



Emergency Involuntary Procedures Review Committee
 Report to the Commissioner of the Vermont Department of Mental Health
July 1, 2021- June 30, 2022 (FY22)

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.

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, 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.

Membership

Please see below the roster of Committee members/staff representatives during this grant period:

<i>Name</i>	<i>Organization</i>
Kayte Bak Bonnie MacGregor Peter Albert Gaurav Chawla Alix Goldschmidt	Brattleboro Retreat (BR)
Kimberly Cookson Terri Graham	Central Vermont Medical Center (CVMC)
Caitlin Miller	Designated Agency (DA) Representative



Tonya Davis <i>(appointed 3-2022)</i>	
Suzanne Leavitt	DAIL/Division of Licensing and Protection
Thomas Weigel Steven DeVoe Kelly Klein	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 Pruet Darcy Bixby	Springfield Hospital – Windham Center
Jessica Charbonneau Kaitlin Palombini	University of Vermont Medical Center (UVMCMC)
Sarah Sherbrook	Vermont Psychiatric Care Hospital (VPCH)
Karen Lewicki	Department of Veterans Affairs (VA)
Karen Barber David Horton Jennifer Rowell Laura Flint Samantha Sweet	<i>Staff Support - DMH</i>
Alex Lehning Amy Stonoha	<i>Facilitator - Vermont Cooperative for Practice Improvement & Innovation</i>



Committee Meetings 2021-2022

The Committee meets on a (no less than) quarterly basis in accordance with open meeting protocols. The following meetings were held virtually during this work period:

- September 10, 2021
- December 10, 2021
- January 20, 2022
- March 11, 2022
- June 10, 2022

Copies of agendas, minutes, data reports, and presentations are archived and available at:

<https://mentalhealth.vermont.gov/about-us/boards-and-committees/emergency-involuntary-procedure-s-eip-review-committee>

Committee Recommendations 2021-2022

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

1) Updated DMH Data Reporting

The Committee provided guidance and suggestions in coordination with DMH staff to update the quarterly DMH reporting on EIP as well as to provide a suggested format for individual hospital/member updates during quarterly meetings:

- Kevin Huckshorn and Janice LaBel recommended combining voluntary/involuntary EIP data
- VAHHS submits hours of restraint per total patient days (involuntary plus voluntary)

New EIP Quarterly Report Format

Each report page will have total hours and rates for each hospital, which hospitals are reporting to DMH on a quarterly basis via Excel. DMH-generated reports will be shorter and easier to read for participants, and leave more time for hospital discussions of how they are working to drive their own improvement. DMH will continue to assess data from the data generated from individual CONs submitted to DMH to make sure there are no irregularities when compared with the new hospital data set

Individual Hospital Reports

It will be up to each hospital to compile their own report for the chosen session when they present. Hospitals will present what best reflects their process and what they review to assess their own performance. Guidelines from DMH include:

- By unit, as recommended by Kevin and Janice



- Adult/youth (would be automatically done if separated by unit, and the Retreat is the only hospital with kids)
- Level 1 vs not (would be automatically done if separated by unit)
- Episodes or procedures per patient (page 8/9 of current report)
- Race/ethnicity/gender if available (this should be phased in over the next year as hospitals are able to link this data through their EMRs)

2) Internal Discussion of Six Core Strategies Training

The Committee completed a discussion/review of Six Core Strategies training impact, implementation, and sustainability (see March 2022 minutes).

3) Creation of Public Comment Form

VCPI created this tool to assist with securing public comments. Committee members & members of the public are invited to submit additional comments/questions at any time using this form:

<http://bit.ly/EIPComment>

4) Continuing Education

Committee members asked for research into Continuing Education Units for Nursing after completion of Six Core Strategies training.

5) Membership Form

Multiple Committee members raised questions about the appointment application form and process, specifically consent and questions around financial history. A Peer Representative identified this as a barrier to participation.