

A. Introduction

The purpose of this report is to summarize the “Listening Tour” focus groups (LT) that the DMH Adult State Program committee conducted at the Vermont Psychiatric Care Hospital on December 18th and 22nd of 2020. The motivation for the LT was to hear from patients how COVID-19 has impacted them. The objective was to gather feedback to provide a basis for making recommendations to help improve the patient experience not only at VPCH but at all inpatient psychiatric units and hospital in VT. The LT is being done with the acknowledgment that keeping patients and staff safe in this pandemic in many cases means implementing policies that run counter to a therapeutic and comfortable environment. Kudos to VPCH leadership for being willing to be the “first stop” on the LT.

B. Results

The LT was conducted by 3 members of the Adult State Program Standing Committee (ASPSC). Two patients attended the first listening session and no patients attended the second. For future listening tours we suggest we all explore ways to “market” the LT and assist people to be present.

1. Protection from COVID-19

It is notable that, as of the listening tour, VPCH has been successful in protecting patients from COVID-19 as no patients had tested positive for the virus. VPCH did not indicate if any staff had tested positive for the virus. It is likely that VPCH has been similarly successful with staff as any cluster of cases would have been reported publicly by the Vermont Department of Health.

2. Patient Feedback – Major Themes

Though the conversation with patients was focused on the impact of COVID-19 it was not limited to the virus. Major themes heard in the session were:

- The staff care about patient well-being and are trying to do their best in a tough COVID-19 restricted environment.
- The physical space of the hospital has a lot of positives such as nice rooms, variety and well-appointed activity rooms and an overall set up for recovery.
- The negative impact of being socially isolated from not only staff and other patients but also family, friends and contacts outside the hospital.
- Reduced staffing due to pandemic protocols has significantly cut back the movement of patients which limits access to therapeutic spaces such as art therapy, green houses, common rooms, sensory rooms and exercise rooms.

- A desire for more personal autonomy.
- A desire to somehow be more connected with the community outside of the hospital.

C. Our Recommendations:

Based on the feedback and our observations, we propose the following recommendations:

1. Continue to take actions to provide options for social connections.
2. Continue to increase access to devices that can support virtual groups or chats with family and friends. At the same time be sensitive to those people where virtual interactions don't meet their needs.
3. Consider ways to safely increase the access to more activities and specialty spaces such as the art room, green houses, common rooms, sensory rooms and exercise equipment.
4. Consider introducing a work program that would allow people to feel productive and earn an amount of money. A work program might be introduced that is respectful of the individual and would promote autonomy, self-confidence and connection with the community.

D. Discussion:

The purpose of the listening tour is to understand the impact that COVID-19 has had on the services available to and experience of patients in Vermont's in-patient psychiatric hospital settings. Both residents that we talked to at VPCH gave indication that pre-COVID-19 they had experiences in other carcerative facilities, i.e. involuntary in-patient psychiatric or corrections.

The following is a list of actions the hospital has taken to keep people safe from COVID-19:

1. Patient census has been lowered during COVID.
2. The two 8 bed (A&B) living units are being isolated from each other.
3. A third unit has been designated the COVID quarantine unit for new admissions.
4. The number of staff that are physically present at the hospital has been reduced including hospital leadership, administrators, psychiatrists, therapists working remotely.
5. In-person visits by family, friends and professional contacts (e.g. clinicians, patient advocates, disability rights ombudsmen, etc.) no longer occur.
6. The new work schedule has reduced the number of days per week that each staff person is at the hospital.
7. Frequent testing of staff for COVID.
8. Use of masks.

Patient reported the following impact to the mental health recovery aspects of being in the hospital:

1. The hospital is weirdly quiet. It's dull. There isn't the usual stimulating turmoil. With the low census and isolated units, positive peer-to-peer interactions aren't happening like before COVID.
2. Some people don't like virtual meetings so that becomes a barrier to the participating.
3. Reducing staff to what is considered the minimum essential makes it hard for patients to use the various spaces within the facility. VPCH has art space, green houses, common rooms, sensory rooms, exercise spaces but they are not being made available as much as people would like. For example, prior to pandemic exercise room limited to 1 hour every other day. With COVID this is even less available.
4. The use of masks hides facial expressions that are a normal part of communications further hindering positive/therapeutic interactions.

E. General Comments

The following are some of the specific comments from participating patient:

1. Patients expressed a desire for interaction with the community. A thought was that staff might fill a roll in coordinating more community outreach.
2. The people felt safe within the VPCH. The food is good.
3. As a way to enhance autonomy there was a suggestion to create ways for patients to spend money. An example proposed was for Walmart shopping excursions on behalf of patients by staff.
4. It was expressed that VPCH leadership did not have experience as a frontline worker in a psychiatric hospital.
5. Safety concerns seem to curtail opportunities for autonomy. VPCH is more restrictive than jail/prison. Too much emphasis on safety causes problems. Need to trust people more and treat more like adults.
6. Work programs were discussed. They give a sense of purpose. It is good to be productive. Being able to earn money gives people a way to take control of a part of their lives by being able to buy things they want. This ties into the thoughts of having Walmart shopping excursions by staff. It was expressed that these types of programs existing at the State Hospital but were discontinued because of concerns by advocates that patients were being taken advantage of.
7. There has been several months since patient advocates from VPS have been connecting with people at VPCH. That is changing now and should get better.

F. Meeting Details:

Hospital Name: Vermont Psychiatric Care Hospital

Hospital Contact: Greg Tomasulo gregory.tomasulo@vermont.gov

Hospital Floor Visited/Technology Used: The meetings were held using MS Teams.

ASPSC Members Present: Dan Towle, Malaika Puffer, Ward Nial

Date of first visit: Friday, December 18, 2020, 2pm to 3:10pm

Hospital Staff that participated: In the room - Jessica B. and Bob ? ; Via MS Teams: Greg Tomasulo

Number of residents attending first visit: 2

Date of second visit: Tuesday, December 22, 2020 10:30 to 11:00am

Hospital Staff that participated: In the room: Holly ?; Via MS Teams: Greg Tomasulo

Number of residents attending first visit: 0

Hospital Capacity – pre COVID-19: 25 beds residents,

Current census: 14 bed split roughly between the A and B units and 5 beds reserved for quarantine