntary-procedures-review-committee

[2] https://mentalhealth.vermont.gov/sites/mhnew/files/documents/AboutUs/Committees/EIP/EIP_Rule_FINAL_2016.pdf

2020-2021 EIP Review Committee Membership

Name	*Organization*
Peter Albert Gaurav Chawla Lauren Shockley	Brattleboro Retreat (BR)
Kimberly Cookson Terri Graham	Central Vermont Medical Center (CVMC)
Vacant	Designated Agency (DA) Representative
Sarah Sherbrook	DAIL/Division of Licensing and Protection
Mourning Fox Frank Reed	Department of Mental Health (DMH)
Vacant	Peer Representative
Laurie Emerson	Peer or Family Representative
Lesa Cathcart	Rutland Regional Medical Center (RRMC)
Gina Piccione	Springfield Hospital – Windham Center
Jessica Charbonneau	University of Vermont Medical Center (UVMMC)
Jeremy Smith	Vermont Psychiatric Care Hospital (VPCH)
Dan Dumont Robert Scott	Department of Veterans Affairs (VA)
Karen Barber David Horton Jennifer Rowell	*Staff Support* - DMH
Alex Lehning Amy Stonoha	*Facilitator* - Vermont Cooperative for Practice Improvement & Innovation

Please see below for the proposed 2021-2022 committee membership roster:

Proposed 2021-2022 EIP Review Committee Membership

Name	*Organization*
Kayte Bak Bonnie MacGregor Peter Albert Gaurav Chawla	Brattleboro Retreat (BR)
Kimberly Cookson Terri Graham	Central Vermont Medical Center (CVMC)
	Designated Agency (DA) Representative
Suzanne Leavitt	DAIL/Division of Licensing and Protection
Thomas Weigel	Department of Mental Health (DMH)
	Peer Representative
Laurie Emerson	Peer or Family Representative
Lesa Cathcart Matthew Sommons	Rutland Regional Medical Center (RRMC)
Marissa Martin Adam Pruett Darcy Bixby	Springfield Hospital – Windham Center
Jessica Charbonneau Kaitlin Palombini	University of Vermont Medical Center (UVMMC)
Sarah Sherbrook	Vermont Psychiatric Care Hospital (VPCH)
Karen Lewicki	Department of Veterans Affairs (VA)
Karen Barber David Horton Jennifer Rowell	*Staff Support* - DMH
Alex Lehning Amy Stonoha	*Facilitator* - Vermont Cooperative for Practice Improvement & Innovation

Committee Meetings 2020-2021

The Committee meets on a (no less than) quarterly basis in accordance with open meeting protocols. The following meetings were held virtually during the past fiscal year as required by public health guidance due to COVID-19:

- September 22, 2020
- October 2, 2020
- December 11, 2020
- February 12, 2021
- March 12, 2021
- June 11, 2021

Copies of minutes, data reports, and presentations are archived and available at: https://mentalhealth.vermont.gov/about-us/boards-and-committees/emergency-involuntary-procedures-review-committee

Committee Member Updates & Recommendations 2020-2021

Each committee member was invited to share an update/recommendation for this annual report as well as any questions or recommendations for the Commissioner:

Brattleboro Retreat

The Brattleboro Retreat reported the following EIP-Related Quality Initiatives for 2021:

- Improved data collection and reporting of behavioral emergencies.
- Utilization of real-time tracking data for individualized treatment planning and patient care.
- Completion of transition to Advanced CPI, an evidence-based best practice for patient safety.
- Tracking of outcomes related to this change.
- Transition from ACT/DBT training to Evidence Based Behavioral Intervention Training (EBBIT)
- Implementation of Six Core Strategies to Prevent Conflict, Trauma and Violence Towards Reducing the Use of Seclusion and Restraint (S/R).

Central Vermont Medical Center

The CVMC EIP Committee meets on a monthly basis and is multi-disciplinary. The committee charter is as follows:

CVMC is committed to ensuring Emergency Involuntary Procedures (EIP), such as involuntary medications, seclusion, and restraint are utilized only in emergency situations when an individual is in imminent risk of causing serious physical harm to themselves or others, and non-physical interventions have not been effective, or are unlikely to be effective. This EIP committee is responsible for reviewing EIPs and medical restraint cases referred to the committee to ensure they are completed in a safe and legal manner, and for identifying and reviewing needs for changes in policy or practice as a result of their review.

Designated Agencies
No feedback provided.

DAIL/Division of Licensing and Protection
No new updates to report.

Department of Mental Health (DMH)
Emergency Involuntary Procedure (EIP) documents are received by DMH from the Designated Hospitals twice monthly, and are reviewed by DMH's Nurse Quality Management Specialist and the Children and Families Unit. The documents are also shared with Disability Rights Vermont (DRVT) via a secure data share site. EIP data is entered into a spreadsheet for the EIP Quarterly Data Report, and each EIP is reviewed for adherence to current best practices of restraint, seclusion, and emergency involuntary medication to control a patient's behavior when presenting an immediate danger of serious physical harm to the patient or others. The nine review points are as follows:

- Explanation of the rational for the EIP.
- Risk of adverse side effects, current medical issues, history of trauma
- De-escalation measure utilized or attempted before the EIP
- Staff orientation of patient as to the necessity for the procedure, and how the procedure can be terminated.
- Patient checked for injuries.
- Notification of guardian or person designated by the patient
- Staff observation of the patient throughout the procedure, including vital signs, circulation ADL's, fluids, and range of motion.
- Regular assessments for the necessity of the continuation of the procedure. The documented rational for its continuation, cognizant of the need to end the procedure at the first opportunity when the immediate danger of serious physical harm to the patient or others is no longer indicated.
- Clear data points of beginning of procedures and end of procedures.

Any significant deviations of the above review points would indicate additional review by the DMH Medical Director. If the Medical Director has additional questions, a meeting is established between the Designated Hospital, DMH Medical Director, DMH Nurse Quality Management Specialist, and the DMH Director of Quality and Accountability.

DMH has made internal changes to its Emergency Involuntary Procedure (EIP) / Certificate of Need (CON) review process--this documentation and review process is related to patient restraint and seclusion. A new DMH CON Review Workgroup is meeting to review CON documentation submitted by hospitals. This past year, the DMH CON Review Workgroup met separately with each Designated Hospital to provide feedback on the content of their CON paperwork, including issues related to:

- No reference to patient restraint/seclusion preferences stated on admission
- No list of alternatives tried to deescalate the patient prior to the EIP
- Legibility (written forms)
- Use of appropriate/sensitive language
- No staff debrief after the EIP
- No patient debrief after the EIP

The DMH CON Review Workgroup will continue to meet to review progress in CON documentation.

DMH has also been actively involved in discussions with Kevin Huckshorn and Associates regarding the implementation of Six-Core-Strategies at Designated Hospitals to reduce seclusion and restraint. Kevin Huckshorn and Associates have been participating in the EIP Quarterly Review Committee Meetings, and made recommendations regarding the EIP Quarterly Report, as noted in the "Recommendations" section below.

Peer or Family Representative

On behalf of NAMI Vermont, I would like to share the following comments as a member of the Emergency Involuntary Procedures (EIP) advisory committee. I have been a member of the committee since 2014 as the Executive Director of NAMI Vermont representing the family perspective. The agenda for EIP advisory committee meetings has focused on review of the data and sharing best practices from one or two of the hospitals. From my perspective, the sharing of best practices created a learning environment for all in attendance. Advocate members would ask questions of the hospitals when the EIP data showed significant high usage of EIPs. When suggestions/recommendations from advocate members were shared, they did not feel their voices were heard and generally there wasn't open two-way dialogue. Other advocates from the public began attending the meetings and wanted to see change with the purpose to help improve the system of care.

How do we eliminate involuntary procedures? For several years, the Vermont Cooperative for Practice Improvement and Innovation facilitates a training on the Six Core Strategies - the only evidence-based model that has been proven to be effective in preventing the conflict and violence that can lead to the use of seclusion and restraint (S&R) in a psychiatric hospital or residence. Year after year, NAMI Vermont has advocated for the expansion and funding of this training at the Emergency Involuntary Procedures (EIP) Advisory Meetings. During our meetings, hospitals share their best practices in reducing S&R and how they are using the Six Core Strategies. The trainers of Six Core Strategies, Kevin Huckshorn and Janice LeBel share valuable research, data, and techniques as it relates to the elimination of seclusion and restraint by many organizations using these principles. NAMI Vermont participated in the 4-part webinar training to learn about this evidence-based program. They shared that the prevention of conflict and reduction (and YES elimination) of S&R is possible in all psychiatric health settings and residences. Facilities throughout the United States have reduced use considerably without additional resources. However, this effort takes tremendous leadership, commitment, and motivation by all involved.

We were very encouraged when Commissioner Squirrell involved Kevin Huckshorn and Janice LeBel as consultants to the EIP meetings. They have provided valuable guidance, direction and feedback to the hospitals and to the members of the EIP advisory committee. We are very pleased to be involved with this new direction of the committee.

Our recommendations for the future include:

- Continue to involve Kevin and Janice as consultants in the meetings.
- Continue to fund the Six Core Strategies for providers at the hospitals.
- Track data on the number of providers who have been trained and ensure all psychiatric hospitals continue to involve new staff in the Six Core Strategies.
- Create Learning Communities for the hospitals to share their best practices and implementation of the Six Core Strategies.
- Invite medical hospital ER staff to learn about Six Core Strategies to reduce ER visit seclusion and restraint.

Rutland Regional Medical Center (RRMC)

The 6 Core Strategies for Reducing Seclusion and Restraint have really become the foundation for the work that we do on PSIU. Since we started this journey several years ago, we have made this a continuous quality improvement project. It is also our primary focus for staff engagement. We have seen tremendous outcomes as a result of this work, and we consistently try to create new and innovative ideas for building on the successes that we have had.

PSIU strives to provide a culture of caring for our patients that emphasizes the importance of trauma-informed patient centered care. We understand the importance of providing a welcoming and therapeutic recovery-focused environment, and we are confident that the renovations that we are presently undergoing will be conducive to giving us a space where healing can occur.

As a team, PSIU is committed to providing compassionate care in an accepting environment where those that we serve feel welcome, supported, and respected. We have seen firsthand how the six Core Strategies have provided a structure for innovation and flexibility, and we are confident that there will be even more positive outcomes as we continue to engage in this most important work.

Springfield Hospital – Windham Center

The Windham Center is fortunate to be able to share that we have had no emergency involuntary procedures this year. Despite our lack of emergency procedures we continue to focus on emergency procedure readiness with our team. Our team is trained in CPI with a focus on verbal de-escalation. The team is also trained in physical intervention if emergency procedures are required. We are thankful to have the training if we ever need it, but are grateful to have not needed it.

University of Vermont Medical Center (UVMMC)

UVMMC is committed to utilizing a least restrictive model with a goal of reducing our Emergency Involuntary Procedure (EIP) occurrences, including emergency involuntary medication, seclusion, and restraints, to only intervene in such capacity when there is imminent risk of serious self-harm or harm to others where prior use of alternative methods of redirection and de-escalation have been implemented and proven ineffective. We have implemented the Six Core Strategies to support this goal through utilizing data informed practices and seclusion/restraint reduction tools. At the time of inpatient admission, all patients are supported in completing a Stress and Coping Tool assessment, to allow patients in identifying de-escalation and safety planning tools that meet their individual needs, empowering the patient in accessing interventions they have personally identified as effectively managing their needs. Staff encourage use of the Stress and Coping tool as an essential part of our de-escalation interventions at the earliest opportunity as well as utilizing ProACT assessments and verbal de-escalation skills. We utilize data informed practice during staff debriefings immediately after EIP events occur, weekly EIP Review meetings with our Regulatory Affairs department, Security leadership, and Inpatient Psychiatry nursing leadership team, as well as monthly review during Quality Program Committee meetings with our Chair of Psychiatry and patient advocates. Our internal EIP Review Committee reviews every EIP event to ensure we are fulfilling our commitment in our least restrictive model, that our practice involving EIP events is in aligned with our policy, meets our legal obligations, and identifies areas of improving our practice. During our staff debriefings, we identify areas of improvement that guide individualized patient care plans, evaluating our use of alternative methods and de-escalation techniques to reduce future EIP occurrences.

Vermont Psychiatric Care Hospital (VPCH)

The Vermont Psychiatric Care Hospital has recently been implementing the following strategies aimed at the prevention of seclusion and restraint:

- Members of VPCH leadership including the Executive Medical Director, Chief Nurse Executive, Nurse Supervisor, Social Services Chief, Director of Psychology and Recovery Services, Director of Quality, and Quality Nurse Specialist are committed to oversight of incidences of seclusion, restraint, and emergency involuntary medications. Each emergency involuntary procedure is reviewed together by this leadership team, with an emphasis on identifying antecedents of each event and implementing person-centered interventions to prevent future events for persons hospitalized.
- The VPCH Education and Training Department has revitalized staff training and education relevant to the prevention of emergency involuntary procedures. Scenario based drills are offered to provide staff with opportunities to practice the skills needed to prevent episodes of violence in the hospital. A Training Academy has been developed and recently initiated to provide mental health specialists with advanced training and educational opportunities.
- The Safety Council is an active group of VPCH staff whose goal is to collaborate and provide a forum for dialogue with hospital leaders and across departments. Initiatives led by the Safety Council have been related to topics such as quality of work life, employee wellness, clinical practice and care, quality, and safety. The Safety Council played a vital role recently in the selection of replacement furniture in the dining and common areas of the units. The new furniture is expected to improve comfort and enhance the care environment for persons hospitalized and staff.

Department of Veterans Affairs (VA)

Providing the highest quality care to veterans and their families is the mission of the VA, and ongoing work to reduce events of restraint is part of this mission. Nationally, the VA uses Prevention and Management of Disruptive Behavior (PMDB) to train all staff in de-escalation and safe responses to patients in crisis. PMDB prioritizes understanding patient needs. Using this model, staff members are also taught to recognize levels of physiological arousal and respond appropriately and supportively. On-ground East staff use both PMDB and principles of Trauma-Informed Care in working with patients. We are glad to be part of the community of Vermont mental health providers in working towards a goal of minimized restraint.

Vermont Cooperative for Practice Improvement & Innovation

Our organization navigated a leadership transition during the winter of 2020-2021, which provided an opportunity to refresh and restructure our facilitation of the EIP Review Committee. VCPI's ED Alex

Lehning met with various constituents to discuss strengths and opportunities in the committee's work as well as to identify areas of concern around communications, data/reporting, and membership. As a result of those conversations, VCPI transitioned from Microsoft Teams to Zoom. They also developed a new agenda format which includes links to all committee materials as well as prominent placement of the committee purpose at the beginning of the document. Each member/site is now invited to participate in an initial update/check-in process, before collectively reviewing the data & reports. Individual hospitals will rotate responsibility for providing an in-depth presentation for each meeting, focusing on specific issues within 6CS implementation and sustainability. New guidelines for participation were created collaboratively by the committee to ensure fuller representation, accessibility, and opportunities for questions, public comment, and expert consultation. VCPI also created a digital workspace for archiving committee documents and instituted an online feedback form to allow for communications between meetings.

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)).

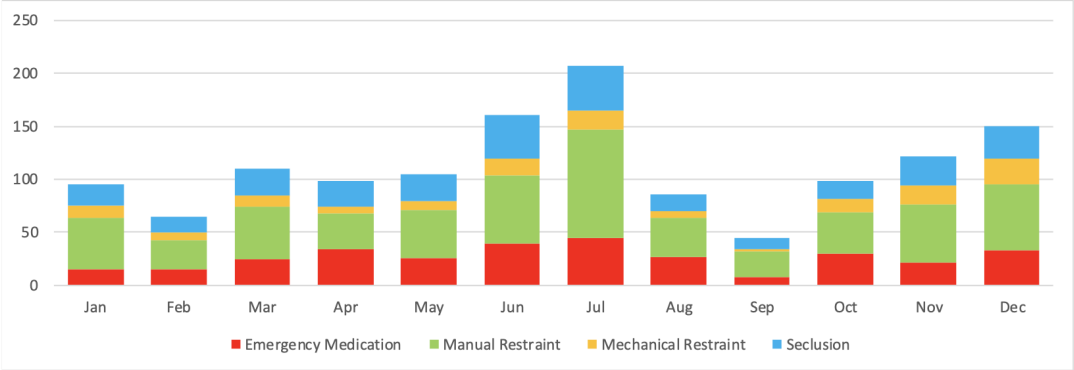
Episodes of Emergency Involuntary Procedures

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.

Vermont Cooperative for Practice Improvement & Innovation

EIP Data Summary: 2020

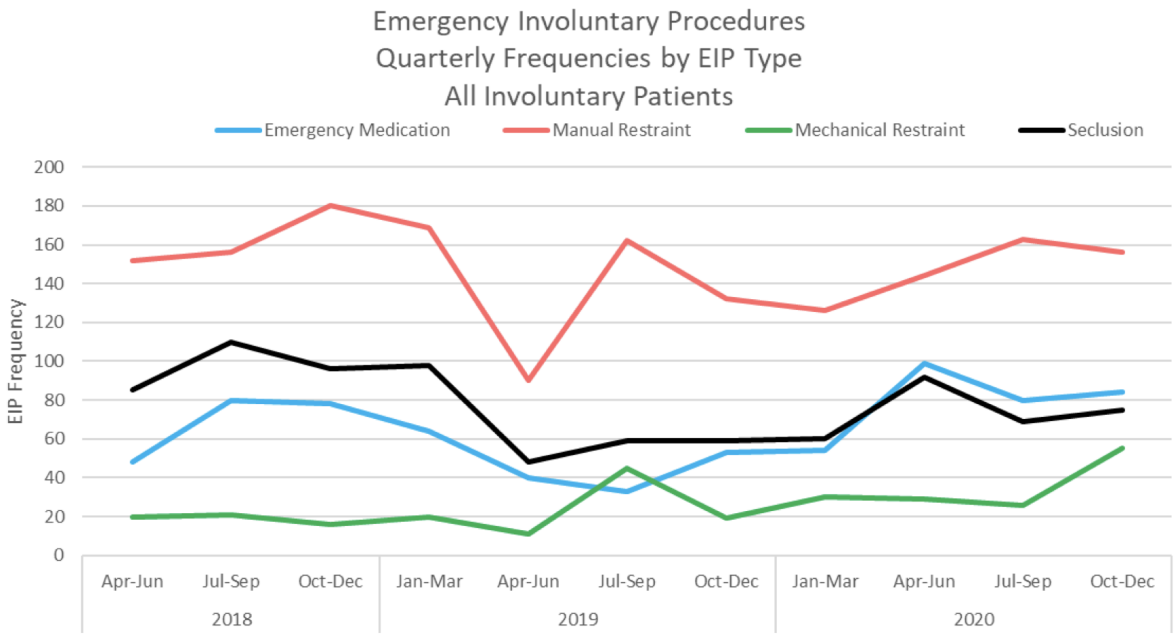
Aggregate Emergency Involuntary Procedures
for Involuntary Patients
Psychiatric Units by Type of Procedure
2020

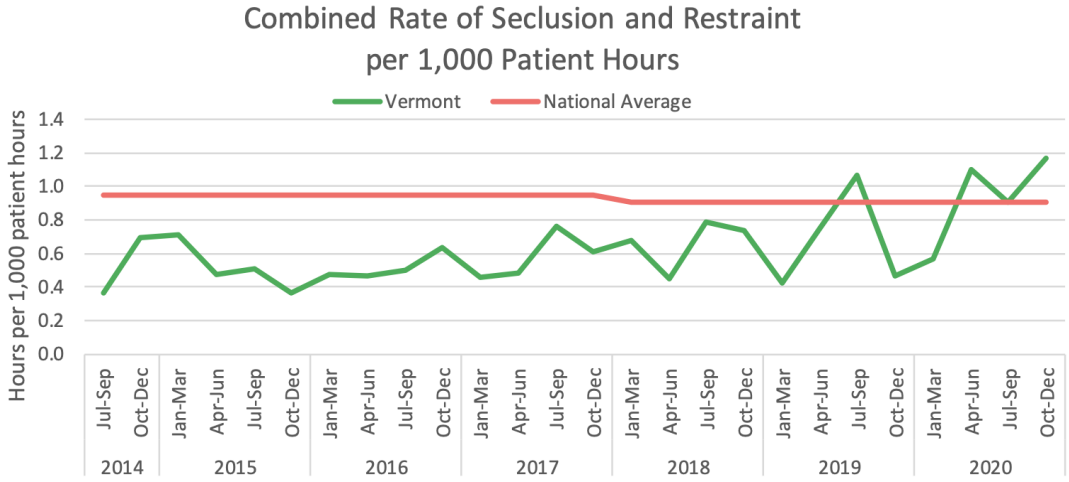


2020

Type of Procedure	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Trend
Emergency Medication	15	15	24	34	26	39	45	27	8	30	21	33	
Manual Restraint	49	27	50	34	45	65	102	37	24	39	55	62	
Mechanical Restraint	11	8	11	6	8	15	18	6	2	12	18	25	
Seclusion	20	15	25	24	26	42	42	16	11	17	28	30	
Total	**95**	**65**	**110**	**98**	**105**	**161**	**207**	**86**	**45**	**98**	**122**	**150**	

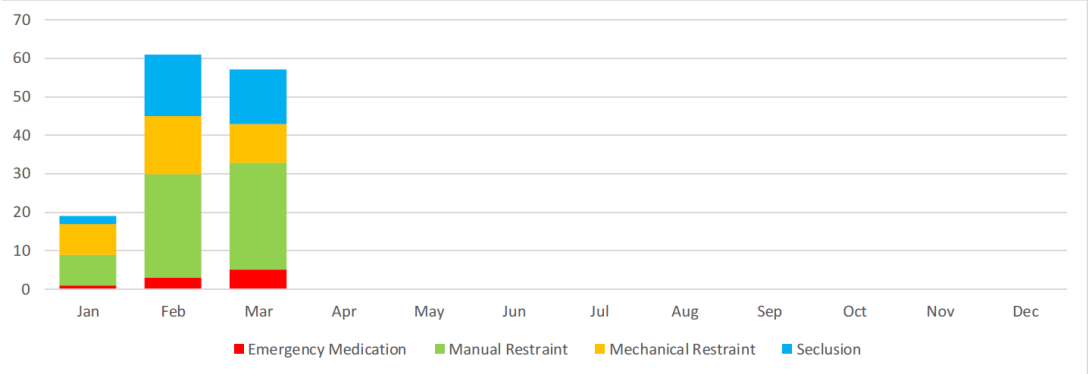
Analysis conducted by the Vermont Department of Mental Health Research and Statistics Unit from data maintained by DMH Quality Management. Data are submitted by Designated Hospitals to DMH in compliance with department requests for submittal of Certificates of Need (CON) following emergency involuntary 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.


Emergency Involuntary Procedures
Quarterly Frequencies by EIP Type
All Involuntary Patients
Emergency Medication
Manual Restraint
Mechanical Restraint
Seclusion
EIP Frequency
200
180
160
140
120
100
80
60
40
20
0
Apr-Jun
Jul-Sep
Oct-Dec
Jan-Mar
Apr-Jun
Jul-Sep
Oct-Dec
Jan-Mar
Apr-Jun
Jul-Sep
Oct-Dec
2018
2019
2020


Combined Rate of Seclusion and Restraint
per 1,000 Patient Hours
Vermont
National Average
Hours per 1,000 patient hours
1.4
1.2
1.0
0.8
0.6
0.4
0.2
0.0
Jul-Sep
Oct-Dec
Jan-Mar
Apr-Jun
Jul-Sep
Oct-Dec
2014
2015
2016
2017
2018
2019
2020

EIP Data Summary: 2021

Aggregate Emergency Involuntary Procedures
for Voluntary Patients
Psychiatric Units by Type of Procedure
2021



	2020												
Type of Procedure	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Trend**
Emergency Medication	1	3	5	0	0	0	0	0	0	0	0	0	
Manual Restraint	8	27	28	0	0	0	0	0	0	0	0	0	
Mechanical Restraint	8	15	10	0	0	0	0	0	0	0	0	0	
Seclusion	2	16	14	0	0	0	0	0	0	0	0	0	
Total	**19**	**61**	**57**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

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.

Additional Recommendations

1. VCPI is working with committee members, DMH, the Vermont Association of Hospitals & Health Systems, and consultants Kevin Huckshorn & Janice Lebel to update the EIP Quarterly Report format. Our goals are to simplify the report so it is more usable to the committee members and the public, and to include voluntary EIP data from all hospitals.
    a. From DMH: a report with title page, definitions, and 1 page per hospital:
        i. EIPs for all patients and per hospital
            1. Total patient hours
            2. Rate of seclusion per 1,000 patient hours
            3. Rate of restraint per 1,000 patient hours
            4. Rate of seclusion and restraint per 1,000 patient hours

   b. Each hospital would compile their own report for the chosen session when they present. Hospitals should highlight what best reflects their process and what they review to assess their own performance. General guidelines from DMH could include:
      i. Separating data by treatment unit, including adult, youth, and Level 1 units
      ii. Episodes or procedures per patient (page 8/9 of current report)
      iii. Race/ethnicity/gender if it does not result in de-identified data presentation (this should be phased in as hospitals are able to link this data)
2. Continued funding for Six Core Strategies training & consultation
3. Continue to develop and strengthen a learning collaborative and co-supervision opportunities
4. Development of a shared digital hub for minutes, committee documents, rosters, articles, resources, etc.
5. Update formal membership applications/appointment process (a prospective member withdrew their application due to the credit check/tax records requirement)