

Report to the Emergency Involuntary Procedures Review Committee

August 27, 2014

Data Review and Analysis

January 1- June 30, 2014



**Department of Mental Health
AGENCY OF HUMAN SERVICES**
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Prepared by
DMH Research and Statistics & Quality Management Units



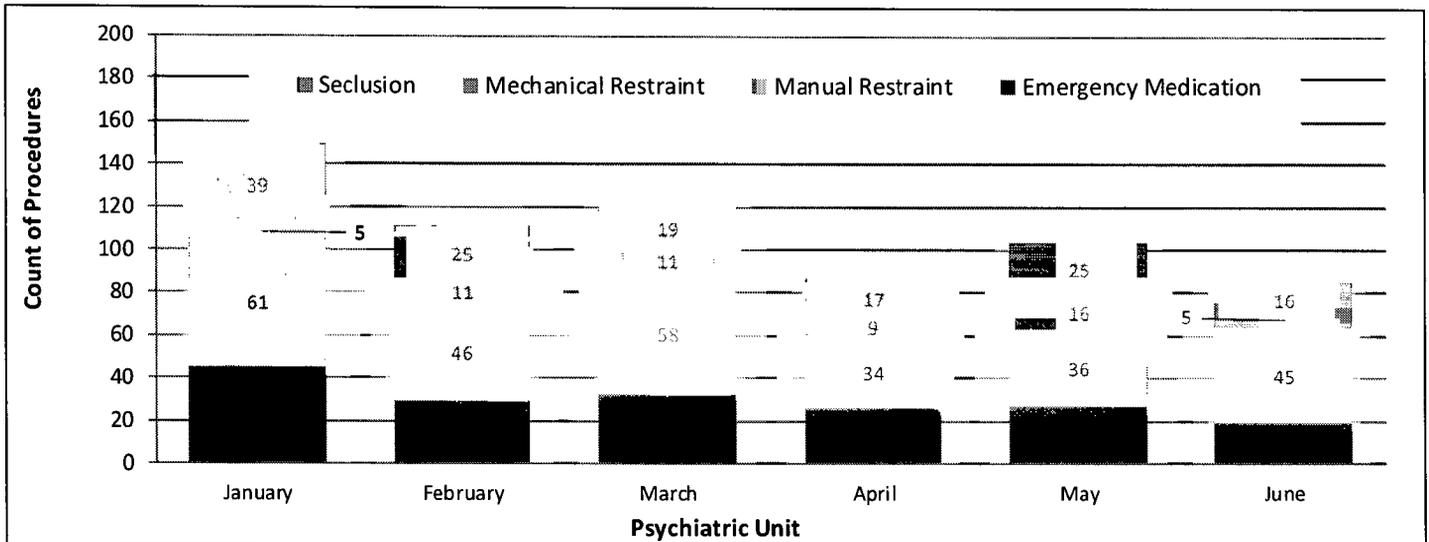
Vermont Department of Mental Health

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.

Definitions

Emergency Involuntary Procedures	Include instances of restraint, seclusion or 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. 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).
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	Emergency involuntary medication is administered against a patient's wishes, with an emphasis on the removal of patient choice in the administration of the medication. Emergency involuntary medication is administered without a court order.
Episodes of emergency involuntary procedures	When clinically indicated, emergency 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.

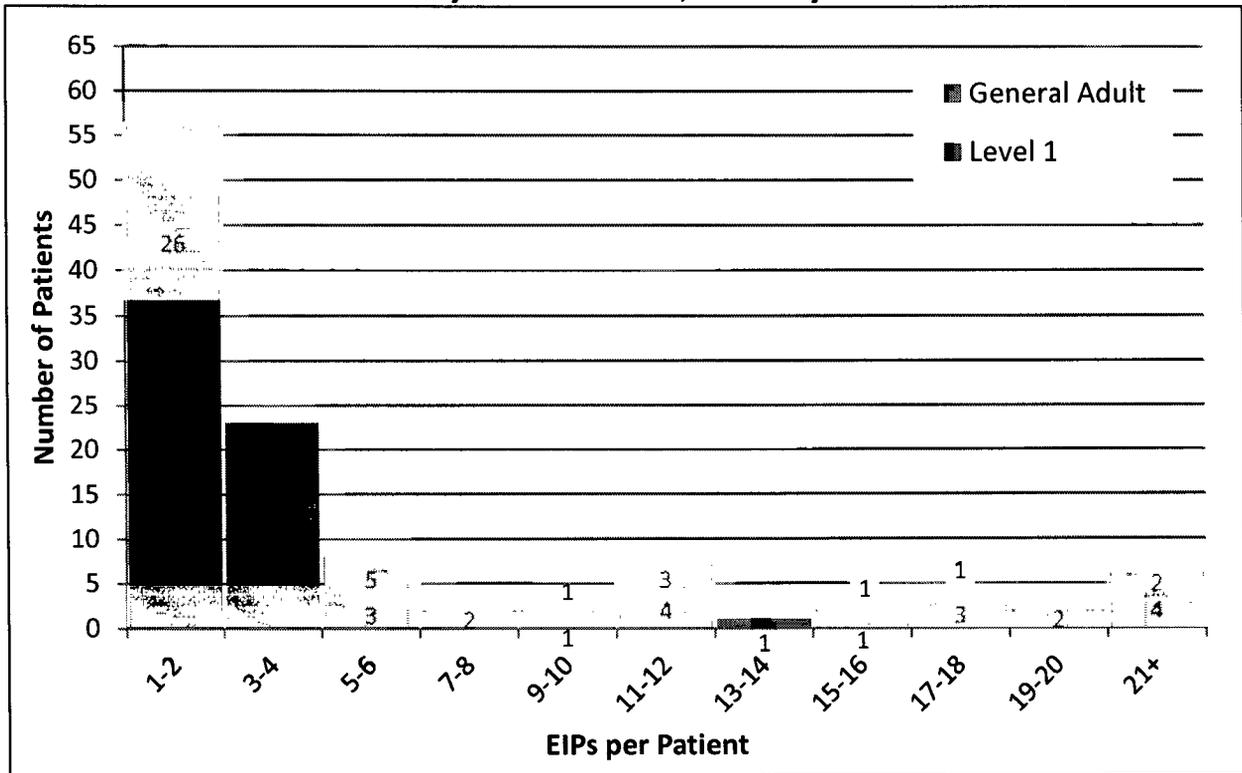
**Aggregate Emergency Involuntary Procedures
By Type of Procedure
All Adult Psychiatric Units, January - June 2014**



Month	Total EIPs	Type of Procedure			
		Emergency Medication	Manual Restraint	Mechanical Restraint	Seclusion
January	150	45	61	5	39
February	111	29	46	11	25
March	120	32	58	11	19
April	86	26	34	9	17
May	104	27	36	16	25
June	85	19	45	5	16
Total	656	178	280	57	141

Analysis conducted by the Vermont Department of Mental Health Research and Statistics Unit from data maintained by DMH Quality Management. Data are submitted by Designated Hospitals to DMH in compliance with department requests for submittal of Certificates of Need following Emergency Involuntary Procedures. Report includes episodes of Emergency Involuntary Procedures for Vermont residents involuntarily admitted to inpatient psychiatric units of Designated Hospitals.

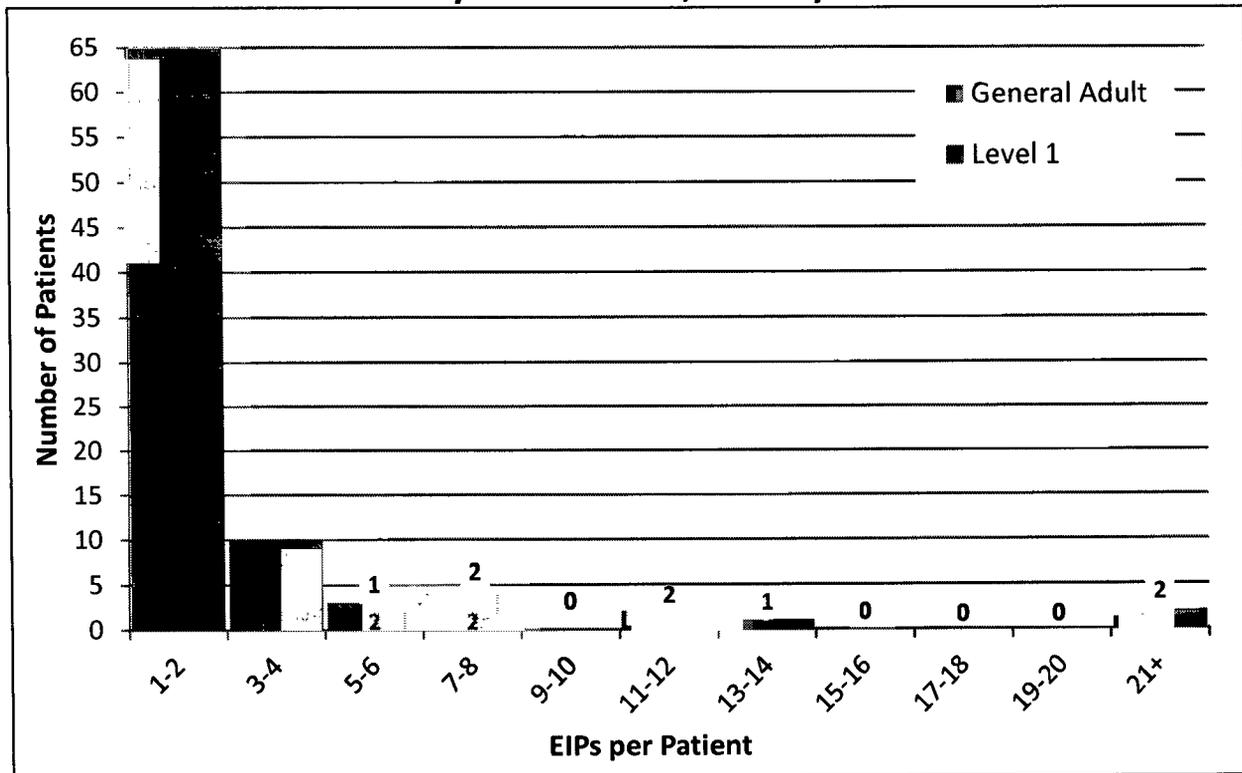
**Aggregate Emergency Involuntary Procedures
Procedures per Patient
All Adult Psychiatric Units, January - June 2014**



Type of Unit	Total Patients by Number of EIPs											Total Patients w/EIP
	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19-20	21+	
General Adult	26	10	5	2	1	3	0	1	1	0	2	51
Level 1	30	13	3	0	1	4	1	1	3	2	4	62
Total Patients	56	23	8	2	2	7	1	2	4	2	6	113
% by EIP Count	50%	20%	7%	2%	2%	6%	1%	2%	4%	2%	5%	100%

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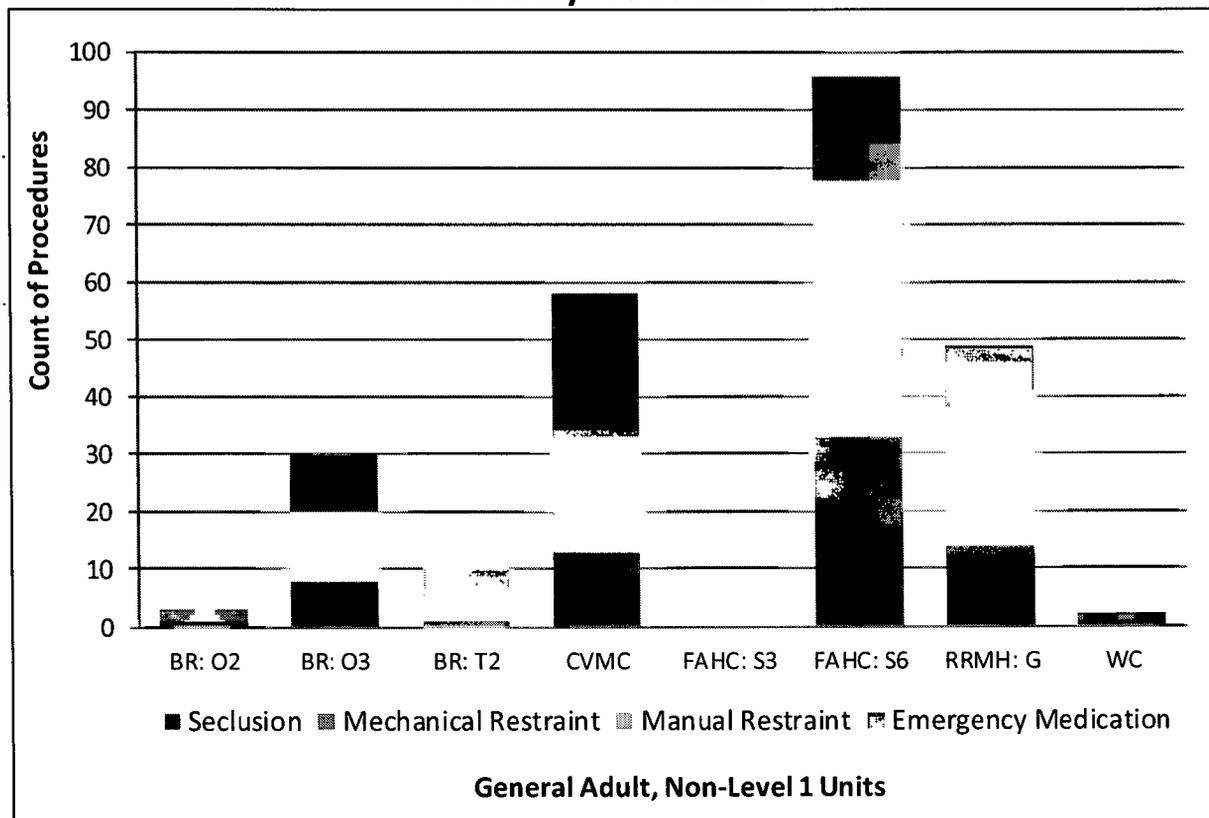
**Aggregate Emergency Involuntary Procedures
Episodes per Patient
All Adult Psychiatric Units, January - June 2014**



Type of Unit	Total Patients by Number of Episodes											Total Patients w/EIP
	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16	17-18	19-20	21+	
General Adult	28	7	1	2	0	2	0	0	0	0	0	40
Level 1	37	3	2	2	0	0	1	0	0	0	2	47
Total Patients	65	10	3	4	0	2	1	0	0	0	2	87
% by EIP Count	58%	9%	3%	4%	0%	2%	1%	0%	0%	0%	2%	77%

Analysis conducted by the Vermont Department of Mental Health Research and Statistics Unit from data maintained by DMH Quality Management. Data are submitted by Designated Hospitals to DMH in compliance with department requests for submittal of Certificates of Need following Emergency Involuntary Procedures. Report includes episodes of Emergency Involuntary Procedures for Vermont residents involuntarily admitted to inpatient psychiatric units of Designated Hospitals.

**Aggregate Emergency Involuntary Procedures
By Type of Procedure
General Adult, Non-Level 1 Psychiatric Units
January - June 2014**



Psychiatric Unit	Type of Procedure				Total Procedures	Total Episodes	Mean Procedures per Episode
	Emergency Medication	Manual Restraint	Mechanical Restraint	Seclusion			
BR: Osgood 2	1	2	0	0	3	3	1
General BR: Osgood 3	8	12	0	10	30	13	2
Adult, BR: Tyler 2	1	5	1	3	10	6	2
Non-CMVC	13	13	7	25	58	23	3
Level 1 FAHC: Shep 3	0	0	0	0	0	0	-
Units FAHC: Shep 6	33	45	0	18	96	32	3
RRMC: General	14	24	8	3	49	22	2
Windham Center	1	0	1	0	2	1	2
Total	71	101	17	59	248	100	2

Analysis conducted by the Vermont Department of Mental Health Research and Statistics Unit from data maintained by DMH Quality Management. Data are submitted by Designated Hospitals to DMH in compliance with department requests for submittal of Certificates of Need following Emergency Involuntary Procedures. Procedures of seclusion, restraint and emergency medication meet criteria defined by Centers for Medicare and Medicaid Services for clients involuntarily admitted to Vermont Designated Hospitals.

Vermont Department of Mental Health

Emergency Involuntary Procedures

Level 1 Units

Data Comparison

January-June 2014

Analysis:

Raw data based on CONs sent to DMH from the three Designated Hospital Level 1 units calculated to determine the number of hours patients were in seclusion or restraint per 1000 patient hours.

Ratio calculation:

Numerator: total number of hours that psychiatric patients were in seclusion or restraint (restraint includes all manual and mechanical)

Denominator: per 1000 patient hours

January- June 2014 Averages

	Brattleboro Retreat: Tyler 4	Vermont Psychiatric Care Hospital	Rutland Regional Medical Center: South Wing
Average number of hours that patients admitted to a hospital-based inpatient psychiatric setting were in seclusion or restraint per 1000 patient hours	0.71 hours	0.34 hours	2.98 hours

Joint Commission National Quality Measures:

National Averages for Hospital-Based Inpatient Psychiatric Services

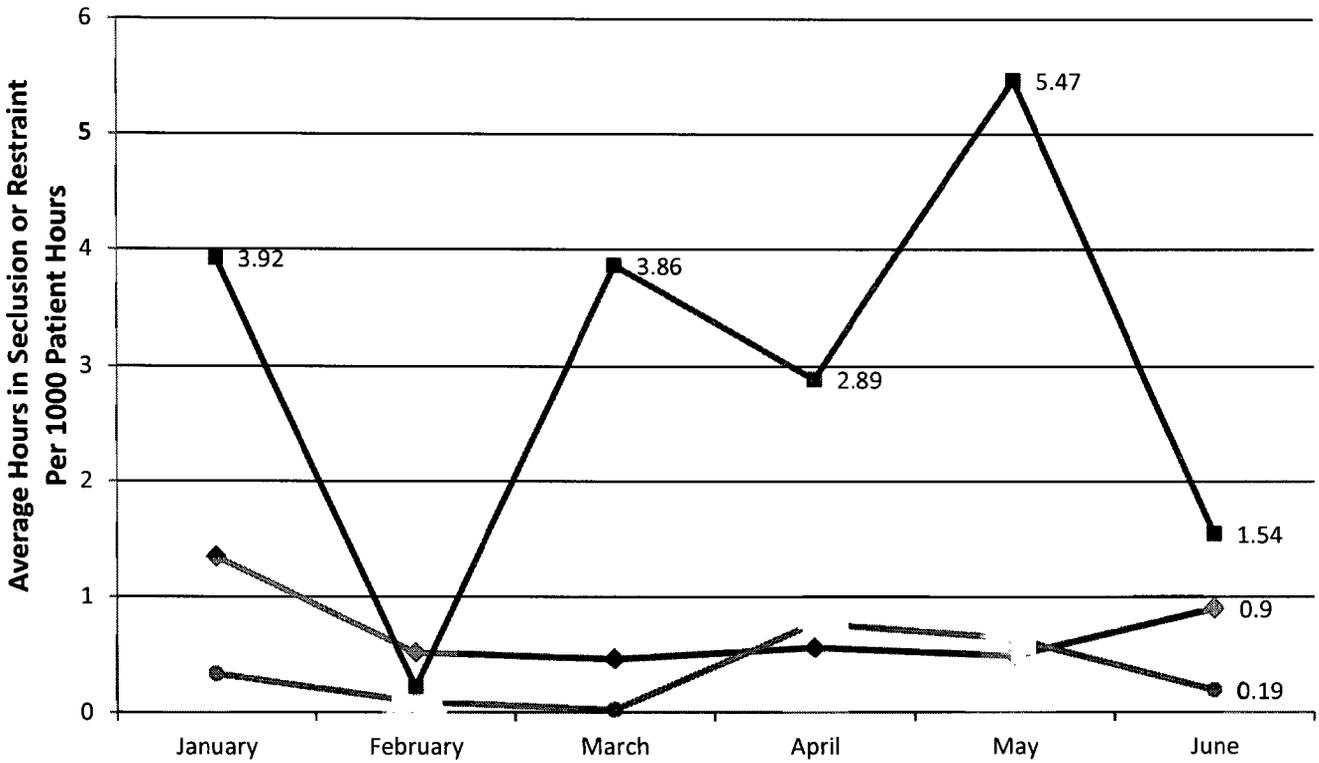
Combined hours of seclusion and restraint 0.8844 hours

Hours of restraint use (adults age 18-64) 0.5469 hours

Hours of seclusion use (adults age 18-64) 0.3375 hours

**Emergency Involuntary Procedures
Average Hours in Seclusion or Restraint
Per 1000 Patient Hours
January - June 2014
Level 1 units**

◆ Brattleboro Retreat: Tyler 4 ● Vermont Psychiatric Care Hospital ■ RRM: South Wing



**Emergency Involuntary Procedures
Level 1 Units
Data Comparison
January-June 2014
Aggregate Counts of Procedures**

	Brattleboro Retreat: Tyler 4	Vermont Psychiatric Care Hospital	Rutland Regional Medical Center: South Wing
Emergency Involuntary Medication	41	9	58
Manual Restraint	91	5	83
Mechanical Restraint	10	0	31
Seclusion	23	17	44
Facility total	165	31	216

**Emergency Involuntary Procedures
Level 1 Units
Data Comparison
January-June 2014
Aggregate Counts of Episodes**

	Brattleboro Retreat: Tyler 4	Vermont Psychiatric Care Hospital	Rutland Regional Medical Center: South Wing
Facility total procedures	165	31	216
Facility total episodes	129	14	171