

This meeting was not recorded.

12/13/2024

Emergency Involuntary Procedures Review Committee Minutes

****DRAFT****

Designated Hospitals: Alix Goldschmidt (Brattleboro Retreat) Rajan Viswanathan (Brattleboro Retreat) Terri Lynn Graham (Central Vermont Medical Center) Kimberly Cookson (Central Vermont Medical Center) Adam Gonyea (Central Vermont Medical Center) Lesa Cathcart (Rutland Regional Medical Center) Jeremy Smith (Vermont Psychiatric Care Hospital) Jaycee Sutton (Vermont Psychiatric Care Hospital) Jessica Charbonneau (University of Vermont Medical Center) Kaitlin Palombini (University of Vermont Medical Center) Dorothy Fuller (Veterans Affairs Medical Center) Jonathan Hastings (Veterans Affairs Medical Center) Jim Walsh (Springfield Hospital-Windham Center) Darcy Bixby (Springfield Hospital-Windham 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 Prensky (Disability Rights Vermont) Amy Richardson (Disability Rights Vermont) Tracy Shriver (Disability Rights Vermont)

DMH: Katie Ruffe Allie Nerenberg Kelley Klein, MD Karen Barber Eva Dayon Steve DeVoe Dave Horton Megan Shedaker

State of Vermont: Suzanne Leavitt (DAIL) Darlene Wideawake (DAIL)

Six Core Strategies Consultants: Janice LeBel Kevin Huckshorn

Public: Michael Sabourin Anne Donahue

Agenda

10:30 Introductions and Updates
10:35 Review of September 2024 Meeting Minutes
10:40 EIP Hospital Presentations – VPCH, BR
11:00 Data Review of Quarterly Report
11:20 EIP Reporting Requirements
11:50 Public Comment
12:00 Adjournment

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Agenda Item	Facilitator/Timekeeper: Katie Ruffe; Minutes: Steve DeVoe
Introductions and Updates	Introduction of EIP Review Committee members present; review of agenda
Review September 2024 Minutes	Minutes were approved (Janice LeBel motioned to approve, Alix Goldschmidt seconded the motion.) No discussion or edits to meeting minutes. Will be posted on DMH website here: Emergency Involuntary Procedures (EIP) Review Committee Department of Mental Health (vermont.gov)
EIP Hospital Presentations – 1. Vermont Psychiatric Care Hospital (VPCH) 2. Brattleboro Retreat (BR)	<p>VPCH: Provided overview of EIP data and trends; it was noted that VPCH treats only involuntary patients and has Level 1 beds, which indicates patients experiencing higher acuity; “Pro-ACT” model overview provided, Discussion of implementation of restraint chair: safer, less restrictive alternative to traditional methods, trauma-informed care approach with integration of restraint chair that fosters more healing environment; provided research studies that informed decision to implement restraint chair; staff training plan provided, noting that staff are trained at orientation upon hire and annually thereafter; rollout will start January 2025 led by VPCH Clinical Education Team</p> <p>BR: Shared workforce development data; ~37% nurses/~22% BHTs core hires past 12 months; BR providing training on relational de-escalation to improve empathy, patient rapport; specific focus on improving relationships with pediatric patients via a trauma-informed care; goal is always to keep patients and staff safe; trainings include group facilitation, trauma-informed care principles, and motivational interviewing methodologies with self-reflection-focused activities (journaling, etc.); discussion of “early responders” or a rapid code team that includes trainings on 21 different scenarios with heavy focus on de-escalation; overview of de-brief processes that has been updated; discussion of code review post-code and de-briefing processes; off-unit safety monitor that floats unit to unit to detect early warning signs, potential signs of danger with a focus on patient safety; Safety Monitors are solicited on annual basis and it is voluntary for staff and the roster is updated annually</p>
Data Review of Quarterly Report	<ul style="list-style-type: none"> • Review of April-September 2024 data report <ul style="list-style-type: none"> ○ Reminder of lag time between data report and review by EIP Review Committee to ensure more accurate and complete dataset for analysis • Most EIPs were administered during this quarter were on Level 1 units, which is a typical observed pattern • Feedback from member of the public (Anne Donahue) about need for transparency and delineation of manual versus mechanical restraints Highest rates for the quarter found on Level 1 units • • (See here: https://mentalhealth.vermont.gov/document/eip-report-january-through-march-2024) <ul style="list-style-type: none"> ○

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Six Core Strategies Overview Presentation	<ul style="list-style-type: none">• Kevin Huckshorn and Janice LeBel provided overview of Six Core Strategies (history and development)• See slide deck entitled, "VT EIP Presentation Overview"<ul style="list-style-type: none">○
Public Comment	<ul style="list-style-type: none">• Michael Sabourin: Inquiry about the use of peers at Brattleboro Retreat?<ul style="list-style-type: none">○ Alix Goldschmidt: peers are being included in various capacities; discussion about previous role of Vermont Psychiatric Survivors in providing peer support
Adjourn	Meeting was adjourned at 12:03p

Next Meeting: March 14th, 2025, 10:30-12:00p