# Report to the Emergency Involuntary Procedures Review Committee December 10, 2021

# Data Review and Analysis EIPs Administered to Voluntary Patients July - September 2021



## Department of Mental Health AGENCY OF HUMAN SERVICES

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Additional data are available at

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

## **Definitions**

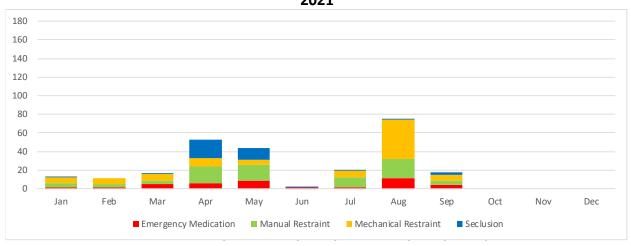
Vermont Designated Hospitals agree to follow Centers for Medicare and Medicaid Services (CMS) definitions for seclusion, restraint and emergency involuntary medication. For reporting purposes to DMH, the following definitions are utilized.

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	<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).
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
Episodes of Emergency involuntary Procedures	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



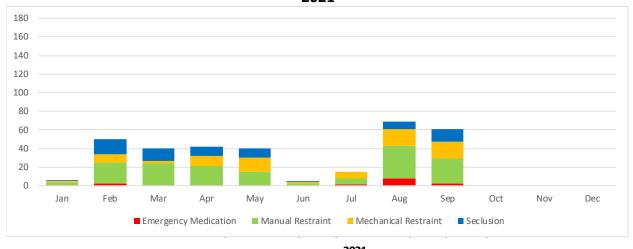
	2021												
Type of Procedure	<u>Jan</u>	<u>Feb</u>	Mar	Apr	May	<u>Jun</u>	<u>Jul</u>	Aug	Sep	Oct	Nov	Dec	<u>Trend</u>
<b>Emergency Medication</b>	1	1	5	6	9	1	1	11	4				
Manual Restraint	5	4	4	18	17	0	11	21	5				
Mechanical Restraint	6	6	7	9	5	0	7	42	6				
Seclusion	1	0	1	20	13	1	1	1	3				
Total	13	11	17	53	44	2	20	75	18				

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



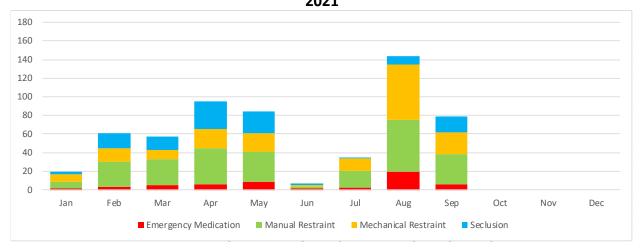
	2021												
Type of Procedure	<u>Jan</u>	<u>Feb</u>	Mar	<u>Apr</u>	May	<u>Jun</u>	<u>Jul</u>	Aug	Sep	<u>Oct</u>	Nov	Dec	Trend
<b>Emergency Medication</b>	0	2	0	0	0	0	1	8	2				. 1
Manual Restraint	3	23	24	21	15	2	7	35	27				
Mechanical Restraint	2	9	3	11	15	2	7	18	18				
Seclusion	1	16	13	10	10	1	0	8	14				
Total	6	50	40	42	40	5	15	69	61				

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## **Aggregate Emergency Involuntary Procedures**

## **for Voluntary Patients**

## Psychiatric Units by Type of Procedure 2021

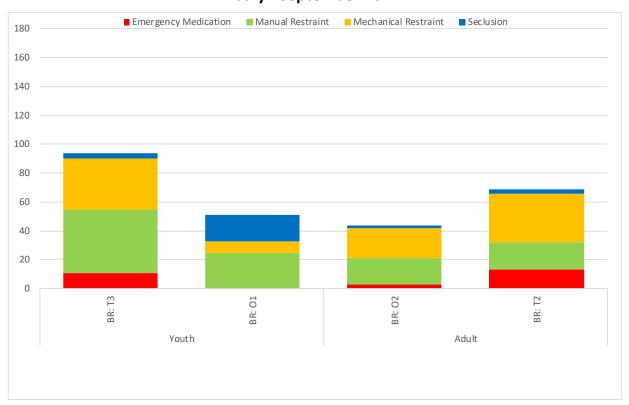


						20	)ZI						
Type of Procedure	<u>Jan</u>	<u>Feb</u>	Mar	<u>Apr</u>	May	<u>Jun</u>	<u>Jul</u>	Aug	Sep	Oct	Nov	Dec	<b>Trend</b>
<b>Emergency Medication</b>	1	3	5	6	9	1	2	19	6				
Manual Restraint	8	27	28	39	32	2	18	56	32				
Mechanical Restraint	8	15	10	20	20	2	14	60	24				والمستو
Seclusion	2	16	14	30	23	2	1	9	17				<u>adition</u>
Total	19	61	57	95	84	7	35	144	79				

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 July - September 2021



		Emergency	Manual	Mechanical		Total	Total	Total
	Apr-Jun	Medication	Restraint	Restraint	Seclusion	Procedures	Episodes	Time
Youth	BR: Tyler 3	11	44	35	4	94		36:38
Youth	BR: Osgood 1	0	25	8	18	51		19:52
Adult	BR: Osgood 2	3	18	21	2	44		26:10
Adult	BR: Tyler 2	13	19	34	3	69		40:55
Total		27	106	98	27	258		123:35

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