

VERMONT PROGRAM FOR
QUALITY IN HEALTH CARE, INC.

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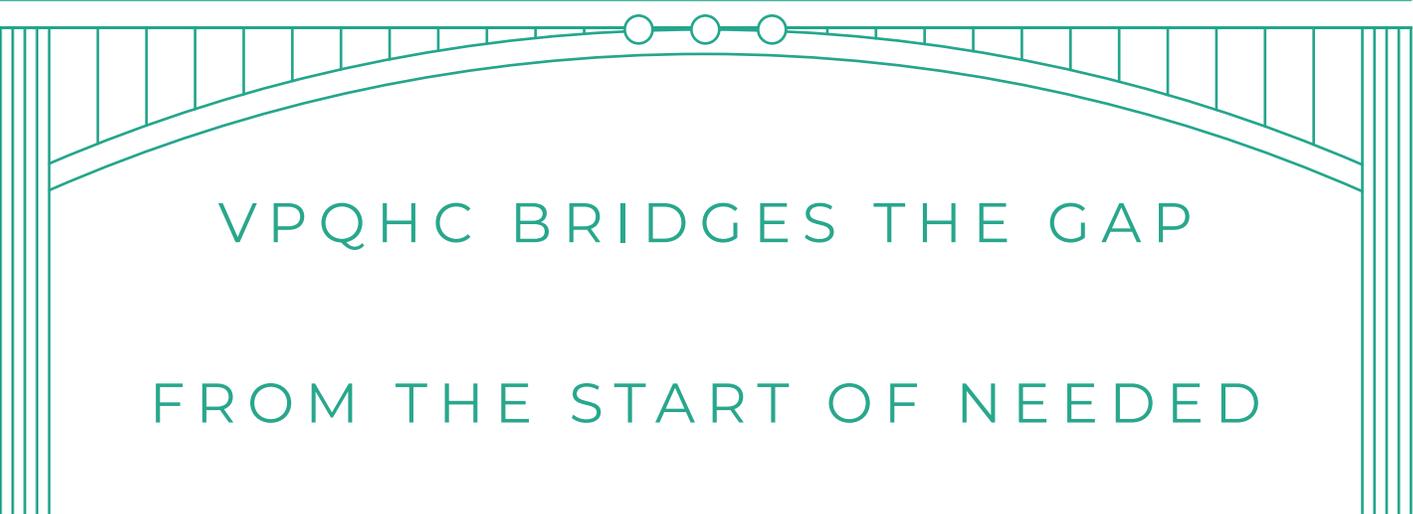
January 2023



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VPQHC BRIDGES THE GAP
FROM THE START OF NEEDED
HEALTH CARE REFORM
TO ORGANIZED PROCESSES,
ENHANCED METHODS, AND
STATE-OF-THE-ART TOOLS THAT
RESULT IN BETTER HEALTH CARE
EXPERIENCES AND OUTCOMES
FOR ALL VERMONTERS.



INTRODUCTION: VPQHC IMPACT REPORT 2022

A MESSAGE FROM
THE EXECUTIVE
DIRECTOR &
BOARD CHAIR

Dear Friends:

We are very excited to share this impact report with you, which includes information about our team, our work, and our organization. As we are almost halfway through our fourth decade of service (yes, we are 35 years old!), VPQHC continues to lead initiatives to improve health care outcomes across Vermont.

VPQHC's mission states that we "study the system to make it better." We take that mission to heart. As you read about our work, keep in mind that we are an organization of 8.6 FTEs working diligently every day across a multitude of grants, contracts, and projects. We stay lean so we can be nimble and respond to current issues, as we did throughout the pandemic and ongoing public health emergency.

VPQHC is a team of dedicated professionals that prides itself in its ability to develop impactful projects that lead to change, through collaborating with partners from across the continuum of care, listening to the needs and issues, and translating data into actionable insights.

We hope in the following pages you gain a sense of the meaningfulness of VPQHC's work, and how our projects contribute to fostering a healthcare system that is safe, timely, patient-centered, effective, efficient, and equitable.

We often refer to VPQHC as a "lamp under a basket" and we are so pleased to shine some light on our work, and how our projects impact not only our key stakeholders, but our families, friends, and neighbors across Vermont.

Catherine E. Fulton

MS, CPHQ, Executive Director, VPQHC

Jason Minor

MS, CHCQM, CLSSMBB, CMQ/OE, CPHQ, CPPS, PMP, VPQHC Board Chair & Network Director Continuous Systems Improvement, University of Vermont Medical Center

V P Q H C

T E A M



Marianne Bottiglieri
BA – Director of Finance



Bonnie Collins
Program Coordinator & Executive
Administrative Assistant



Catherine Fulton
MS, CPHQ –
Executive Director



Patrice Knapp RN, MSN,
CPHQ – Strategic Quality
Improvement Consultant



Bill Marcinkowski
BA – Information
Systems Manager



Ali Johnson
MBA - Quality
Improvement Specialist



Mary T. McQuiggan
LICSW – Senior Program
Manager



Lyndsay Sykes
MS, RN, CNL, CPHQ – Quality
Improvement Specialist



Hillary Wolfley
MSPH – Associate
Director

Not Pictured: Dail Riley, BA – Business Office Manager

VPQHC BOARD OF DIRECTORS:



CHAIR | Jason Minor
MS, CHCQM, CLSSMBB, CMQ/OE, CPHQ, CPPS, PMP – Network Director Continuous Systems Improvement, University of Vermont Medical Center



Grace Gilbert-Davis
MS, MSA, CHE, CHC – Director of Healthcare Reform & Quality, Blue Cross & Blue Shield of Vermont



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MS, Ph.D. – Vermont Director of Public Policy, Bi-State Primary Care Association



Kelly Dougherty
MSW, MPH, – Deputy Commissioner, Vermont Department of Health



SECRETARY | Otelah Perry
MS, MT, MB, CMQOE – Director of Quality, Patient Safety & Compliance, Mt. Ascutney Hospital and Health Center



Emma Harrigan
MS – Director of Policy Analysis & Development, Vermont Association of Hospitals and Health Systems



TREASURER | Todd Bauman
MA – Executive Director, Northwestern Counseling & Support Services



David Healy
MA – Retired VP & Senior GIS Applications Specialist, Stone Environmental, Inc.



Jessa Barnard
Esq. – Executive Director, Vermont Medical Society



Lila Richardson
Retired, Former Attorney, Vermont Legal Aid



Dillon Burns
MSW, LICSW – Mental Health Services Director, Vermont Care Partners

Not Pictured:

Paul Daley (ad hoc)
MS, Financial Director, Vermont Department of Health

Steve Kappel (ad hoc)
MPA, Principal, Policy Integrity, LLC

MAKING CARE SAFER BY REDUCING HARM & PREVENTABLE MORTALITY: THE VERMONT PATIENT SAFETY SURVEILLANCE & IMPROVEMENT SYSTEM

VPQHC administers the Patient Safety Surveillance and Improvement System (PSSIS) on behalf of the Vermont Department of Health which was created by 18 V.S.A. Chapter 43A and is focused on reducing patient harm and preventable mortality in Vermont hospitals and ambulatory surgery centers. Activities under the patient safety program include reporting and monitoring of patient safety events, quality improvement efforts, as well as training, and assessment.

In its role as the PSSIS program administrator, VPQHC:

- Supports timely, secure, peer-protected reporting of serious reportable events (as defined by the *National Quality Forum*)
- Provides comprehensive reviews of root cause analyses (RCAs), disclosure, and corrective action plans (CAPs), and supports hospitals with technical assistance to ensure their RCAs and CAPs align with best practice
- Delivers leading clinical practice guidance and quality improvement resources
- Monitors statewide patient safety trends and disseminates focused educational resources
- Visits organizations under the PSSIS program once every three years, to examine site compliance with the PSSIS rule, through reviewing organizational policies, procedures, event reporting cultures, and follow through with corrective action plans
- Provides quarterly and annual aggregate patient safety data reports to the Vermont Department of Health and the VPQHC Quality Directors Network.



Since 2011 under the PSSIS program, VPQHC has reviewed over

712

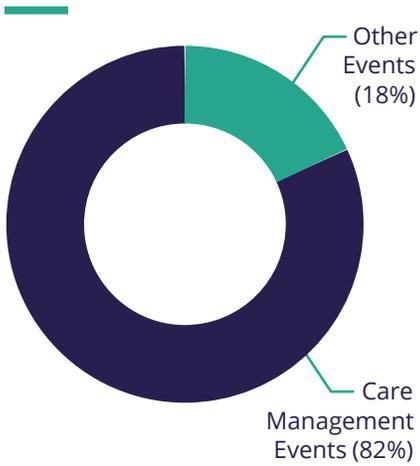
SERIOUS REPORTABLE
EVENTS AND CORRECTIVE
ACTION PLANS

“Patient safety is a health care discipline that emerged with the evolving complexity in health care systems and the resulting rise of patient harm in health care facilities. It aims to prevent and reduce risks, errors and harm that occur to patients during provision of health care. A cornerstone of the discipline is continuous improvement based on learning from errors and adverse events. Patient safety is fundamental to delivering quality essential health services.”¹

- World Health Organization

1. 1. “Patient Safety.” World Health Organization, World Health Organization, 13 Sept. 2019.

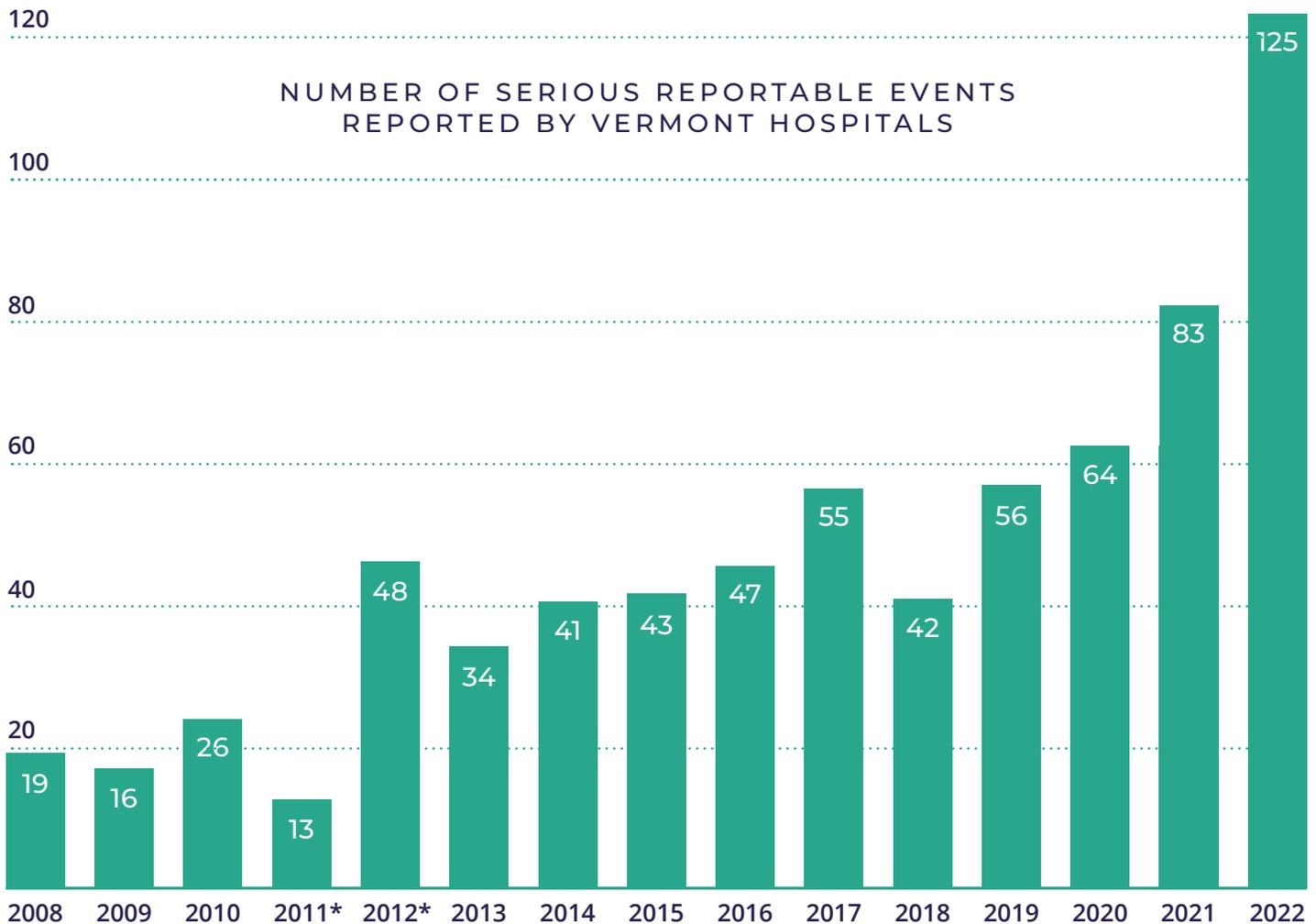
SERIOUS REPORTABLE EVENT DATA 2021



In 2021, the majority of serious reportable events were classified as care management events (82%). Care management events — as defined by the National Quality Forum — include the following:

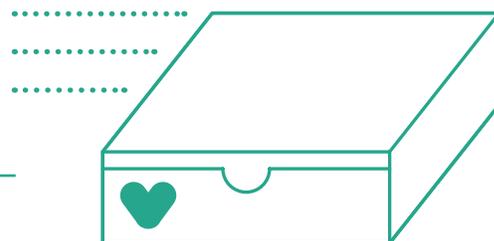
- Patient death or serious injury associated with a medication error
- Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy
- Patient death or serious injury associated with a fall while being cared for in a health care setting
- Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a health care setting
- Patient death or serious injury resulting from failure to follow-up or communicate laboratory, pathology, or radiology test results

*In order to ensure confidentiality of patients, hospitals, and staff, serious reportable event categories with fewer than six events were combined. Combined serious reportable event categories for this period under “other events” include patient protection events, potential criminal events, surgical events, and intentional unsafe acts.



* The increase in cases seen in 2012 is likely due in part to the expansion of the Serious Reportable Event criteria by the National Quality Forum at the end of 2011.

KITS FOR KIDS WAITING IN EMERGENCY DEPARTMENTS



While boarding in the emergency department (ED) for patients with primary mental health concerns was a growing trend prior to the pandemic, today more children than ever are arriving at Vermont hospital EDs, and hospitals across the nation, for mental health related concerns, and staying longer. According to the CDC, mental health-related ED visits in 2020 for 12–17 year olds increased by 31% when compared to 2019.¹ In Vermont, in

a sample of 242 pediatric patients with primary mental health concerns, the median boarding time was 2.8 days (67.2 hours).² For reference, ED boarding is “the process of holding patients in a temporary location after the decision to admit or transfer has been made.”³ The Joint Commission recommends that ED boarding duration should be no longer than four hours given the deleterious effects of prolonged boarding on patients and on the health system.⁴



With funding from the VT COVID-19 Response Fund of the Vermont Community Foundation, and in partnership with Dr. Christian Pulcini, MD, MEd, MPH, Pediatric Emergency Medicine Physician at the University of Vermont Medical Center (UVMC), UVMC Child Life Services, and the Vermont Association of Hospitals & Health Systems (VAHHS), VPQHC administered a project to mitigate the effects of boarding while more permanent solutions are enacted. VPQHC was able to build 1,375 pediatric activity kits and 11 activity resource binders for 11 EDs across Vermont. Using guidelines developed by the New England Emergency Medical Services for Children - Innovation and Improvement Center, activity kits were built for three different age groups. These activity kits included items such as coloring books, markers, puzzles, toy spinners, and mindfulness activities. Support resources from the Vermont Department of Mental Health and The National Alliance on Mental Illness were also included in the kits. The impact of the program is currently being studied, but preliminary data indicates high satisfaction levels among patients and staff, as well as continued demand for the kits from hospitals.

“I am thrilled to report that the...kits are so well received and being used often. Staff has reported how helpful they have been and how much patients like them. I am so happy to hear how well they are being used.”

RN, Interim ED Nursing Supervisor

“The kits have helped so many kids. We have had several kids here for three weeks awaiting placement, and all the activities really help get them through the long days. It also gives the techs additional ways to engage with the kids in a constructive way. We are so grateful to have been provided this resource.”

RN, ED Clinical Leader

1. Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1675–1680.

2. Marquis, Taylor, et al. “Characteristics of Children Boarding in Emergency Departments for Mental Health Conditions in a Rural State.” *Academic Emergency Medicine*, vol. 29, no. 8, 2022, pp. 1024–1026.

3. The Joint Commission, 2012, R3 Report: Requirement, Rationale, Reference. Accessed 15 Oct. 2022.

4. Ibid.

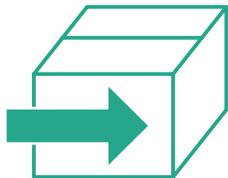


“Given the known detrimental effects of ED boarding on the health and well-being of children and adolescents, it was wonderful to partner with VPQHC and others to bring some normalcy to the children and families awaiting more definitive care in the EDs across Vermont for mental health concerns. Although more permanent solutions are still needed to mitigate this crisis, it is encouraging that we could collaborate across so many wonderful and invested organizations such as VPQHC to collect important data and deliver kits to EDs across the state”.

Dr. Pulcini, MD, MEd, MPH, FAAP, Attending Physician, Pediatric Emergency Medicine, University of Vermont Medical Center and Children’s Hospital. Assistant Professor of Emergency Medicine & Pediatrics, University of Vermont Larner College of Medicine

100%

HOSPITALS FOUND
THE KITS EASY
TO DISTRIBUTE



100%

SATISFIED/VERY SATISFIED
WITH THE PROCESS
FOR RECEIVING KITS



1300

ADDITIONAL KITS
REQUESTED BY
HOSPITALS



SUPPORTING
RESEARCH ON
“CHARACTERISTICS OF
CHILDREN BOARDING
IN EMERGENCY
DEPARTMENTS FOR
MENTAL HEALTH
CONDITIONS IN A
RURAL STATE”

VPQHC was proud to support research on “Characteristics of children boarding in emergency departments for mental health conditions in a rural state.” Through VPQHC’s core funding, VPQHC staff was able to conduct over 100 onsite and remote chart audits for hospitals across Vermont, to help explore visit-level characteristics of children boarding in emergency departments with mental health primary concerns.

Read the full publication here:

<https://onlinelibrary.wiley.com/doi/full/10.1111/acem.14509>

*“These are wonderful!
Patients love them and staff
love giving them to waiting
children in the ED.”*

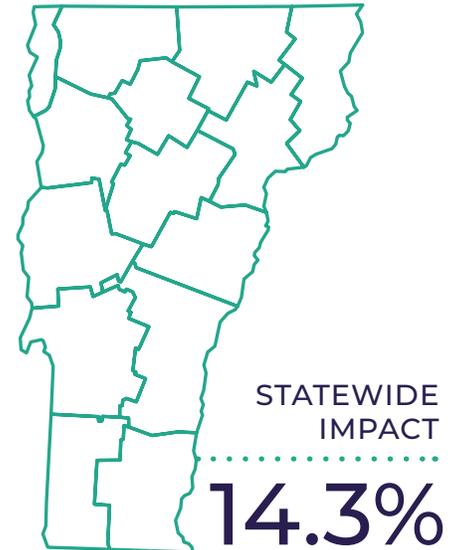
*“The kits have been well
received by patients.”*

“Great Resource!”

*“They are great.
They have been very well
received and a huge asset to
our department. Thank you!!!”*

IMPROVING PROVIDER COMPETENCE & CONFIDENCE TREATING PATIENTS WITH SUICIDALITY: THE VERMONT INDEPENDENT MENTAL HEALTH PROVIDERS TRAINING PROJECT

Vermont has the highest rate of suicide death in New England, and suicide is the second leading cause of death for Vermonters under the age of 44.¹ With funding from private philanthropy, VPQHC has been offering independent mental health providers in Vermont access to training in Collaborative Assessment and Management of Suicidality (CAMS), at a significantly reduced cost. CAMS is an evidence-based therapeutic framework for treating suicidality. Since VPQHC began this work in 2020, over 200 Vermont independent mental health providers have completed the foundational training. Providers that complete the foundational training have the option to go on to further hone their skills by attending CAMS consultation calls, day long role play training, and quarterly community of practice meetings. VPQHC maintains a registry of all providers who have completed the foundational CAMS training. This registry is available on the VPQHC website. The purpose of the registry is to support providers with making appropriate referrals for individuals experiencing suicidality.



of 1497 Vermont independent mental health providers have engaged in the CAMS Foundational Online Training through this project as of 10/1/22

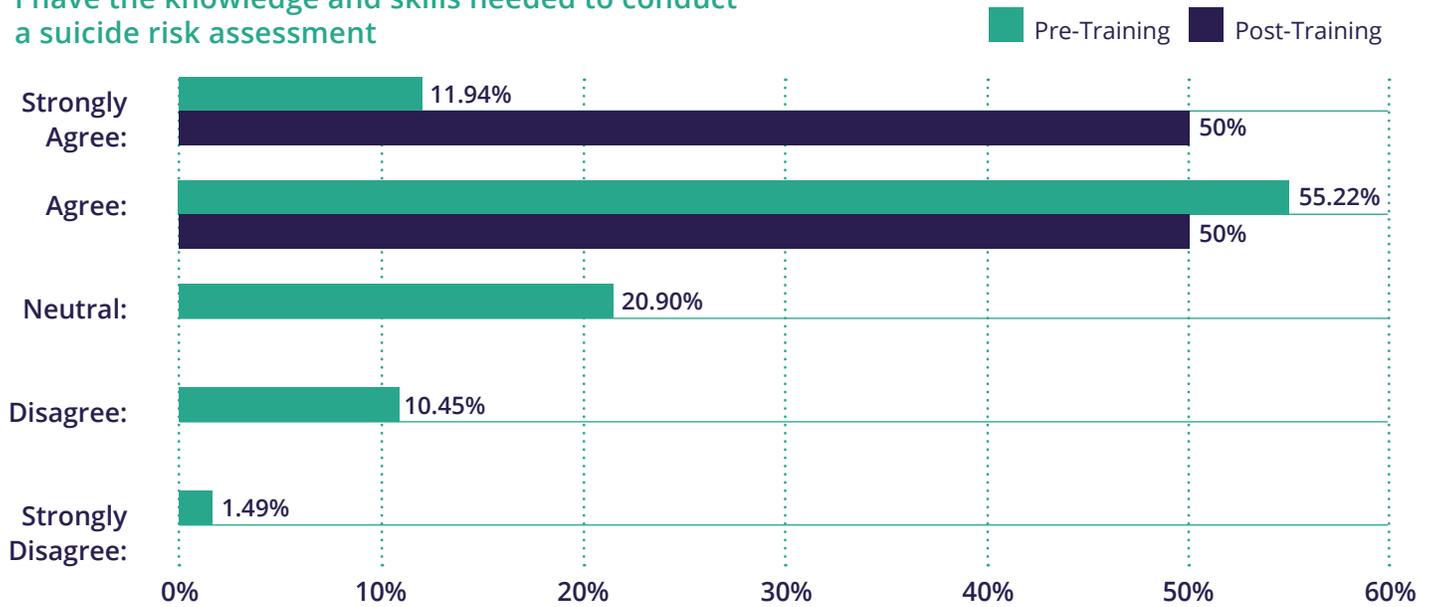
"This is an important training and effective intervention for suicidality."

"It's an amazing opportunity to learn an effective, structured approach to suicide prevention with clients."

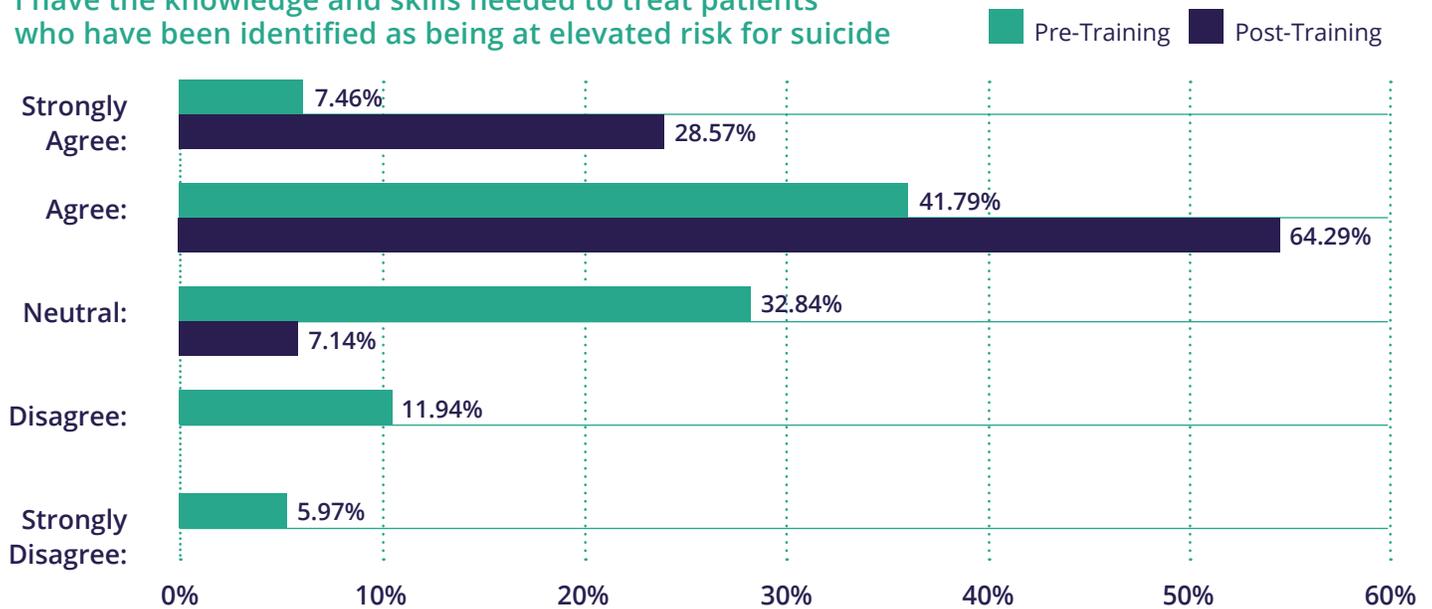
"This training gave me an evidence-based framework to assess and treat suicidality. I feel more confident about my ability to work with clients experiencing suicidal ideation."

1. Vermont Suicide Prevention Center & Vermont Department of Health. Suicide Is Preventable: Zero Suicide in Vermont.

I have the knowledge and skills needed to conduct a suicide risk assessment



I have the knowledge and skills needed to treat patients who have been identified as being at elevated risk for suicide



After participating in this CAMS training program, I have increased my overall level of competency (knowledge and skills) in the assessment and treatment of patients at risk for suicide.

100%
STRONGLY AGREE + AGREE

THE VERMONT EMERGENCY TELEPSYCHIATRY NETWORK: SUPPORTING TIMELY ACCESS TO PSYCHIATRY SERVICES IN EMERGENCY DEPARTMENTS



Vermonters of all ages are presenting to emergency departments (EDs) with mental health needs and waiting days before they can get admitted to inpatient care or discharged. EDs throughout the US are experiencing similar problems, and some have implemented telepsychiatry as one means to meet the needs of the community. The Vermont Emergency Telepsychiatry Network (VETN) is a statewide system helping Vermont EDs provide timely psychiatric assessment and treatment by telehealth for individuals with mental health needs. Telepsychiatry not only supports patients with accessing more timely care, but is a means for supporting ED staff especially when it comes to boarding of psychiatric patients in the ED.¹ Telepsychiatry is the “the delivery of acute mental health or substance abuse care, including diagnosis or treatment, by means of two-way real-time interactive audio and video by a consulting provider at a consultant site to an individual patient at a referring site.”

When conducting a national environmental scan, VPQHC identified North Carolina to be among the states that stood out for their successful statewide ED telepsychiatry program. The NC Statewide Telepsychiatry Program (NC-STeP) was developed in response to Session Law 2013-360, and has generated significant cost savings and impressive outcomes, benefitting state psychiatric facilities, hospitals, law enforcement agencies, Medicare, Medicaid, and other stakeholders.² In August of 2021, VPQHC hosted a webinar featuring Sy Saeed, MD, MS, FACPsych, Executive Director of NCSTeP, who provided an overview of the program. After the webinar, 100% of attendees agreed that Vermont would benefit from a Vermont version of the North Carolina program.

Since then, VPQHC has secured two funding sources to support further exploration and implementation of a statewide emergency telepsychiatry network.

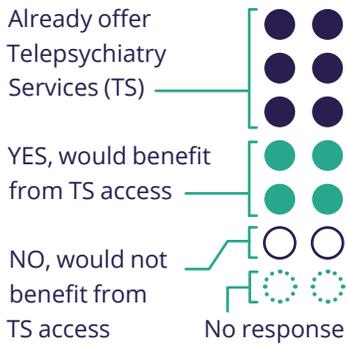
The first funding source secured was awarded through The Vermont Community Foundation (VCF), and was dedicated to planning: diving deeper into understanding the Vermont landscape, evidence base, needs, and benefits of a Vermont program. VPQHC partnered with MCD Global Health and The Northeast Telehealth Resource Center, to carry out this work. Project components included: program management, a literature review, and a needs assessment (including an organizational assessment fielded to Vermont emergency departments, a stakeholder survey, and key informant interviews). Funding from VCF filled a gap between a basic understanding that more telepsychiatry services are needed in Vermont emergency departments, and a specific understanding of what form those services should take, who would be served, what resources would be needed, and who could guide the process. Read VPQHC’s Emergency Telepsychiatry Needs Assessment Report, here: <https://www.vpqhc.org/vermont-emergency-telepsychiatry>.

The second funding source secured was a Congressionally Directed Spending grant through Senator Patrick Leahy’s office under the Substance Abuse and Mental Health Services Administration (SAMSHA). The purpose of this grant is to support the implementation and coordination of the Vermont Emergency Telepsychiatry Network (VETN). The one-year project period began in September 2022, and will run until September 2023. At the time of writing, the program just launched. Program components include: program management, training, demonstration projects, hospital enhancements, and program evaluation.

1. The Joint Commission. Quick Safety 19: ED boarding of psychiatric patients – a continuing problem. December 2022.

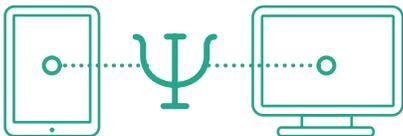
2. N.C. Department of Health and Human Services - State Office of Rural Health. “North Carolina Telepsychiatry Program.” 2021.

Emergency departments (N=14) in Vermont



OUT OF 89 RESPONDENTS
100%
AGREED,

“Vermont would benefit from an Emergency Telepsychiatry Network.”



Stakeholders identified reasons why a network is needed:



Stakeholders also reported some potential concerns to consider:



“The Department of Mental Health applauds the work of VPQHC to enhance the use of telepsychiatry services in Vermont’s emergency rooms. Unfortunately, many hospitals in rural Vermont don’t have access to psychiatry services, however, the Vermont Emergency Telepsychiatry Network, will move us towards a system where all Vermonters are able to access the mental health services they need, when they need them.”

Emily Hawes, MS, LADC, Commissioner, The Vermont Department of Mental Health

“The development of an emergency telepsychiatry network in Vermont is vital to meeting the current mental health crisis facing so many of our communities. Emergency telepsychiatry represents a critical link in a continuum of mental health care and involves providing timely mental health care in the right place at the right time in the right amount. Emergency telepsychiatry services improve important health care outcomes including decreased “boarding” time in emergency departments, fewer and shorter inpatient psychiatric admissions, improved patient and provider satisfaction, and decreased overall healthcare costs. Given that all health begins with mental health, investing in the Vermont Emergency Telepsychiatry Network is an invaluable investment in the health and well-being of all of our communities.”

Mark McGee, MD, Psychiatrist, President, Alpine Telehealth

3. “Statewide Telepsychiatry.” NC Department of Health & Human Services, 2021.

VERMONT SUICIDE PREVENTION IN EMERGENCY DEPARTMENTS QUALITY IMPROVEMENT INITIATIVE

VERMONT HAS THE HIGHEST RATE OF SUICIDE DEATH IN NEW ENGLAND, AND SUICIDE IS THE SECOND LEADING CAUSE OF DEATH FOR VERMONTERS UNDER THE AGE OF 44¹

VERMONT SUICIDE PREVENTION CENTER



According to national data, 44% of individuals who go on to die by suicide have visited the emergency department (ED) within the previous year, making the ED a unique setting for preventing deaths by suicide.² With funding support from public and private partners, in March 2022, VPQHC began an initiative with all 14 Vermont acute care hospitals to work towards improving the quality of care for individuals presenting to EDs with suicidal ideation. In order to participate in this statewide initiative, hospitals had to commit to meeting the participation requirements of the project, which are outlined in Table 1. Over the project period, all hospitals received: an organizational assessment tool to identify the current state of their suicide prevention practices in relation to leading and evidence-based best practices (100% of hospitals completed this assessment), tailored comparative

data reports, coaching and consultation from national subject matter experts and the VPQHC team, and access to quarterly networking meetings. Networking meetings were facilitated by VPQHC and national subject matter experts, and during each meeting, hospitals volunteered to present on the progress made on their quality improvement projects, as well as on any barriers encountered, and successes. Meetings provided the opportunity for hospitals to learn from one another, and validate or refine their projects, and provided space for continued learning about evidence-based suicide prevention practices in the ED setting. The meetings also provided the platform for the sharing of policies, procedures, and tools across sites. Satisfaction surveys were sent out after each networking meeting and 100% of attendees indicated they were satisfied or very satisfied with the meetings.

TABLE 1: HOSPITAL PARTICIPATION REQUIREMENTS FOR THE SUICIDE PREVENTION IN THE ED QUALITY IMPROVEMENT INITIATIVE:

- Submitted a letter of intent to participate
- Establish a suicide prevention in the ED implementation team
- Complete a suicide prevention in the ED organizational assessment
- Train core ED staff on Counseling on Access to Lethal Means
- Identify a suicide prevention quality improvement project in the ED, metrics to impact, and report out on progress in a “Plan, Do, Study, Act” format
- Participate in quarterly networking meetings

1. Vermont Suicide Prevention Center & Vermont Department of Health. Suicide Is Preventable: Zero Suicide in Vermont.

2. Belinda Sims, Eric Murphy, Jane Pearson, Stephen O'Connor, PhD, NIMH Priorities in Suicide Prevention Research, Suicide Prevention Research Symposium [PowerPoint slides] 2022.

For the workforce development component of initiative, hospitals committed to training their core ED staff on Counseling on Access to Lethal Means (CALM). CALM is a training focused on how to reduce access to the methods people could use in a suicide; reducing access to lethal means, such as firearms and medication, can determine whether a person at risk for suicide lives or dies.³ Nearly 300 hospital staff across 14 hospitals have completed the CALM training. Feedback on the training was overwhelmingly positive. In some cases, the training was immediately applicable:

“A staff member [at our hospital] who had completed CALM training was very quickly able to intervene and assess for access to lethal means. This allowed the care team the ability to ensure these items were secured for safety and education was provided to the patient and family. The staff member indicates that prior to completing CALM training they would not have been comfortable or thought to conduct this assessment.”

As a benefit of participating in the initiative, hospitals were eligible for an onsite suicide prevention focused mock survey, guided by The Joint Commission standards, and carried out by nurses at VPQHC. Over the project period, 86% (12/14) of hospitals engaged in this opportunity. After each mock survey, VPQHC produced a written report which included its findings, a copy of the audit tool, as well as recommendations for improvement.

“As participants in the suicide prevention grant, [our hospital] most recently welcomed VPQHC staff onsite for an in depth survey of our physical spaces as well as our policies and procedures. This visit identified opportunities that were immediately addressed and provided recommendations to enhance the safety of this vulnerable patient population.”

- Travis Kumph, Director of Quality, Patient Safety, MBA, CPHQ, CHC,
Brattleboro Memorial Hospital

Hospitals received a \$12,500 minigrant for their participation in the project, and also had access to a \$1,500 educational stipend throughout the project period, which could be used to support any activity that advanced suicide prevention work in their EDs.

VPQHC has partnered with a consultant to carry out an independent evaluation of this project, which will be available in early 2023. The evaluation will contain additional data on the impact and outcomes of the work. Looking to the future, in order for continued and sustainable change to take place, allocating funding and resources to support hospitals with this work is essential. VPQHC is currently in discussions with funders to extend this project into a second year, and we are eager to continue partnering with Vermont hospitals on this important initiative.

FUNDERS

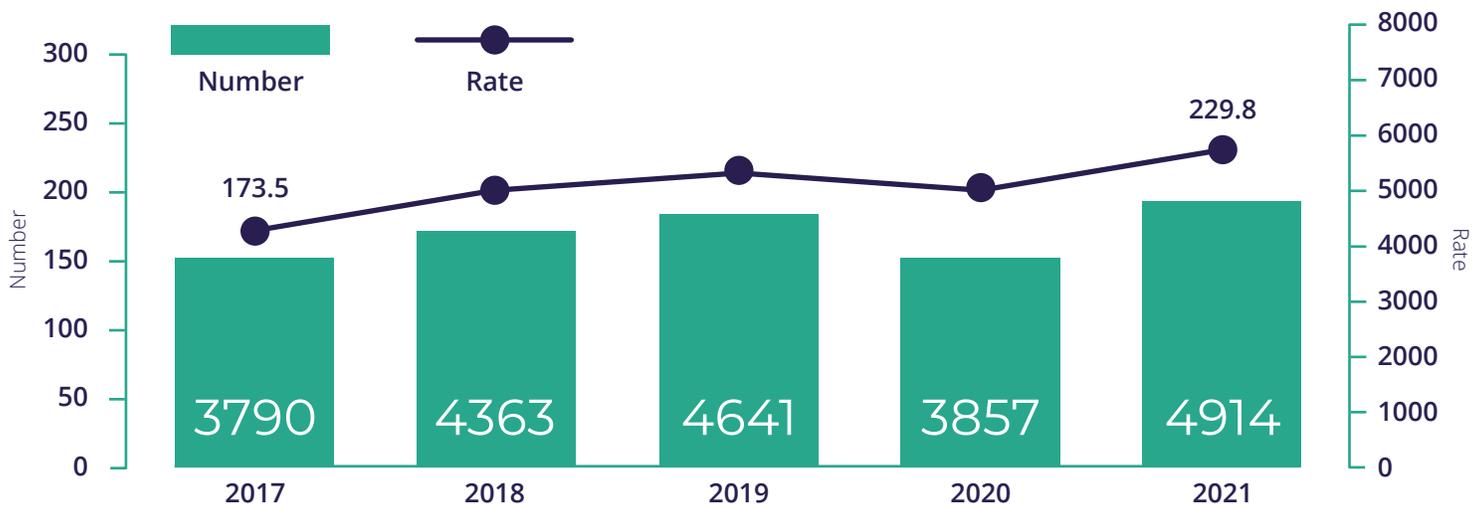
Vermont Department of Health - State Office of Rural Health, Vermont Department of Health
- CDC Suicide Prevention Grant, VT COVID-19 Response Fund of The Vermont Community
Foundation, The Four Pines Fund of The Vermont Community Foundation

3. Suicide Prevention Resource Center. CALM: Counseling on Access to Lethal Means. n.d. November 2022.

SUICIDE-RELATED
EMERGENCY
DEPARTMENT
VISITS ARE
INCREASING 

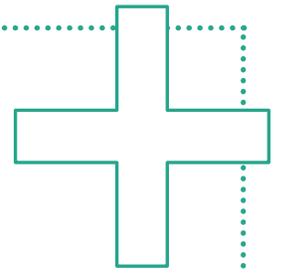
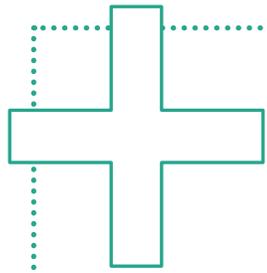
// SUICIDAL IDEATION AND/OR
SELF-DIRECTED ED VISITS
Rate per 10,000 ED Visits

Data Source: Vermont Department of Health (July 2022).
Suicide Morbidity and Mortality in Vermont
[Slideshow]. Burlington, Vermont.



“Emergency Departments are well-known to be hotspots for individuals with suicide risk. Yet, many EDs simply don’t do a very good job screening, assessing, and treating that risk. This can have dire consequences, with missed opportunities leading to avoidable morbidity and mortality. This affects not only the suicidal individual but the people who love them and the communities they live in. It is literally a matter of life and death, which is why it is so important for EDs to work toward improving the quality of suicide-related care provided to patients. The EDs participating in Vermont through the VPQHC project have taken up the banner! They have committed time, resources, and effort to implement improvements that have been demonstrated to make a difference, like lethal means safety counseling. Changing how healthcare systems work is really challenging, yet each ED has pulled together a multi-disciplinary team to do just that. They are working hard to make sure these vulnerable patients are accurately identified and get the life-saving resources they need.”

Dr. Edwin Boudreaux, Ph.D., Professor, Departments of Emergency Medicine, Psychiatry, and Population and Quantitative Health Sciences University of Massachusetts Medical School



ACCORDING TO

NATIONAL DATA, 44% OF

INDIVIDUALS WHO GO ON TO

DIE BY SUICIDE HAVE VISITED

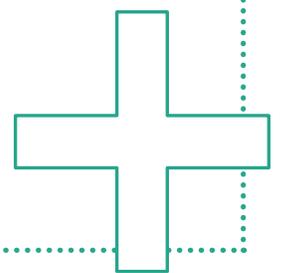
THE EMERGENCY DEPARTMENT

(ED) WITHIN THE PREVIOUS

YEAR, MAKING THE ED A UNIQUE

SETTING FOR PREVENTING

DEATHS BY SUICIDE.²



FOSTERING CULTURALLY EQUITABLE HEALTHCARE SERVICES: THE HEALTH EQUITY TRAINING SERIES



Beginning in 2021, VPQHC received grant funding from the Vermont Department of Health - State Office of Rural Health with the goal of providing health equity training for rural and critical access hospital staff, as well as other rural health care providers and professionals in Vermont. The desired outcome of the training was to ensure that Vermont providers have the capacity to understand and address the inherent cultural biases that impact the way health care is provided. VPQHC partnered with Dr. Maria Mercedes Avila to host 29 trainings between 2021–2022 reaching 448 healthcare professionals.

.....
“Loved this program---such helpful information for giving us a broader sense of how we got to this point in society. I believe everyone--not just providers--should participate in a training like this!”
.....

“EASILY THE BEST PROGRAM WITH THIS FOCUS I HAVE BEEN TO.”

BASELINE
HEALTH EQUITY
TRAINING:

Trainings Completed: 23

Total Attendees: 359

99.2%

Average % of participants who indicated **'YES'** to the question:

"As a result of this activity, I was/will be able to demonstrate increased self-awareness of racial, ethnic and class biases."

97.5%

Average % of participants who indicated **'YES'** to the question:

"As a result of this activity I will be able to incorporate structural competence and cultural humility into service providing."

PROVIDER
BIAS (ADVANCED
HEALTH EQUITY)
TRAINING:

Trainings Completed: 6

Total Attendees: 89

95%

Average % of participants who indicated **'YES'** to the question:

"As a result of this activity I will be able to recognize my personal biases and identify three impacts of biases, one each in the health/social services workplace, patients, and communities."

98%

Average % of participants who indicated **'YES'** to the question:

"As a result of this activity I will be able to identify two methods to reduce biases using Social Determinants of Health and National CLAS Standards frameworks."



Maria Mercedes Avila, Ph.D., CGS, M.Ed., Assistant Professor of Pediatrics, Adjunct Assistant Professor of Nursing

"Research shows that ongoing professional development and training on cultural humility, provider bias awareness, structural competence, and anti-racism are key aspects of ensuring all communities receive culturally and linguistically responsive services. The evaluation results of the workshops offered through the Vermont Program for Quality in Health Care show that these approaches are effective at various levels: whether organizations are starting health equity conversations, whether they have started this work and are now expanding initiatives, or whether organizations are already making structural and institutional changes. The overarching goal of these health equity trainings is ensuring every health care organization is providing equitable, respectful, and effective care to all patients; and working towards addressing and eventually eliminating health disparities and inequities."

SUPPORTING THE VERMONT HOSPITAL QUALITY DIRECTORS & CARE MANAGEMENT DIRECTORS NETWORKS

The Vermont Program for Quality in Health Care (VPQHC) supports statewide networks of hospital quality directors and care management directors from all 16 Vermont hospitals. The aim of these networks is to improve the quality of healthcare in Vermont by providing networking opportunities that foster peer-to-peer learning, and the sharing of emerging and best practices, resources, and tools. VPQHC meets with the hospital quality directors and care management directors on a regular basis throughout the year, and routinely provides technical assistance support to both groups.



“Working with VPQHC and organizations across the state in best practices, tools, and opportunities to improve care management and transition of care practices in serving our communities has been outstanding. I value a professional platform to discuss difficult and complex issues affecting us all who are doing this work in delivering quality and safe care coordination.”

Lindsay Morse, MSN/NED, RN, ACM, University of Vermont Health Network AVP, Care Management

*Lindsay leads the inpatient and outpatient case management teams, the transitions of care program, the community health improvement department, and care coordination for OneCare Vermont.



“The VPQHC care management directors network has helped elevate my knowledge of statewide resources and initiatives available for our patients as well as providing education for our local collaborating teams.”

“A prime example of this was the opportunity to learn about the UVM COVID-19 Recovery Program. When working with patients who have survived COVID-19 and are now experiencing long term COVID symptoms, it is crucial to have resources available to support them. If not for attending this meeting, I would not have had exposure to this, among other great efforts.”

Samantha Helinski, MSN, RN, CWOCN, CCCTM, Senior Clinical Transitions Liaison Transitional Care Program, Rutland Regional Medical Center



“Having never previously worked in Vermont, having the VPQHC quality directors network as a resource has been instrumental. In the last several months alone, we have utilized this group for guidance and advice around policy and procedure development and for insight on specific areas including workplace violence, suicide prevention, and survey readiness. My team and I view the VPQHC staff and other directors in the state via the network as valuable resources as we seek to continuously improve the quality and safety of the care provided at our hospital. ”

“As a Director of Quality and Patient Safety new to Vermont, I am truly grateful for VPQHC and the guidance and support they continuously provide.”

Travis Kumph, Director of Quality & Patient Safety, MBA, CPHQ, CHC, Brattleboro Memorial Hospital



“I have found the VPQHC quality directors network to be a helpful resource with sharing best practices already in place in Vermont. Especially operating within our current framework with limited staffing across all areas of our hospitals, it is essential now more than ever to ‘work smarter, not harder,’ and collaborate with one another.”

“The VPQHC quality directors network has offered an opportunity to connect easily with other Vermont hospitals to share what we are already doing well, and similarly, to seek guidance when we need support envisioning how to operationalize a change. The sharing of policies is an example of invaluable networking; the opportunity to not start from scratch with policy work helps to save significant time.”

Morgan Bedard, MSW, CPHQ, Interim Director of Performance Improvement, University of Vermont Health Network - Central Vermont Medical Center

BRIDGING THE GAP: IMPROVING ACCESS TO HEALTH CARE THROUGH TELEHEALTH

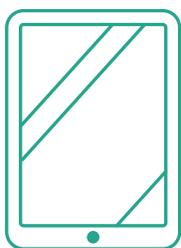
The public health emergency made it evident that telehealth is an essential tool for minimizing the spread of COVID-19, and for maintaining a patient's continuity of care. However, not all Vermonters have the equipment nor the digital literacy skills they need in order to successfully participate in telehealth visits. This situation has the potential to exacerbate inequities in health care access and health outcomes. To bridge this gap, VPQHC received funding from the Vermont Department of Health under the COVID-Response Telehealth Connectivity Program and All Clear Emergency Management Group, LLC., to carry out a program to get equipment into the hands of Vermonters who needed it, to increase their access to telehealth services. Through the Connectivity Care Packages Pilot Program, VPQHC distributed 1,325 iPads and 550 Wi-Fi boosters to over 58 Vermont organizations. The equipment was packaged in backpacks along with a telehealth access guide, tablet case, notebook and pen, and sanitizing wipes. Organizations that received the equipment included Federally Qualified Health Centers, domestic violence organizations, nursing homes, mental health agencies, hospitals, private practices, homeless shelters, home health agencies, assisted living and low-income housing facilities, free clinics, and many others. Receiving sites either loaned or gave out the equipment to their patients and clients. Equipment was distributed to all 14 Vermont counties.

PROMOTING EQUITABLE TELEHEALTH ACCESS IN VERMONT



70%

Over 70% of total budget spent on telehealth equipment



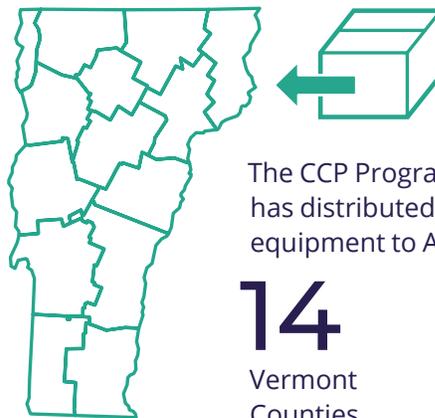
1325

Apple iPads Distributed



550

WIFI Boosters Distributed



The CCP Program has distributed equipment to ALL

14

Vermont Counties

Improving access to telehealth for over

7000
VERMONTERS

KEY AREAS WHERE SUCCESSES WERE SEEN

Evaluation led by Tom Delaney, Ph.D., UVM Larner College of Medicine

- iPads and other materials were received by a cohort of Vermont organizations that were then able to support their patients/clients in using the technology
- There was minimal reported burden on the staff of the partner agencies in terms of setting up, distributing, and then supporting the use of the iPads by patients/clients
- Patients/clients reported very high rates of satisfaction regarding their use the iPads for participating telehealth visits
- Both agency employees and patients/clients agreed that overall the iPads increased participation in healthcare and related services, including leading to improvements in health and well-being
- Increased independence in scheduling appointments and fewer missed appointments, and
- Use of the iPads by patients/clients in order to maintain important social connections, to learn about their health (e.g., using the iPads to do research on medications), and to access other key services, for example one client of a Designated Agency was able to attend Adult Basic Education Daily as a result of access to the iPad.

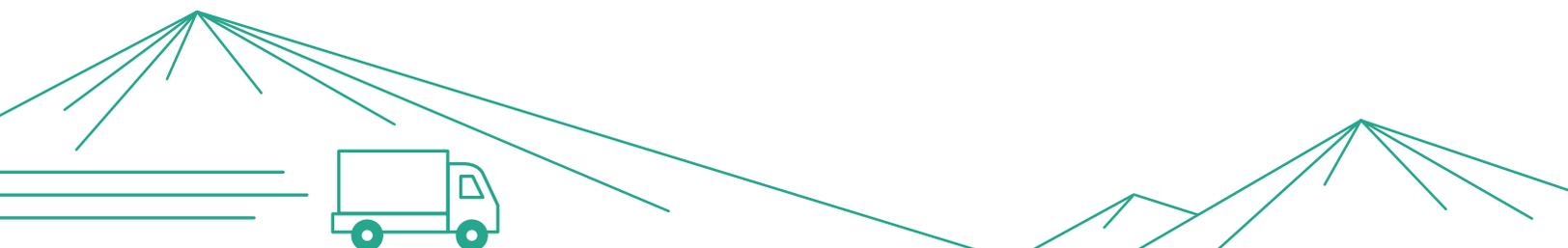
STORIES FROM THE FIELD

Support and Services at Home (SASH) indicated that the CCP program helped contribute to the improvement of loneliness scores among their participants. SASH received 270 tablets, and outfitted each tablet with resources for residents. SASH set up a lending library program. Residents could check out a tablet for telehealth visits, virtual programming and activities, or to simply connect with family and friends.

"Oh my goodness this is so wonderful! Unbelievable! Wow! Oh I am just so thrilled. This is going to change my life."

- Patient & iPad recipient

"While distributing the devices to my patients, I witnessed firsthand the success of this program that promotes equitable access to technology by getting critical equipment into the hands of Vermonters who need it. My clients are incredibly grateful. Thank you so much for providing this equipment and helping bridge the gap in technology access in Vermont, particularly in this time of acute need."



TELEHEALTH TRAINING SERIES & WORKGROUP COORDINATION

Under the public health emergency, in order to address areas of need among the provider community related to telehealth, VPQHC:

- Coordinated 34 telehealth open office hours in partnership with the Northeast Telehealth Resource Center (NETRC) and Bi-State Primary Care Association, which reached over 925 participants.
- Hosted topic-specific telehealth educational webinars on billing and coding, telehealth for mental health providers, and telehealth fundamentals.
- Organized and facilitated a statewide workgroup, and lined up an expert speaker series, with the purpose of examining the intersection between clinical quality and audio-only telemedicine. This work culminated in a report outlining the workgroup's process and recommendations, which was submitted to the Vermont Department of Financial Regulation to aid in its determination on payment parity for audio-only telemedicine services. This work was featured in mHealth Intelligence:

<https://mhealthintelligence.com/news/vermont-workgroup-outlines-long-term-coverage-for-audio-only-telehealth>

- Provided general telehealth technical assistance to providers and partners from across the continuum of care.



TELEHEALTH
OFFICE HOURS
925 PARTICIPANTS
34 EVENTS



TELEHEALTH
TOWNHALL
153 PARTICIPANTS



TELEHEALTH
Q&A WITH
COMMERCIAL PAYERS
148 PARTICIPANTS

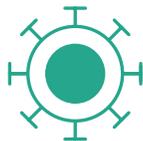


TELEHEALTH FOR
MENTAL HEALTH
PROVIDERS
118 PARTICIPANTS

*"Thank you for this!
It helped alleviate some
fear and confusion!"*

*"Thank you for
these resources!
Very informative."*

**100% ATTENDEES INDICATED THEY WERE
SATISFIED OR VERY SATISFIED WITH THE
VPQHC TELEHEALTH OFFICE HOURS**



TELEHEALTH BECAME
AN ESSENTIAL TOOL FOR
MINIMIZING THE SPREAD
OF COVID-19, AND FOR
MAINTAINING A PATIENT'S
CONTINUITY OF CARE



PROMOTING HEALING BY DIMINISHING THE DECIBELS

Hospitals can be bustling, busy, and noisy places. A certain level of noise in the hospital environment is unavoidable. However, excessive noise can cause stress and can negatively impact the health of both patients and hospital staff. For a patient, noise can lead to a lack of rest. Rest is essential for a patient's healing and recovery. If a patient doesn't get enough rest, it can lead to delirium and other negative consequences.¹ In addition, studies have shown that there is an association between patients reporting the area around their room was noisy at night with subsequent readmission within the first 30 and 90 days following discharge.² Excessive noise levels are associated with stress and high levels of burnout among staff, and can impact staff performance.³ Researchers from King's College London and the University of Arts London state that noise can "hinder communication among staff, causing annoyance, irritation and fatigue, and detrimentally impact the quality and safety of healthcare."⁴

With funding from the Vermont Department of Health – State Office of Rural Health, and with programmatic resources from the University of Vermont Medical Center, VPQHC carried out an initiative to support mitigating noise levels in the hospital environment for participating critical access hospitals. Through the "Quietness at Night Initiative" VPQHC created:



The program is in the implementation stage, and VPQHC will be conducting an evaluation in early 2023. We look forward to sharing the results with you!

500

quietness at night kits. Hospitals could provide these kits to patients with an overnight stay. These kits included: a sleep mask, notebook, pen, puzzle book, earbuds, headphones, hand lotion, and a project information card.

60

quietness at night posters, for display in different areas of the hospital.

18

quietness at night resource binders. The binders included results from VPQHC's critical access hospital quietness at night organizational assessments which examined participating hospitals' current practices, policies, and procedures related to quietness at night, as well as a compendium of quietness at night scripting suggestions, and educational and research material. An electronic version of the binder was also provided to each hospital.

1. Healthline Editorial Team, "Shh! Hospitals Are Too Loud — And It's Hurting Patients." Health News, Healthline, 5 Apr. 2019.
2. Kemp, Kyle A, et al. "Patient Reports of Night Noise in Hospitals Are Associated with Unplanned Readmissions among Older Adults." Journal of Patient Experience, vol. 7, no. 6, 2020, pp. 1425–1431.

3. Connor, Alison, and Elizabeth Ortiz. "Staff Solutions for Noise Reduction in the Workplace." The Permanente Journal, vol. 13, no. 4, 2009, pp. 23–27.
4. King's College London. "Noise Pollution in Hospitals – a Rising Problem." News Centre, King's College London, 19 Nov. 2018.



FOR A PATIENT,
NOISE CAN LEAD
TO A LACK OF
REST. REST IS
ESSENTIAL FOR
A PATIENT'S
HEALING AND
RECOVERY.



BUILDING CONSENSUS & MEASURING WHAT MATTERS: THE VERMONT HOSPITAL QUALITY FRAMEWORK

Beginning in January 2022, VPQHC convened the Vermont Hospital Quality Framework Workgroup to design a framework of meaningful metrics that could provide relevant information that accurately reflects the hospital system’s quality of care within the healthcare reform environment in Vermont.

During the eight months of workgroup activity, 56 members representing 25 organizations participated. The workgroup drafted a charter to guide its work and participated in a series of presentations by subject matter experts to gain a shared understanding of quality measurement.

VPQHC inventoried current measures of hospital healthcare quality being reported and monitored in the state. Based on surveys of workgroup membership, the Vermont Hospital Quality Framework was designed, and nineteen measures were selected for inclusion.

The next steps will be to implement the recommendations, such as establishing the web-based reporting site, gathering baseline data, and continuing to improve upon this first iteration of the framework.

WORKGROUP SECTORS

Government

Insurers

Hospitals & Providers

Education & Research

Consumers

Others

HEALTHCARE QUALITY DOMAINS

SAFETY

Avoiding injuries to patients from the care that is intended to help them.

EFFECTIVENESS

Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit.

PATIENT-CENTEREDNESS

Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

TIMELINESS

Reducing wait times and sometimes harmful delays for both those who receive and those who give care.

EFFICIENCY

Avoiding waste, in particular waste of equipment, supplies, ideas, and energy.

EQUITY

Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

“MORE OFTEN
ONE NEEDS TO
ASK, ‘WHAT GOES
ON HERE’ RATHER
THAN, ‘WHAT IS
WRONG; AND
HOW CAN IT BE
MADE BETTER?”

-AVEDIS DONABEDIAN

WHAT ELSE ARE WE UP TO?

A BRIEF OVERVIEW OF OTHER VPQHC PROJECTS:

VERMONT TELEMEDICINE ACCESS PROJECT (V-TAP):

VPQHC has received a congressionally directed spending grant from Senator Bernie Sanders (I-Vt.) through the U.S. Department of Agriculture (USDA) to increase access to telemedicine services for rural Vermonters. This grant will support the distribution of telemedicine equipment to providers and organizations from across the continuum of care, prioritizing both physical and mental health services. Organizations that will be receiving equipment include free clinics, Federally Qualified Health Centers, nursing homes, hospitals, primary care practices, mental health agencies, assisted living facilities, and others.

MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT (MBQIP):

The goal of MBQIP is to improve the quality of care provided in critical access hospitals, by increasing healthcare quality data reporting, and then driving improvement activities based on the data. VPQHC is the program manager for this work in Vermont, which is supported through the Vermont Department of Health – State Office of Rural Health.

VERMONT HOSPITAL HEALTH EQUITY QUALITY IMPROVEMENT INITIATIVE:

VPQHC has received funding through the Vermont Department of Health - CDC Health Disparities grant to partner with Vermont hospitals to support tailored quality improvement initiatives that advance health equity at their organizations. Other project components include advanced training for a cohort of health equity champions at Vermont hospitals, as well as working with cultural brokers to run community focus groups to gather feedback from marginalized communities in Vermont on their experiences with the hospital system of care. Findings from these focus groups will be compiled into community-specific reports and distributed to each hospital.

EASTERN US QUALITY IMPROVEMENT COLLABORATIVE:

VPQHC leads the Eastern US Quality Improvement Collaborative (EQIC) project in Vermont, which is focused on advancing the quality and safety of healthcare provided in Vermont hospitals. VPQHC is currently partnered with seven hospitals under the EQIC project.

“The pandemic demonstrated the enormous need for expanded telehealth services to keep Vermonters connected to their doctors and their loved ones, particularly in our most rural communities. This congressional funding, paired with the great work of the Vermont Program for Quality Health Care, will go a long way toward ensuring that every Vermonter, no matter their location or ability, has access to the care they need.”

– Sen. Bernie Sanders

VERMONT PEER REVIEW NETWORK:

VPQHC manages the Vermont Peer Review Network. Hospitals can draw physicians from this network to conduct or assist in peer reviews, to help improve the quality of care provided by medical staff, monitor the performance of medical staff, or identify areas for performance improvement. VPQHC is currently working with partners to assess a potential expansion of the peer review network to non-hospital based sites.

VERMONT DEPARTMENT OF CORRECTIONS – EXTERNAL REVIEW PROGRAM:

VPQHC is an external case reviewer for the Vermont Department of Corrections. In this role, VPQHC assesses the quality of health care provided to individuals housed in Vermont’s correctional facilities, and makes recommendations for improvement.

NATIONAL HEALTH SAFETY NETWORK (NHSN) TECHNICAL ASSISTANCE:

VPQHC supports Vermont hospital infection preventionists with reporting Healthcare Associated Infection (HAI) and Surgical Site Infection (SSI) data into the National Healthcare Safety Network (NHSN), as required by the Vermont Hospital Report Card.

TELEHEALTH & SUICIDE SAFER CARE:

Under funding from the Vermont Department of Health CDC - Suicide Prevention Grant, VPQHC is working to improve access to suicide safer care in Vermont through telehealth for Vermonters with limited access to mental health care. Activities under this grant include assessing the landscape of mental health care service provision via telehealth and opportunities for expansion, and offering training and technical assistance opportunities to providers to improve their competence and confidence in providing services to clients with suicidal ideation over telehealth.

POPULATION-LEVEL TELEHEALTH UTILIZATION ANALYSIS, TELEHEALTH PAYER POLICY TRACKING & TELEHEALTH WEBINAR SERIES:

VPQHC is partnering with Policy Integrity LLC. to produce an analysis on population-level trends in telehealth utilization starting pre-pandemic, and bringing us to-date. The purpose of this analysis is to provide a descriptive overview of telehealth utilization and how it has changed over time in Vermont. The data source for the analysis is Vermont's All Payer Claims Database, also known as the Vermont Health Care Uniform Reporting and Evaluation System. In addition to this population-level analysis, VPQHC is tracking telehealth policies across payers, as well as the research related to audio-only telemedicine and clinical quality. VPQHC is also holding webinars related to telehealth and payer policies, and telehealth and healthcare quality.

EQUAL ACCESS TO BROADBAND (EAB) USDA SUPPORT GRANT:

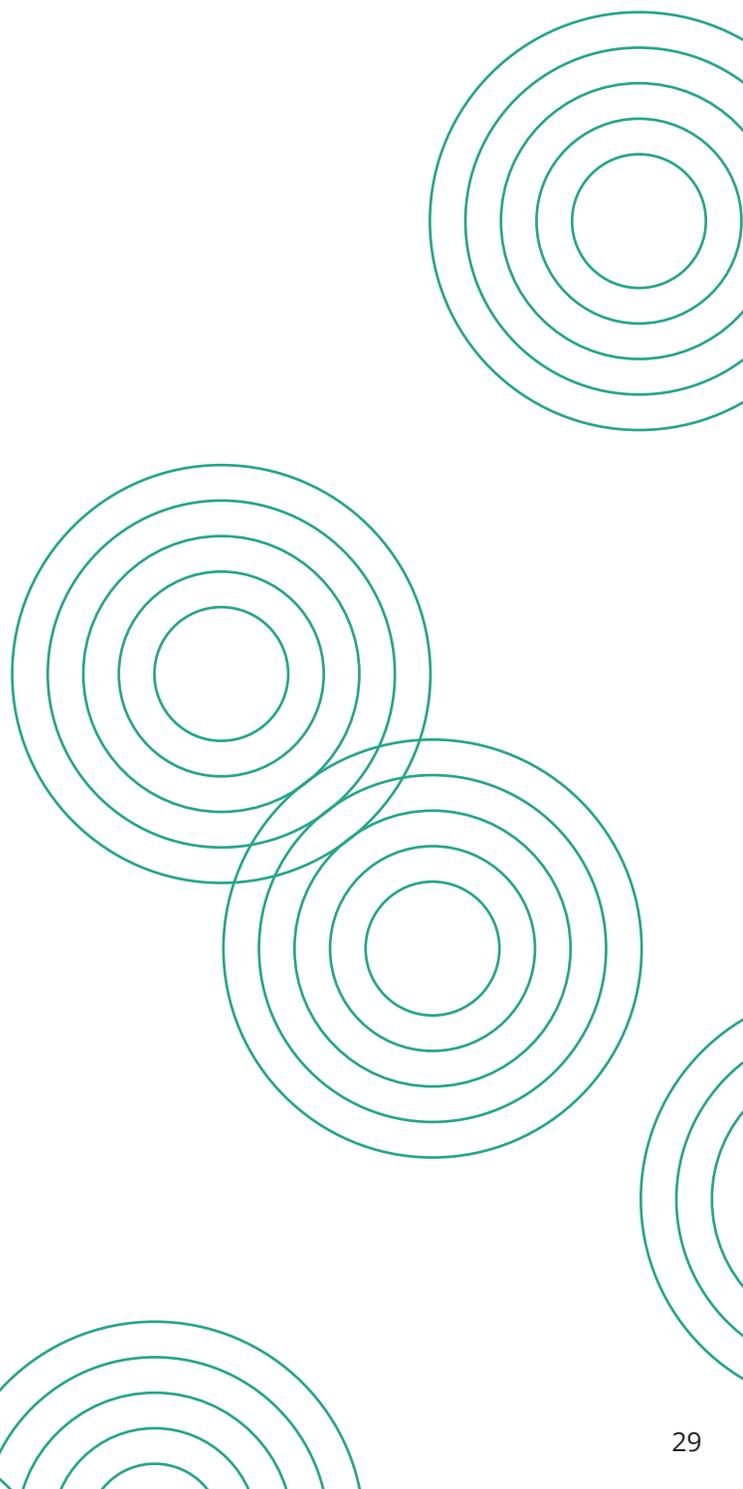
As a new partner, EAB will receive technical assistance to support their organizational development as a not-for-profit supporting vulnerable Vermonters with internet connectivity subsidies and equipment. VPQHC will assist EAB's grant management initially until they are independently able to navigate the SAM award management system. EAB's program will help Vermonters with work, school, as well as continuing healthcare connections, and opportunities.

GENERAL HEALTHCARE QUALITY TECHNICAL ASSISTANCE:

VPQHC responds "in the moment" to technical assistance requests from multiple stakeholder, government, insurance and community partners. Topics are wide ranging and are often very complex in nature. VPQHC responds to requests for technical assistance with a highly trained, professional team to address inquiries with the most current, relevant research and best practices to support our partners.

TRAUMA-RESPONSIVE CARE TRAINING FOR VERMONT EMERGENCY DEPARTMENTS:

VPQHC is coordinating trauma-responsive care trainings for staff in emergency departments (EDs) in Vermont hospitals. Emergency department staff will learn best practices for providing trauma-responsive care to patients who present to the ED in a mental health crisis, with a key focus on the needs of children, youth, and their families. The trainings will be facilitated by two clinician trainers and one peer support specialist. This project is a component of the federally-funded HRSA Pediatric Mental Health Care Access (PMHCA) Program expansion funding.



VERMONT'S 2022 COMMUNITY STAR

VPQHC is proud to have been selected as Vermont's 2022 Community Star by the National Organization of State Offices of Rural Health (NOSORH). The community star recognition program is a part of National Rural Health Day, and the theme this year was "Driving Change, Going the Extra Mile." The Community Star Recognition Program is designed to honor those whose contributions are making a difference in rural America through collaboration, education, innovation, and communication. The work and accomplishments of community stars should include:

- Demonstrating they contribute to cultivating a vital, innovative rural health landscape and infrastructure
- Developing leadership capacity to grow rural population health and health equity
- Building capacity for rural data-driven program planning and decision making
- Contributing to rural health innovation, education, collaboration, and communication

Read VPQHC's profile in NOSORH's 2022 Community Star book, here: <https://lnkd.in/djUVEcX>

