

**Rutland Regional Medical Center**  
**Rutland, Vermont**

**IMPLEMENTATION STRATEGY**  
**Addressing the 2015-2017 Community Health Needs Assessment**

**PROGRESS REPORT**

*To improve the health of the Rutland Region and surrounding communities by providing appropriate, superior, integrated, preventative, diagnostic and therapeutic health services in a caring environment through the strength of our people, technology and relationships.*

*Mission, Rutland Regional Medical Center*

Introduction

As the priority areas identified through the Community Health Needs Assessment overlap, there are shared purposes of many of the initiatives outlined here. We need the strength of the triad – the hospital’s activities, policy change, and community commitment to realize change in the health status of our community and its members.

Rutland Regional Medical Center (RRMC) leads and partners in many collaborative initiatives to address issues of access to and utilization of health care services, and to improve and promote healthy choices and behaviors; we support rely on community organizations that work to influence social, physical and economic factors that are beyond the scope of a healthcare organization’s control or expertise. In our rural community, collaboration and coordination are both necessary and beneficial to affecting change. This Implementation Strategy highlights the actions RRMC will employ that are new or significant improvements building upon existing efforts to address the prioritized health needs.

<b>Community Health Priority:</b>	<b>Mental health and substance abuse services for adults and youth</b>
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Anticipated impact:

- Reduce barriers to care
- Identify issues early to reduce substance abuse
- Improve recovery success
- Reduce inappropriate utilization of services

Goals:

Increase number of people receiving treatment; Reduce waitlist occupancy; Reduce high school senior binge drinking and misuse of prescription drugs

**Activity:**

**Operationalize and integrate Screening, Brief Intervention and Referral to Treatment (SBIRT) model in the Emergency Department at RRMC**

Lead Organization/Partner(s):

RRMC, State of Vermont

Performance measures:

Number of areas SBIRT employed at RRMC; Number of screens completed

**Progress:** SBIRT has been successfully implemented in the RRMC Emergency Department since April 2015; As of April 2017, 12,793 screens have been completed. FY16 was the first full year of implementation, wherein 6,840 screens were completed. Cumulatively, 90% of patients for whom Brief Intervention was indicated, received one; 40% of patients for whom Brief Treatment was indicated, scheduled an appointment; 55% of patients for whom Referral to Treatment was indicated, were successfully referred.

**Activity:** **Medication Assisted Treatment expansion at West Ridge Recovery Center, the opiate treatment hub owned and operated by RRMC**

**Lead Organization/Partner(s):** RRMC, State of Vermont

**Performance measures:** Number of patients served; average waitlist occupancy; wait time for appointment

**Progress:** West Ridge Recovery Center has been operational since 2014. The name was changed in 2016 from West Ridge Treatment Center to West Ridge Recovery Center to change the emphasis to positive, long-term accomplishment. The program serves over 400 people each day for opiate addiction and in January 2017 achieved a zero wait list occupancy. West Ridge has been developing an expansion program, to support individuals coming out of the corrections system who require treatment and support for recovery; this work began in 2016.

**Activity:** **Expansion of opiate treatment SPOKES, by providing support to embed nursing and clinical addictions/behavioral health counselors in practices prescribing buprenorphine**

**Lead Organization/Partner(s):** RRMC, SPOKE Practices

**Performance Measures:** Number of SPOKE sites; Number of FTEs; Number of patients served

**Progress:** RRMC, on behalf of the State of Vermont, specifically, the Blueprint for Health, supports regional SPOKE sites in building capacity. As of October 2016, the number of sites has increased from the 2015 baseline of six (6) to seven (7); the personnel commitment has also grown, from 2015 baseline of 4.1 FTEs to 4.8 FTEs, in accordance with growth in the number of patients served, from a baseline of 246 patients to 250. The projection for January 2017 is 275 patients.

**Activity:** **Support the expansion of Community Health Centers of the Rutland Region (CHCRR), our federally qualified health centers, to additional primary care locations, and through exploration of models of service delivery (transitions of care, case management, care coordination).**

**Lead Organization/Partner(s):** RRMC, CHCRR

**Performance Measures:** Number of primary care sites

**Progress:** As CHCRR explores expanding services and locations to meet the primary care needs of our community, RRMC support the efforts. In 2015, CHCRR had five (5) locations, and has added three (3) as of October 2016, bringing the total to eight (8) across the region.

Work continues on a collaboration across several agencies to improve transitions of care, thereby reducing inappropriate utilization and readmissions. In addition, exploration continues into different payment models to support the care provided, and a broader assessment of care coordination and case management is under consideration, looking at the needs across the community and improving efficiency and transitions of care to improve outcomes for patients and families.

**Activity:** **Implementation and promotion of a Tobacco Free Support Group, to bridge the gap between cessation and sustainability, in collaboration with our community partners.**

Lead Organization/Partner(s): RRMC, Evergreen Substance Abuse Services, Turning Point Center of Rutland, and Rutland Area Prevention Coalition

Performance Measures: Number of sites; Number of groups offered; Number of attendees

Progress: RRMC and its partners conducted a pilot Tobacco Free Support Group in downtown Rutland for three months, with minimal interest. Attempts to dovetail the support group with a long running ongoing workshop in 2016 did not result in transition of participants to the new offering. Also, in 2016, focus of the program was in supporting RRMC employees as the organization moved to a tobacco free campus. A new approach is being developed for 2017, with a new partner, The State of Vermont Tobacco Program.

**Activity:** **Tobacco Cessation programming through community-based workshops will continue to be strengthened and expanded, with exploration of approaches for specific populations (college students, pregnant women).**

Lead Organization/Partner(s): RRMC

Performance Measures: Number of sites; Number of workshops; Number of attendees

Progress: The program offers a variety of workshops, some ongoing to afford routine and availability for drop-ins, others site-specific or population-specific, as need indicates. In addition, we seek to employ an integrated approach by having personnel at clinics and social service agencies trained to deliver service within the scope of their normal interactions with the populations they serve. In 2015, 175 participants completed a workshop; we provided 54 workshops across 11 sites, introducing a new workshop within the Rutland Heart Center. In 2016, 130 participants completed a workshop; we offered 60 workshops across 9 sites. In 2016, we have introduced a monthly workshop specifically for pregnant women.

**Activity:** **Continue our recruitment and retention efforts, particularly for medical providers, and psychiatric providers for adults and children.**

Lead Organization/Partner(s): RRMC, CHCRR, Rutland Mental Health Services (RMHS)

Performance Measures: Number recruited; Number of FTEs primary care

Progress: In 2015, sixteen (16) providers were recruited, including 6 primary care providers for RRMC and CHCRR at different sites. The 2016 Vermont AHEC Primary Care Report shows improvement compared to the national benchmark, with some lessening of the shortage, although the reporting methods have changed, not allowing for direct comparison.

**Community Health Priority: Promote a Healthy Culture by positively influencing Healthy Behaviors, Social and Economic Determinants, and Physical Environment**

Anticipated impact:

- Improve and promote healthy choices and activities
- Improve the health and well-being of our community
- Improve infrastructure to support a healthy community with access to work, recreational opportunities and services
- Increase skills, for person and family

Goals: Increase number of people eating recommended fruits and vegetables;  
Increase percent of Rutland residents that are physically active;  
Reduce Rutland County residents reporting poor mental health days;  
Improve educational attainment;  
Reduce percent of Rutland County residents using tobacco;  
Increase rate of exclusive breastfeeding.

**Activity: RRMC to grant funds to community-based projects that aim to improve the health status of residents in the Rutland Region through the Bowse Health Trust.**

Lead Organization/Partner(s): RRMC

Performance Measures: Number programs funded; Amount of funding awarded

Progress: In 2015, the Bowse Health Trust funded ten (10) programs across the community, providing \$303,382 in grant payments for programs, planning and technical assistance. In 2016, the Trust awarded three (3) new grants, supporting 13 projects and providing total payments of \$297,007 in funding. For more information about the programs and their activities, please visit <http://www.rrmc.org/about/bowse-trust>.

**Activity: Explore and implement health and wellness services and/or facilities to respond to community health and wellness needs, in collaboration with community partners.**

Lead Organization/Partner(s): RRMC

Performance Measures: Number recruited; Number of programs offered

Progress: In 2015, RRMC began exploring a variety of options to offer programs and events to afford opportunity for residents to participate in physical activity and wellness activities. The Couch to 5K was presented in 2015, and offered in the Spring and the Fall, serving 98 participants. In 2016, the program was offered in the Spring and served 80 participants.

As a major employer in the region, RRMC has also supported numerous events promoting physical activity and health behaviors, and promotes them internally to our employees and their families. We have also created an Outing Club, which in 2016 offered organized group hikes, and will expand offerings in 2017.

Our Nutrition Education Workshop, is offered in collaboration with regional primary care offices for their patients. In 2015, 2 workshops were offered in two (2) locations, serving 11 participants; In 2016, six (6) workshops were offered in four (4) locations, engaging 27 participants.

**Activity: Support and promote tobacco free public places, housing, etc. through policies, ordinances and culture change.**

Lead Organization/Partner(s): RRMC

Performance Measures: Number of new sites

**Progress:** In 2016, RRMC and all of its locations joined the Tobacco Free site initiative, going Tobacco Free on its primary campus and at all clinics and offices. Our Tobacco Cessation Program provided support to a number of housing sites, mental health and substance abuse treatment facilities, and other social service agencies wishing to move to Tobacco Free, and will continue to do so. With the conclusion of grant funding to the region to support strategic work on this initiative, this work will continue through collaborative interests on a limited scale.

**Activity:** **Operationalize and implement the Centering Pregnancy model for pregnant women, to improve outcomes by engaging patients and promoting healthy choices, such as breastfeeding.**

**Lead Organization/Partner(s):** RRMC

**Performance Measures:** Number of participants; percent of participants making one health promotion change; percent of breastfeeding at discharge

**Progress:** In 2015 and 2016 training was undertaken and the program and workflows were built. Participants were actively recruited in 2016; baseline data is being tabulated.

With the undertaking of the next Community Health Needs Assessment in late 2017 and 2018, we will be comparing the measures identified in our Implementation Strategy with the new data available to evaluate change across the community and assess the appropriateness of the measures.