## **EMERGENCY INVOLUNTARY PROCEDURES REVIEW COMMITTEE**

December 9, 2022 - 10:30a - 12p

# **Zoom Meeting Link**

1. Join Zoom Meeting

https://vsc.zoom.us/j/86014600560

2. Dial-In Option

Meeting ID: 860 1460 0560

Find your local number: https://vsc.zoom.us/u/kbMUbw0wo1

## **Purpose**

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.

#### Agenda

- 1. Introductions & Check-In (10:30a)
  - a. Review minutes from previous meeting
- 2. Updates from members (10:35a)
  - a. Brattleboro Retreat present
  - Leadership changes, census has increased significantly, expanding number of beds
  - b. Central Vermont Medical Center absent
  - c. Designated Agency Representative VCPI present, HCRS present
  - d. DAIL/Division of Licensing and Protection present
  - Updating residential care regulations, looking at MTCR regulations
  - e. Department of Mental Health present
  - Site visits to UVM and VA, applying for a planning grant from SAMHSA.
  - Hospitals are doing whatever they can to increase capacity wherever they can, decrease in wait times
  - f. Peer Representatives VPS present
  - g. Rutland Regional Medical Center present
  - h. Springfield Hospital Windham Center present
  - Had been experiencing a lot of provider shortage/coverage but staffing is beginning to drastically improve; able to admit more regularly and maintain a stable census; partnering with community resources to offer substance abuse/recovery treatment/support for patients
  - i. University of Vermont Medical Center absent
  - j. Vermont Psychiatric Care Hospital absent

- k. Veterans Affairs absent
- l. Others
- VCPI groups/times available for 6 core strategies trainings (January training coming up)
- 3. Quarterly data report from DMH
  - a. Dave will send out report. Questions/comments can be sent to <a href="mailto:stephen.devoe@vermont.gov">stephen.devoe@vermont.gov</a>
- 4. Discussion Topics/Questions Action Items
  - What feedback would you like to see from DMH regarding the annual reports?
    - A lot of new people at DMH taking a fresh look at new things, answers to questions years ago may be different today in an ever-evolving administration. DMH leadership is happy to answer questions any time.
  - What additional reporting or learning opportunities would you like to schedule for 2023?
    - Advanced curriculum training, on demand staff onboard models available.
    - Office hours (open/private) have been successful with VCPI; encourage people to network, learn, share ideas and suggestions. Reach out to Amy, Kevin, Janice. VCPI reach out directly to your organization as well.
  - How might we develop a common policy recommendation for case referral to the committee?
    - Is it noted anywhere in any hospitals' intake/patient rights paperwork, that they have the option, should they experience any emergency involuntary procedures, to have that case reviewed? WC leaves it pretty open for an individualized experience for each patient. People need to be informed about this right. Hospitals may not even be aware of this rule.
    - Peer support during case review is important
    - BR has a plan for debriefing after EIP's. Looking to make it richer/more meaningful.
    - Training for peer support available
    - Patient satisfaction surveys to ask if they would ever refer their family to receive treatment at the facility, would they ever want to work at the facility. Honors their patient experience.
  - Counterpoint is out: <u>https://us02st1.zoom.us/web\_client/bai5dum/html/externalLinkPage.html?ref=</u> https://www.vermontpsychiatricsurvivors.org/newspaper/counterpoint/

# **Legislative Mandate**

- Here is a link to the legislative mandate and the paragraph (page 15) that applies to these reports:
  - https://mentalhealth.vermont.gov/sites/mhnew/files/documents/AboutUs/Committee s/EIP/EIP\_Rule\_FINAL\_2016.pdf
- The Review Committee shall review aggregate data that has been prepared based on information received from the clinical leadership teams of the designated hospitals and the state-operated facility regarding all relevant orders of emergency involuntary procedures (involuntary medication, seclusion and restraint). The aggregate data shall

be prepared by the Department of Mental Health in quarterly reports.

• The Review Committee shall meet quarterly to review the aggregate data submitted by the designated hospitals and the state-operated facilities.

*Note*: Committee members & members of the public are invited to submit additional comments/questions at any time using this form: http://bit.ly/EIPComment

# **Important Links**

• EIP Administrative Rule:

https://mentalhealth.vermont.gov/sites/mhnew/files/documents/AboutUs/Committees/EIP/EIP Rule FINAL 2016.pdf

• EIP Committee Website (with minutes & reports)

https://mentalhealth.vermont.gov/about-us/boards-and-committees/emergency-involuntary-procedures-review-committee