

This meeting was not recorded.

**12/8/2023**

**Emergency Involuntary Procedures Review Committee Minutes**

**\*\*DRAFT\*\***

**Designated Hospitals:**  Alix Goldschmidt (Brattleboro Retreat)  Kimberly Cowan (Brattleboro Retreat)  Terri Lynn Graham (Central Vermont Medical Center)  Kimberly Cookson (Central Vermont Medical Center)  Lesa Cathcart (Rutland Regional Medical Center)  Darcy Bixby (Springfield Hospital-Windham Center)  Jeremy Smith (Vermont Psychiatric Care Hospital)  Joanna Stevens (Vermont Psychiatric Care Hospital)  Jessica Charbonneau (University of Vermont Medical Center)  Kaitlin Palombini (University of Vermont Medical Center)  Karen Lewicki (Veterans Affairs Medical Center)  Kristin Husher (Veterans Affairs Medical Center)

**Designated Agencies:**  Caitlin Miller (HCRS)  Tonya Davis (NKHS)

**Peer/Family Representatives:**  Laurie Emerson (NAMI-VT; Peer/Family Representative)  Zachary Hughes (Peer/Family Representative)  Rhonda Prenskey (Disability Rights Vermont)

**DMH:**  Allie Nerenberg  Kelley Klein, MD  Karen Barber  Eva Dayon  Steve DeVoe  Dave Horton

**State of Vermont:**  Suzanne Leavitt (DAIL)

**Six Core Strategies Consultants:**  Janice LeBel  Kevin Huckshorn

**Public:** None.

**Agenda**

10:30 Introductions and Updates  
10:35 Review of September 2023 Meeting Minutes  
10:40 EIP Hospital Presentations: Brattleboro Retreat and Central Vermont Medical Center  
11:15 Quarterly Data Report Review  
11:25 Public Comment  
11:30 Adjournment

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Agenda Item	Facilitator/Timekeeper: Kelley Klein, MD; Minutes: Stephen DeVoe
<b>Introductions and Updates</b>	Reviewed intention of next iteration of EIP Review Committee with hospitals sharing brief presentation/overview of internal processes for monitoring EIP data or other information related to the administration of EIPs to inform and improve clinical practices on inpatient units.
<b>Review September 2023 Minutes</b>	Minutes were approved.
<b>EIP Hospital Presentations</b>	<p><b>Brattleboro Retreat (BR): Alix Goldschmidt</b>            BR reviews all EIP data in regular intervals, as well as experience of care data via patient surveys, through different internal committees; all EIPs are reviewed by the administrator on call; Census has increased 25% in past year to 102 beds; many units have been transitioned to better serve different populations of children, adolescents, and adults; it was notable that no EIPs were administered in this transition; Staff are supportive and reportedly encouraged by the unit transitions; EIPs have been driven largely by individual patients who have presented with increased acuity; Seclusion rate has been the lowest it has been in the past 2 years (2021 and 2022); restraints lower from 2021, but similar to 2022; BR is focusing on structured activities involving 6CS training of core and traveler staff; 6CS language has been added to patient rights/G&amp;As/CPI (training at BR); trying to focus on de-escalation and patient safety; Staff are trained in “stop” moments: thinking about how to avert further interventions that de-escalate the patient and keep both staff and patients safe; moving towards “early intervention”; BR has re-introduced “early responders”, which is a mobile staffing model that can respond to units to assist with patients who present as escalated; BR is monitoring rates of EIP when responders are called, as well as debriefing (what happened that went well? Need improvement?); Started using new patient debriefing EIP form to make administration of EIPs more patient-centric and using information from “therapeutic inventory survey” (e.g., music; food/drink; other comfort intervention) to assist patients and include them into this process; Subcommittee working on health equity and data analysis/monitoring; configured EHR to provide report stratifying by different demographics</p> <p><b>Central Vermont Medical Center</b>            New workplace violence and prevention program, “<a href="#">A.V.A.D.E.®</a> (Awareness-Vigilance-Avoidance-Defense-Escape)”, that provides education and training to prevent violence on units; focuses on de-escalation and recognition of different situations (David Fowler is founder); Goals of this model are to educate, prevent, and mitigate the risk of escalation, aggression, and violence in the workplace and develop habits that assist in diffusing and de-escalating situations; CVMC continues to focus on trauma-informed care and this model allows for modification to tailor it to a specific hospital</p> <p>Questions? We will start with any further discussion/questions on AVADE during next meeting</p>

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<b>Patient EIP Review</b>	Individual did not confirm attendance prior to meeting, therefore this agenda item will move to the December 2023 meeting.
<b>Data Review</b>	See "EIP Report JulSep2023" quarterly report here: <a href="#">EIP Report JulSep2023.pdf (vermont.gov)</a>  David Horton, DMH Mental Health Analyst III, presented this quarterly report and provided overview of aggregated data.  Questions for follow up and discussion during next meeting <ul style="list-style-type: none"><li>• Referenced highest number of EIPs: what is the look back period (how long ago was Dave looking?)</li><li>• Possible to embed benchmarked data; measuring against baseline?</li></ul>
<b>Public Comment</b>	No public comment.
<b>Adjourn</b>	Meeting was adjourned at 11:28am.

**Next Meeting: Friday, March 8, 2024, 1030-1130am**