

Vermont Psychiatric Care Hospital

Presentation to
House Human Services Committee

January 15, 2015

Jeff Rothenberg, Chief Executive Officer
Dr. Isabelle Desjardins, Executive Medical Director

Mission and Vision

Mission

The Vermont Psychiatric Care Hospital will be a center for excellence in the provision of mental health treatment and recovery and a site for education in collaboration with the community and the people it serves.

Vision

The Vermont Psychiatric Care Hospital provides excellent care and treatment in a recovery-oriented, safe, respectful environment that promotes empowerment, hope and quality of life for the individuals it serves.



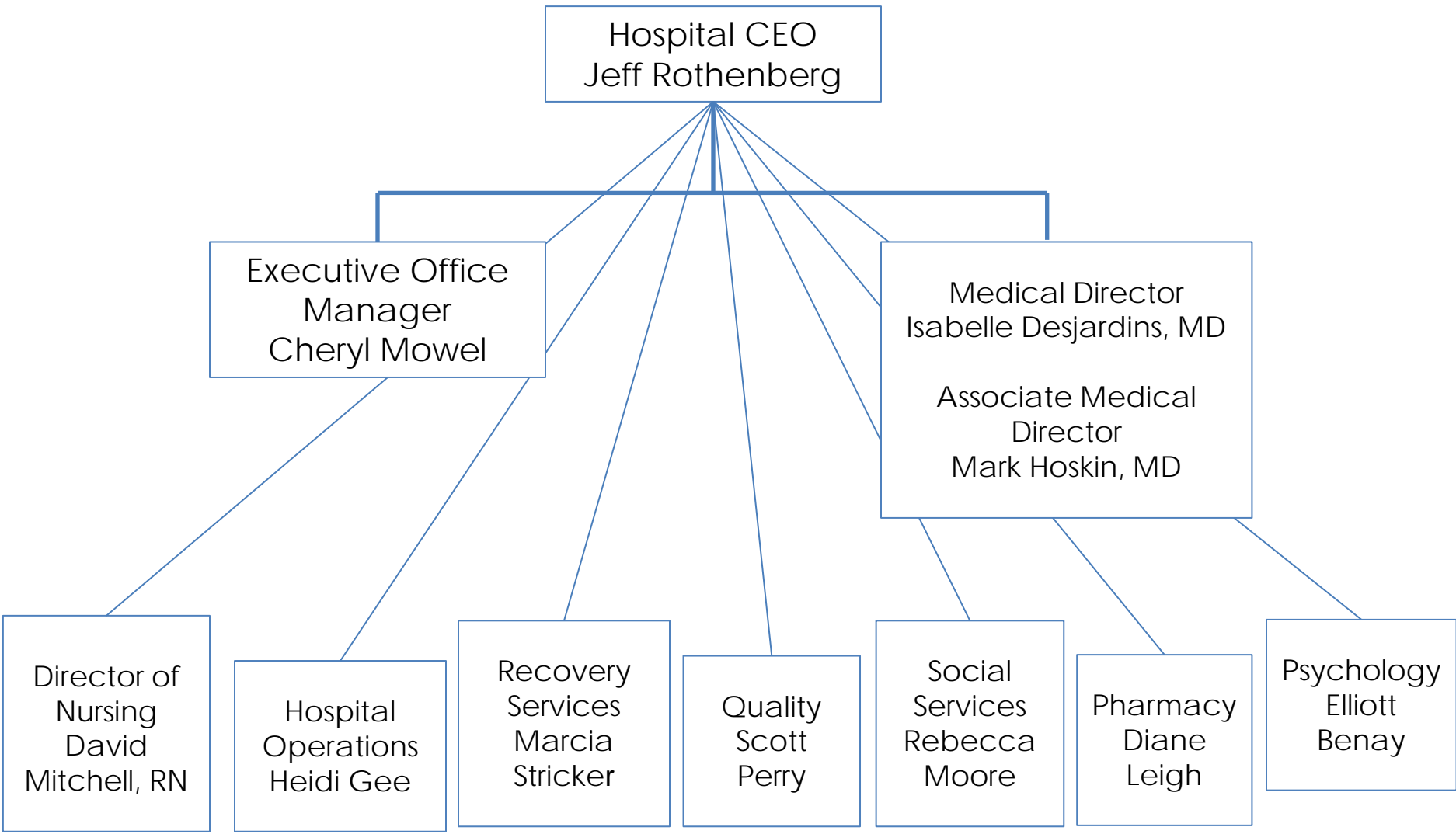
Timeline

- **April 2012:** Act 79 launched a mental health system transformation that has made many inroads in expanding mental health treatment services statewide and remains a work in progress toward achieving its goals.
- **January 2013:** The temporary Green Mountain Psychiatric Care Hospital, located in Morrisville, opens with 8 beds treating Level I patients.
- **July 2014:** Vermont Psychiatric Care Hospital opens. With a capacity of 25 beds, it is a part of the decentralized inpatient system of mental health care.



Opening of VPCH

- **July 2, 2014:** Open B unit (8 beds)
- **July 22:** Open A unit (8 beds)
- **September 9:** Open C unit (5 beds)
- **October 14:** Open D unit (4 beds)



Hospital Design

- State of the art design
- Recovery oriented environment
- Designed in collaboration with extensive public input
- Green Space
- Gardens
- Comfort and Sensory Modulation areas
- Quiet Space
- Single patient rooms and baths

Joint Commission Accreditation and CMS certification

- GMPCC in Morrisville had a 3 day survey with the Joint Commission (TJC) in July 2013, and granted TJC accreditation on August 27, 2013.
- Per federal law, 6 months later, CMS did a certification survey and GMPCC was granted CMS certification in March 2014.
- GMPCC changed its name to VPCH while in Morrisville, and its TJC accreditation and CMS certification was transferred to Berlin facility.
- VPCH recently had a survey from TJC on December 17, which went very well, and has every indication that it will retain its accreditation and certification.



Admissions, Discharges, Length of Stay

- *Since July 2, 2014*

- 34 Patients admitted

- 24 Patients discharged

- Current length of stay*: 72 days (as of 12/31/2014)

(Length of stay (LOS) is average of the number of inpatient days for each admission divided by the number of discharges)

- **Patient Demographics**

65 % male

35% female

65% civil admission

35% court ordered
admission

Safety and Recovery

Two VPCH Performance Improvement Initiatives

○ **Safety: Six Core Strategies**

- VPCH and its employees recognize that every dimension of the inpatient care process can always be improved.
- The Six Core Strategies is an evidence-based clinical model focused on reducing violence and minimizing the use of seclusion and restraint.

○ **Recovery: Aftercare Planning**

- VPCH believes that all patients will recover and return to community.
- VPCH is committed to providing active treatment to all patients.
- VPCH is committed to the identification of system and legal barriers that impede the hospital implementing its mission and vision.

VPCCH Services

- UVMC Health Network Contract for Psychiatry and Physical Health Care services
- Licensed Social Work and Aftercare Planning services
- Opportunity to take part in over 20 groups that happen regularly in off-unit space as well as multiple daily groups that happen on each unit
- Licensed psychologists with consultation services for behavioral program development
- Individualized Care Plans
- Other Ancillary and Support Services to meet patient treatment needs



Recovery Services

Breathe	Informal opportunity to do art, play foosball or table tennis, listen to the music or just socialize
Yoga	Gentle yoga group led by certified yoga instructor (volunteer), occasionally with a yoga video when the volunteer cannot attend
Fitness Room	Provide opportunities for patients to improve basic gross motor skills movements and work toward their fitness goals.
Art	Opportunity to express yourself through different art mediums.
Recovery Stories	This group will combine recovery stories from written and multimedia sources as inspiration for telling the patients' own story. Identifying and re-writing these stories to consider how more desirable outcomes can be achieved in the lives of patients will be explored.
Nutrition	Discuss factors of healthy eating, nutrition and impact nutrition can have on medication, recovery and overall wellness as well as preparing healthy foods using microwave
Health	Health group will provide information and tips on preventative health care measures through handouts and activities such as self-care and relaxation.
Red, white and blue	Explore personal beliefs about anger and develop skills to manage anger for effective solutions as well as practice methods for regulating anger and dealing with situations that arouse anger without leading to violence
Learning Center	Patients will be provided opportunities to utilize computer time for leisure, educational and research purposes, quiet reading or watching a relaxing video. They will also have an opportunity to sign out library materials.
Emotional strength	This group will act as an introduction to the idea of Dialectical Behavior Therapy (DBT), a cognitive behavioral approach utilized in the community for a wide range of patients. The group will work on skills from each DBT module: Mindfulness, Distress Tolerance, Emotional Regulation and Interpersonal Effectiveness.
Speaking up for yourself	The goal of this group is to help patients see positive in themselves, enhance their self-esteem and learn practical skills to communicate assertively and to advocate for themselves.
Turning point	This group will help patients to prepare for transition into the community. Group will focus on general support through transitions as well as important life skills such as time and money management, connecting with outpatient and community resources, employment, medication management skills and will reinforce importance of personal action planning.
A-Z Foods	Group introduces participants to nutritional qualities, health benefits and practical uses of different food each time in a engaging and fun way.
Green Thumb	Opportunity for patients to experience the relaxing benefits of gardening.
Sensory Connections	Identify the seven senses and offers strategies that can be used to help patients feel calmer through self-regulation, help to identify positive coping strategies and relaxation techniques and promote healthy leisure by presenting interactive games and activities.
Music Jams	Group live music experience
Song reflections	Group receptive music selections, songs selected that patients connect to. YouTube will be utilized providing the context and opportunity for patients and the group to discuss connections and responses to musical selections and the effect that the music and lyrics may have had on individuals and the group as a whole
Spa/Self Care	This group reinforces the importance of daily self-care and the therapeutic impact it has on healthy self-esteem by doing hands on activities such as facials, manicures, etc.
Karaoke	Incorporating music into a leisure routine, fostering positive esteem and simply having fun!
Writing group	Led by a volunteer, opportunity for creative writing in non- judgmental setting

Staffing: Registered Nurses

VPCH - Registered Nurses - 2014					
Psychiatric Nurse II	Current Staff	Open Positions	Hired in 2014	Left in 2014	Currently attending orientation
Permanent	27	15	6	2	1
Temporary	2	2	0	0	1

Staffing: Mental Health Specialists

VPCH - Mental Health Specialist - 2014							
Mental Health Specialist	Current Staff	Open Positions	Hired in 2014	Left in 2014	Didn't complete orientation	Didn't complete probation	Currently attending orientation
Permanent	113	2	40	13	3	5	3
Temporary	14	16	18	7	2	2	7

VSH and VPCH Comparison by type of Patient to staff “assault”

TYPE OF AGGRESSIVE ACTION	Vermont State Hospital Brooks 1 and 2 January-June 2011		Vermont Psychiatric Care Hospital July-December 2014	
	Total events	Per 1000 patient hours	Total events	Per 1000 patient hours
Spitting and body fluids thrown at employee	10	0.59	18	1.03
Direct physical action against an employee by a patient (including slap, punch, push, kick, scratch, etc.)	88		61	
TOTAL	98		79	

Definitions of Degree of Harm

- **No harm** is an injury from an event that reached an employee, may have required monitoring/intervention, but did not cause any harm
- **Minor severity** is an event that required First Aid at VPCH
- **Moderate severity** is an event that required assessment and possibly treatment at the Emergency Department

VSH and VPCH comparison by “degree of harm”

DEGREE OF HARM	Vermont State Hospital Brooks 1 and 2 January-June 2011		Vermont Psychiatric Care Hospital July-December 2014	
	Total events	Per 1000 patient hours	Total events	Per 1000 patient hours
Unknown harm	7	0.59	0	1.03
No harm	25		27	
Minor severity	56		47	
Moderate severity	10		5	
TOTAL	98		79	

Emergency Involuntary Procedures

Definitions

- **Restraint** means any manual method, physical hold 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.
- **Seclusion** means the involuntary confinement of a patient alone in a room or area from which the patient is physically or otherwise prevented from leaving.
- **Emergency Involuntary Medication (EIM)** means one or more medications administered against a patient's wishes without a court order.



Emergency Involuntary Procedures

	VSH – Brooks 1 and Brooks 2 Jan 11 through Jun 11 (last 6 month data)	VPCH Jul 14 through Dec 14 (first 6 months)
Frequency of any type of Emergency Involuntary Procedure per 1000 patient hours	2.71 EIPs per 1000 patient hours	2.03 EIPs per 1000 patient hours

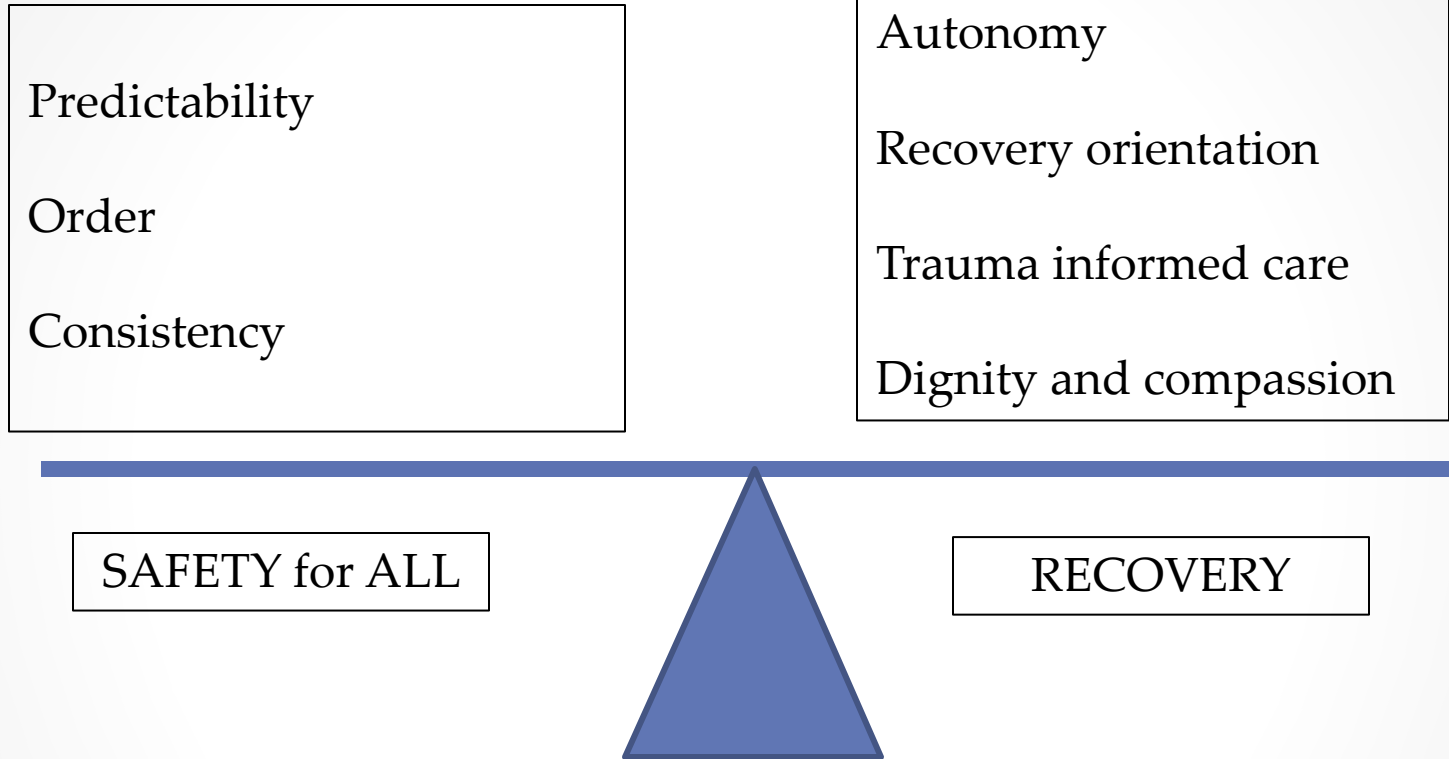
VPCH Accomplishments

- Opened on time and on budget
- Increased education and experience required to work at VPCH
- Successfully hired and trained over 65 staff
- Retaining The Joint Commission (TJC) and CMS accreditation & certification
- Maintained positive relations between management and staff and VSEA
- Continued offering additional clinical supervision to all employees
- Ensured excellent clinical services to Level I Patients
- Provided excellent quality of care in hospital operations, food service, infection control and cleanliness
- Engaged in ongoing quality Improvement in all departments
- Ongoing collaboration with all parts of the mental health system
-

VPCH Challenges

- Hiring registered nurses
- Utilization of traveling nurses
- New staff assimilation and working within newly formed treatment teams
- Adjusting to new building and new environment use of space
- High expectations to alleviate strain on system and operate at 100% capacity
- Place within new Vermont system of Level I care

Clinical Challenges: Competing Values



Clinical Challenges: External Expectations

Involuntary commitment and treatment

Acute phase of illness

Risk of harm to self and others

Expectation of safety for all

Maximize utilization

Right to self-determination > Imperative to treat acute illness

- Narrow definitions of "acute" and "imminent"

- Delays in effective treatment implementation

Regulatory oversight/burden

- Least restrictive, non-coercive environment

Complex legal processes

Future Goals

- Be able to operate safely at maximum capacity of 25 beds
- Fill all open permanent positions
- Have dependable temp positions for fluctuating staffing needs
- Increase Patient and Staff Safety
 - Reduce number of EIP's
 - Reduce number of staff assaults and injuries
- Continue to work with our inpatient and outpatient mental health system to effectively manage acute hospital beds to meet inpatient demand
- Maintain TJC and CMS accreditation
- Meet hospital mission and vision