

**Report to the Emergency Involuntary  
Procedures Review Committee  
September 10, 2021**

**Data Review and Analysis  
EIPs Administered to Voluntary Patients  
April - June  
2021**



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Additional data are available at

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

## Definitions

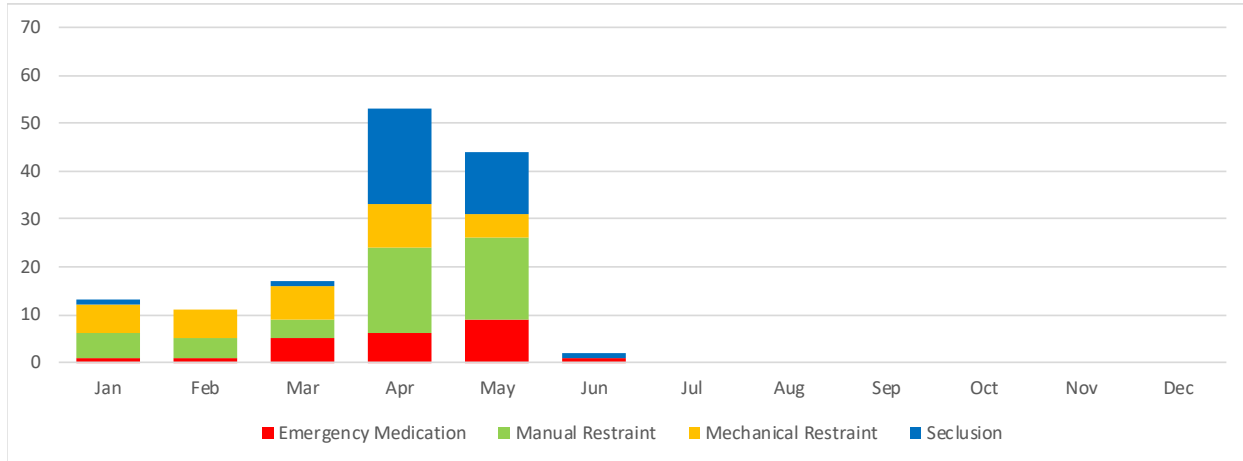
Vermont Designated Hospitals agree to follow Centers for Medicare and Medicaid Services (CMS) definitions for seclusion, restraint and emergency involuntary medication. For reporting purposes to DMH, the following definitions are utilized.

<b>Emergency Involuntary Procedures (EIPs)</b>	Include instances of restraint, seclusion or emergency involuntary medication.
<b>Restraint</b>	A <b>restraint</b> 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)).
<b>Seclusion</b>	<b>Seclusion</b> 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)).
<b>Emergency Involuntary Medication</b>	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)).
<b>Episodes of Emergency Involuntary Procedures</b>	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 **Voluntary Patients** **Adult Psychiatric Units** by Type of Procedure **2021**

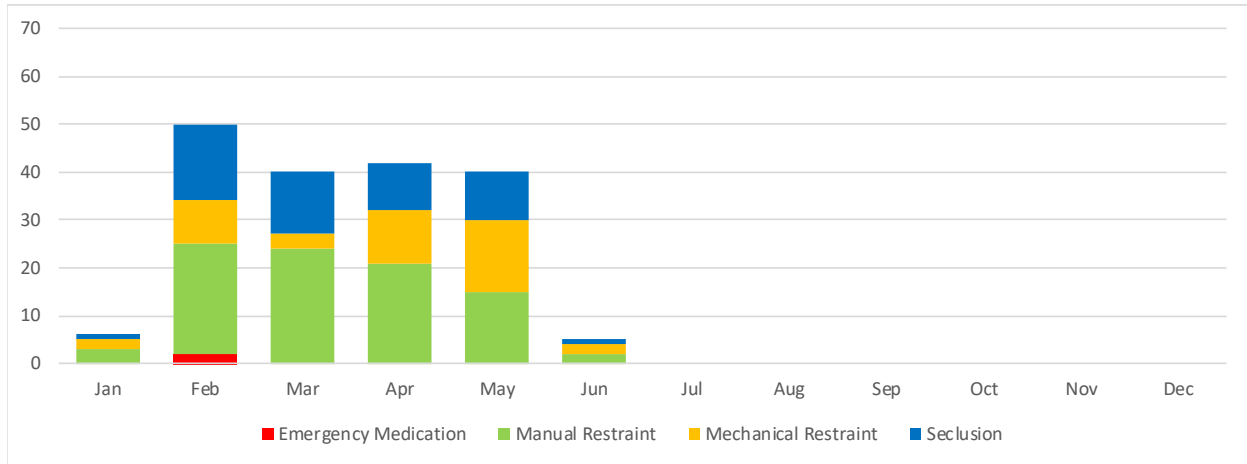


#### 2020

<u>Type of Procedure</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Trend</u>
Emergency Medication	1	1	5	6	9	1	0	0	0	0	0	0	
Manual Restraint	5	4	4	18	17	0	0	0	0	0	0	0	
Mechanical Restraint	6	6	7	9	5	0	0	0	0	0	0	0	
Seclusion	1	0	1	20	13	1	0	0	0	0	0	0	
<b>Total</b>	<b>13</b>	<b>11</b>	<b>17</b>	<b>53</b>	<b>44</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

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

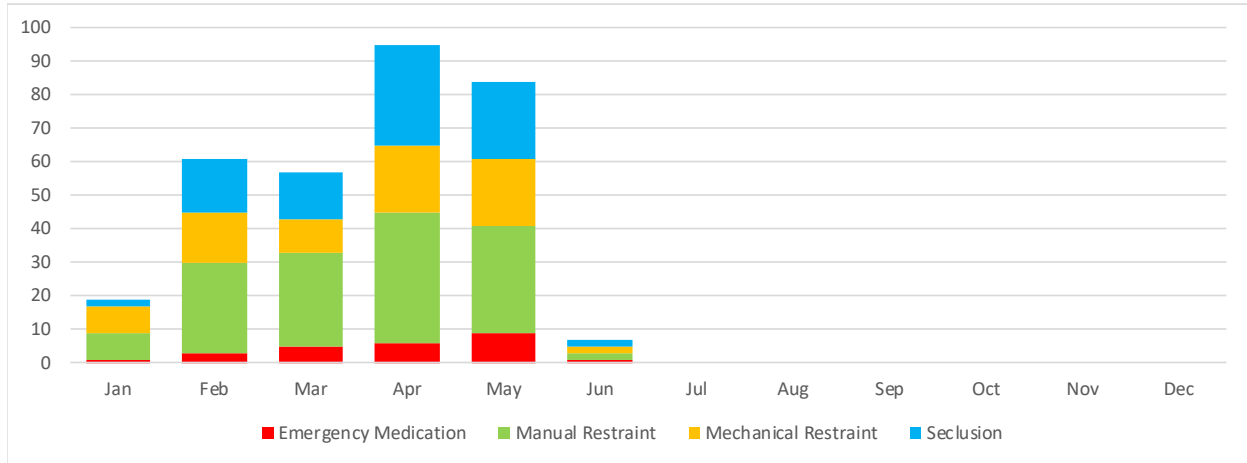


**2020**

<u>Type of Procedure</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Trend</u>
Emergency Medication	0	2	0	0	0	0	0	0	0	0	0	0	
Manual Restraint	3	23	24	21	15	2	0	0	0	0	0	0	
Mechanical Restraint	2	9	3	11	15	2	0	0	0	0	0	0	
Seclusion	1	16	13	10	10	1	0	0	0	0	0	0	
<b>Total</b>	<b>6</b>	<b>50</b>	<b>40</b>	<b>42</b>	<b>40</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

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

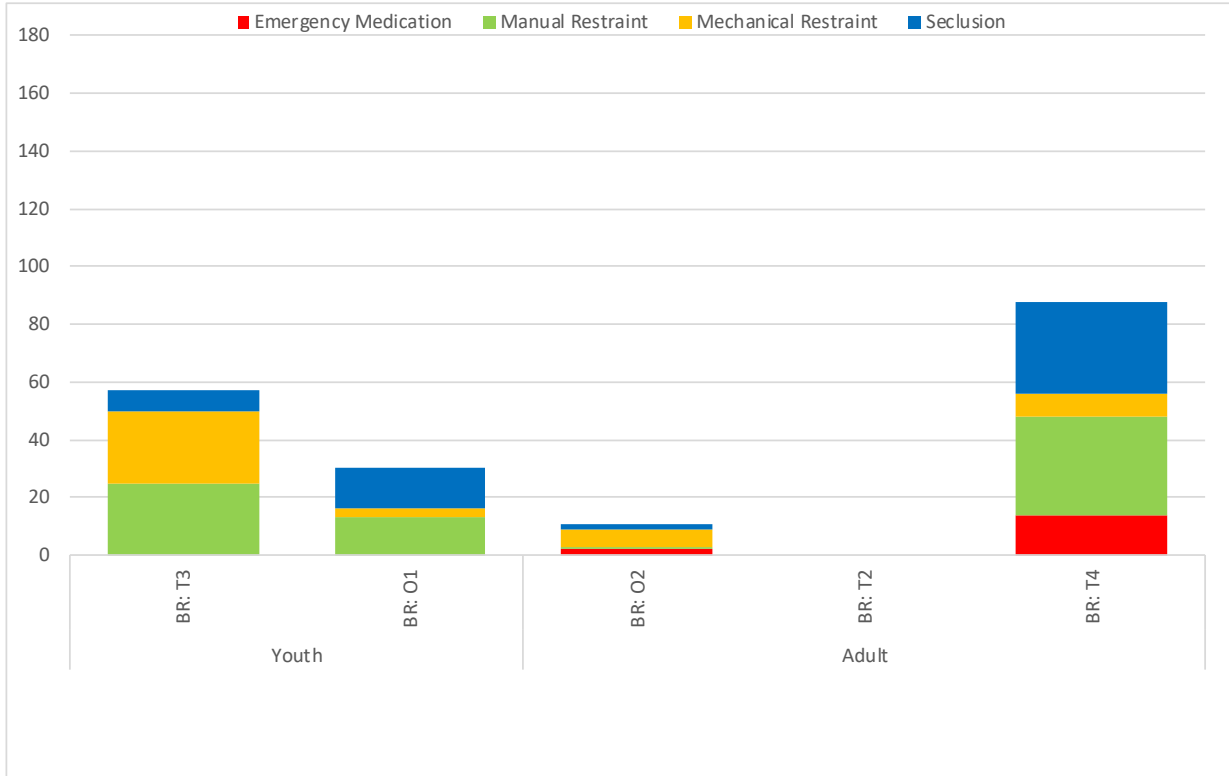


**2020**

<u>Type of Procedure</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Trend</u>
Emergency Medication	1	3	5	6	9	1	0	0	0	0	0	0	
Manual Restraint	8	27	28	39	32	2	0	0	0	0	0	0	
Mechanical Restraint	8	15	10	20	20	2	0	0	0	0	0	0	
Seclusion	2	16	14	30	23	2	0	0	0	0	0	0	
<b>Total</b>	<b>19</b>	<b>61</b>	<b>57</b>	<b>95</b>	<b>84</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

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 Voluntary Patients**  
**Adult and Youth Psychiatric Units by Type of Procedure**  
**April - June 2021**



Apr-Jun		Emergency Medication	Manual Restraint	Mechanical Restraint	Seclusion	Total Procedures	Total Episodes	Total Time
Youth	BR: Tyler 3	0	25	25	7	57		35:34
	BR: Osgood 1	0	13	3	14	30		11:08
	BR: Osgood 2	2	1	6	2	11		12:55
Adult	BR: Tyler 2	0	0	0	0	0		0:00
	BR: Tyler 4	14	34	8	32	88		8:14
<b>Total</b>		<b>16</b>	<b>73</b>	<b>42</b>	<b>55</b>	<b>186</b>		<b>115:51</b>

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.