

This meeting was not recorded.

9/8/2023

Emergency Involuntary Procedures Review Committee Minutes

****FINAL****

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 (he/him) Laura Lyford 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 July 2023 Meeting Minutes
10:40 EIP Hospital Presentations
11:15 Patient EIP Review
11:25 Public Comment
11:30 Adjournment

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Agenda Item	Facilitator/Timekeeper: Steve DeVoe; Minutes: Laura Lyford
Introductions and Updates	<p>Overview 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</p> <p>NAMI VT is hosting free showings of documentary film, Anxious Nation (Anxious Nation Comes to Vermont: Free Film Screenings Statewide – NAMI-VT)</p>
Review July 2023 Minutes	<p>The vote to approve was passed unanimously.</p>
EIP Hospital Presentations	<p>Vermont Psychiatric Care Hospital-Jeremy Smith</p> <p>VPCH staff reviewed variables including physicians (tenure), shift, nursing (travelers vs. permanent). Initial EIP, face to face with physician, and when the order is written and the order entry to medication administration time, in order to reduce time in restraints. There is an average of ~30 minutes between face to face ad medication administration with a mode of 33 minutes. Average time in restraints for medication administration. VPCH created an Expediated Physician’s Statement, though this is not an order. Nurse will then draws up medication, but needs an order before administering. Information is included in hospital’s EIP packet, which includes common medications and dosages.</p> <ul style="list-style-type: none"> • Q: Wait for order to go in EMR before administering EIM? A: Yes. Order would not be given over the phone. Physician comes to the floor. • Q: How does this compare to practices/processes in emergency departments? Seems like patient suffers longer due to bureaucracy. Want to make sure they’re receiving the same level/type of care as in ED’s since these are emergencies. A: Cannot comment. <ul style="list-style-type: none"> ○ Dr. Klein: Hospital bylaws do not allow verbal orders due to higher chance of error. <p>Rutland Regional Medical Center-Lesa Cathcart</p> <p>6 Core Strategies are the framework for their practices. Trying to ensure that staff who are hired and retained are people that can support this framework. All EIPs are reviewed by Unit Director and during leadership meetings, community advisory committee, and psychiatric section committee. Observation and support are still very important. Leaders are present. Educated staff and reduce the need for EIPs. Administrator who is on call is called to review in real time and talk with staff directly involved and do some pre-planning. Team for each strategy, staff lead, discuss ideas to try to reduce EIPs. Leadership reviews and decides if they can do it. Prevention tools committee update sensory carts/items when patients can use to help calm/self-soothe. RRMCM recently re-opened small garden in atrium. AA meetings getting back up and running again soon. Looking to get NAMI support group up and running again. Animal therapy running again. Debriefing at end of shift in involved in EIP. Want to update hospital vision using appreciative inquiry.</p>

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	<ul style="list-style-type: none">• Q: Considering feedback for persons served? A: Like the idea for consideration.• Q: Peer specialist on staff: How did that process go to get that position funded? A: Had someone interested in a peer specialist role and had ideas for what they would like to see, which helped create a job description. Took this info to the administration to share job description and talked about investment in 6 Core Strategy and how valuable it would be to have a peer specialist on the unit. Got support from the administration. Posted the position, had a couple applicants. Has gone back and forth between part time and full-time positions. <p>NAMI Vermont has resources we can share with all the hospitals that can be included in the discharge paperwork. We have a Family-to-Family class coming up later this month that is virtual and have a few openings.</p>
Patient EIP Review	Individual did not confirm attendance prior to meeting, therefore this agenda item will move to the December 2023 meeting.
Public Comment	No public comment.
Adjourn	Meeting was adjourned at 11:27am.