VERMONT EMERGENCY INVOLUNTARY PROCEDURE REVIEW COMMITTEE

December 13th, 2024

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AGENDA

I.	Introductions and Updates	10:30-10:35a
II.	 Review September 2024 Meeting Minutes Draft minutes (attached) Discussion, amendments, approval 	10:35-10:40a
III.	EIP Hospital PresentationsVPCHBR	10:40-11:10a
IV.	EIP Quarterly Data ReviewDiscuss data report from April-June 2024	11:10-11:25a
V.	Six Core Strategies Presentation • Janice LeBel and Kevin Huckshorn	11:25-11:55a
VI.	Public Comment	11:55-12:00p
VII.	Adjourn	12:00p

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

Resources

- <u>Emergency Involuntary Procedures (EIP) Review Committee | Department of Mental Health (vermont.gov)</u>
- EIP Administrative Rule
- EIP 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.

are utilized.			
Emergency Involuntary Procedures	Include instances of restraint, seclusion or		
(EIPs)	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	Seclusion 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	When clinically indicated, emergency		
Procedures	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.		