

Vermont Hospital Quality Landscape – Overview of VPQHC Hospital Quality Programs

Presentation to the Green Mountain Care Board
July 10th, 2024

Presentation Outline

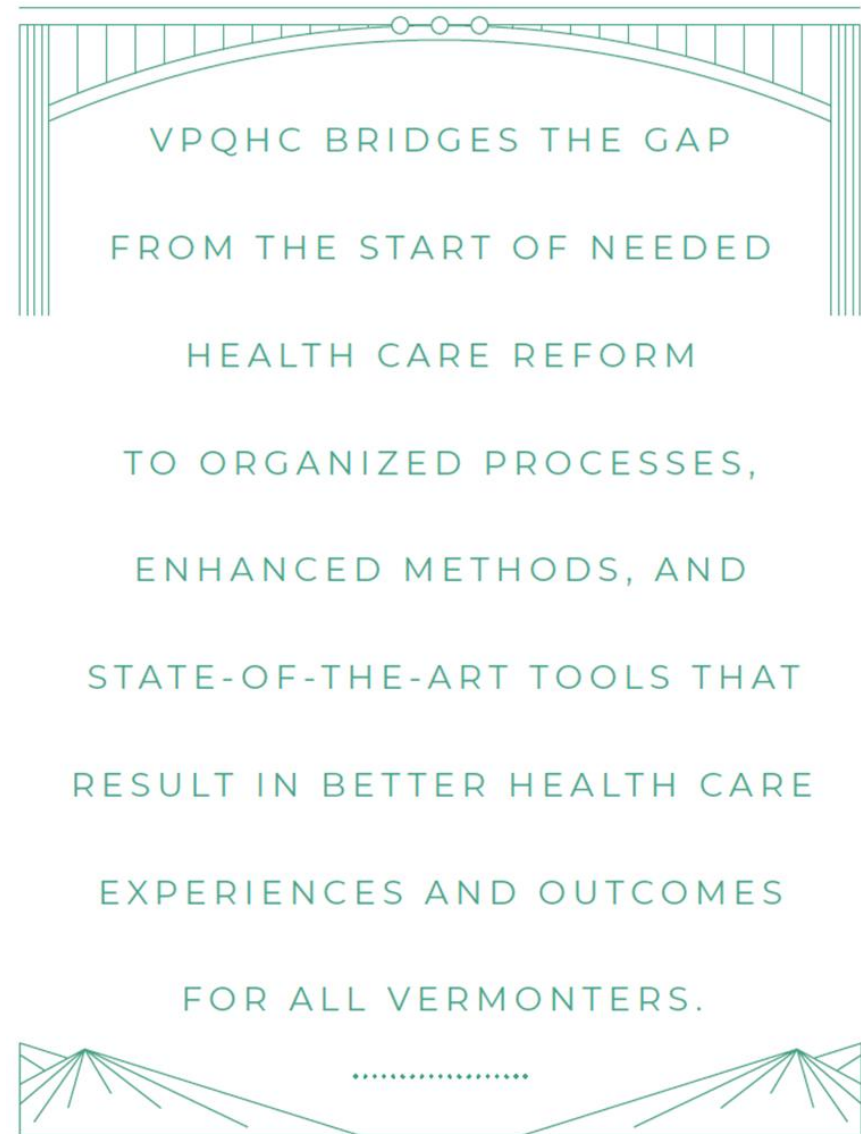
1. About VPQHC
2. Vermont Hospital Quality Oversight
3. Overview of VPQHC Hospital Quality Programs
4. Next Steps & Recommendations

Presentation Outline

1. About VPQHC

About VPQHC

- VPQHC is a 501(c) (3) nonprofit organization designated by the [Vermont Legislature](#) in 1988 as an independent, non-regulatory, [peer review](#) committee.
- *Mission:* We improve the health care quality in Vermont by studying the system and making it work better.



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Coming in the Fall!
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Manager & VT-CPAP Junior
Program Manager*

***+~10-15
consultants
annually***

VPQHC Board of Directors

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Pat Jones, MS, BS, Director of Health Care Reform (Interim), Vermont Agency of Human Services

Lila Richardson, Esq., Attorney, Vermont Legal Aid (retired)

Presentation Overview

2. Vermont Hospital Quality Oversight

Vermont Hospital Quality Oversight

- [Act 53 Vermont Hospital Report Card](#) - *Hospital Report Cards can be used to review and compare information about community and psychiatric hospitals in quality of care (outcomes, patient satisfaction and more), costs for common services, healthcare-associated infection ratios, nurse staffing levels, patient safety, and hospitals' financial information.*
- [Title 18 Chapter 43A: Patient Safety Surveillance & Improvement System](#) – *Goal of PSSIS is to improve patient safety during hospitalizations, decrease serious adverse events that occur in Vermont hospitals, and facilitate quality improvement efforts by hospitals. Key components of the Patient Safety Surveillance and Improvement System (PSSIS) are in two main categories; Internal Hospital Procedures and External Reporting.*
- [Vermont Division of Licensing & Protection](#) – *Survey and Certification (S&C) is the State Survey Agency for the State of Vermont, and in this role, they license and certify health care organizations to ensure they meet minimum state and federal regulations.*
- [The Joint Commission](#) - *The Joint Commission standards go above and beyond the CoPs, helping hospitals drive toward improved patient safety and quality. Their in-depth survey process assesses quality of care and patient outcomes. Accreditation can also help form the foundation for a culture of safety.*
- [DNV GL](#) – *The DNV GL accreditation requirements provide healthcare organizations with a clear framework for required compliance and improvement of patient safety and quality of care.*
- [CMS Hospital Compare](#) - *Hospital Care Compare displays hospital performance data in a consistent, unified manner to ensure the availability of credible information about the care delivered in the nation's hospitals.*

Presentation Overview

3. Overview of VPQHC Hospital Quality Programs

18 V.S.A. § 9416

“(a) The Commissioner of Health shall contract with the Vermont Program for Quality in Health Care, Inc. to implement and maintain a statewide quality assurance system to evaluate and improve the quality of health care services rendered by health care providers of health care facilities”

Contract oversight: Vermont Department of Health
Renegotiated every two years

PILLARS

Hospital Quality
Directors
Network

Hospital Care
Management
Directors
Network

Telehealth
Utilization
Analysis

Vermont Hospital
Peer Review
Network

Technical
Assistance
*- Support hospitals
with reporting SSIs
and HAIs into
NHSN*

Change
Management 101
Training

Vermont Peer Review Network

In 2001, in an effort to make peers more widely available to small, rural, Vermont hospitals, the [VPQHC statewide peer review network](#) was created. The program's goal is to provide a reliable pool of board certified reviewers from varied specialties, to perform case reviews for all Vermont hospitals. The peer review pool is updated every two years.

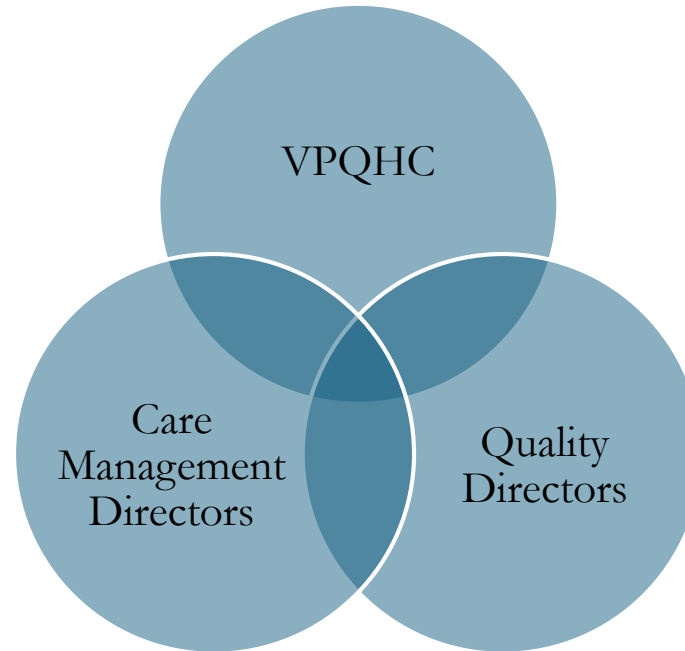
Next steps: Peer Review Expansion Workgroup assessing strengthening the current program, and expanding to non-hospital based sites; exploring other state peer review programs in Maine, New Hampshire, Illinois, Texas, and Idaho.

VPQHC Affinity Networks

Hospital Quality and Care Management Directors

Care Management Directors Support Highlights 2024

- VT 211 Services
- Vermont Ethics Network
- Adult Day Centers
- WRJ Veterans Administration Suicide Prevention Team
- WRJ Veterans Administration Community Collaboration in Veterans Care
- VT Community Health Worker Workforce Initiative
- UVMHC Care Management Barrier Screening



Quality Directors Support Highlights 2023-2024

- Pressure Injury and Fall Prevention
- Suicide prevention
- Visual DX
- KPI/LEAN Daily Management Boards
- Civil Legal Needs Impacting Vulnerable Populations
- Regulatory/Policy guidance and Legislative Updates
- Annual PSSIS Report

Vermont CDC/VDH Health Equity Initiative

To improve knowledge among hospital staff of the impacts of biases in health care delivery and reduce health care disparities among racial and ethnic minorities, LGBTQIA+ persons, and/or patients living with disabilities.

Hospital QI Projects

14 hospital teams completed a project based on an organizational assessment and PDSA methodology

- Training & Education (cultural bias/policy/language/interpreter access) | Pride Events | Data Collection (Demographic/SDOH/SOGI/REaL) | Data Analysis | Inclusive Signage | Hair Equity | Next Steps/Sustainability

Cohort Training: Systems Level Strategies

6 four-hour sessions, 6 hospitals represented – led by Dr. Maria Mercedes Avila

- Health Equity Guidelines | Language Access/Effective Communication | Patient Rights & Responsibilities | Patient/Family Centered Care & Community Engagement | Provider Bias/Cultural Humility | Impact of Systemic Racism | Next Steps

Patient Focus Groups

16 hospital areas participated – led by Dr. Maria Mercedes Avila

- Recruitment via cultural brokers, social media, community case managers | Standardized open-ended questions | Health Care Access, Relationships with Providers, Cultural/Linguistic Appropriate Care, Coordination of Care, Overall Experience | Individual findings & recommendations reported to hospitals | Opportunity to address disparities

VPQHC

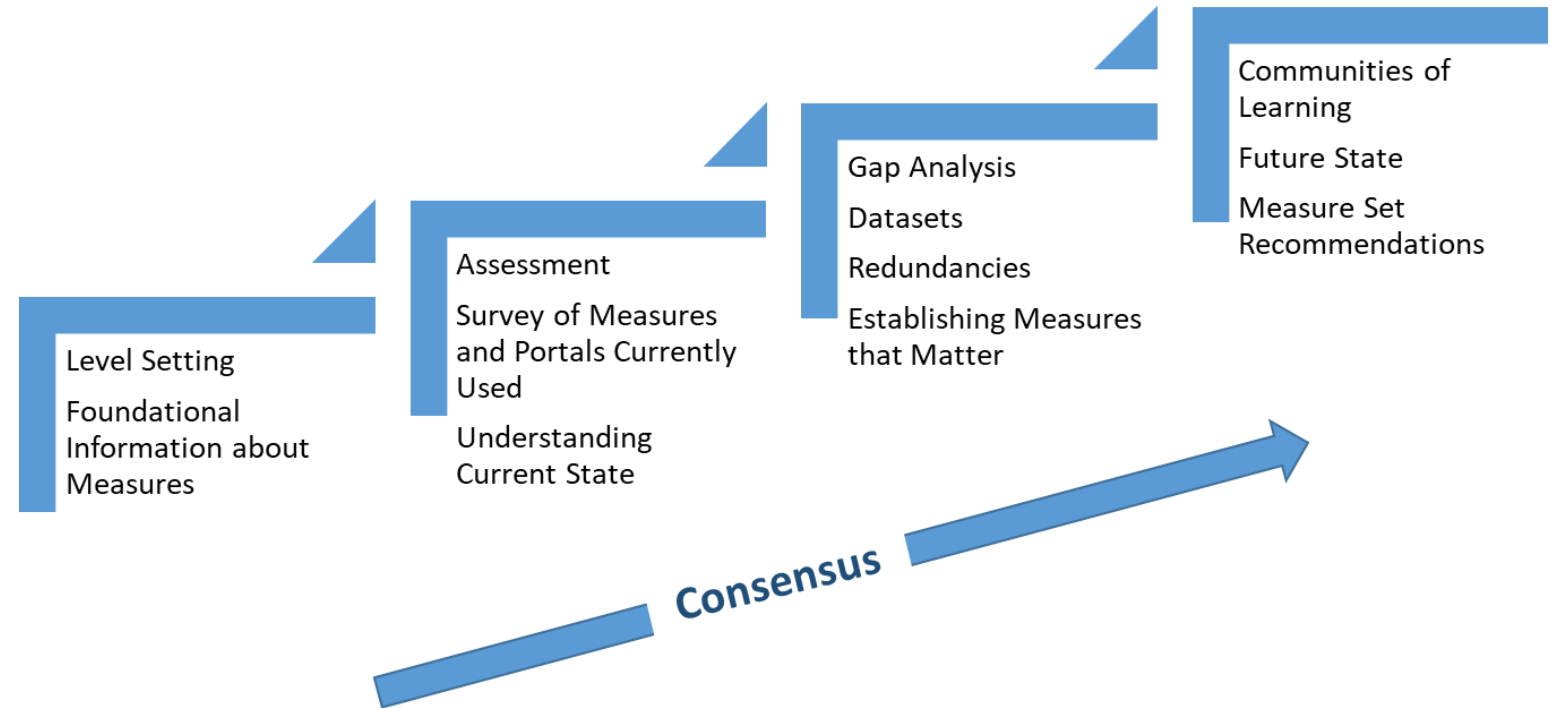
Vermont Program for Quality in Health Care, Inc.

Vermont Hospital Quality Framework

Scope

A framework of **meaningful metrics** that provides **relevant information** and **accurately reflects** the **hospital system's quality of care** within the **Vermont healthcare reform environment**.

Process



Vermont Hospital Quality Framework

Highlights

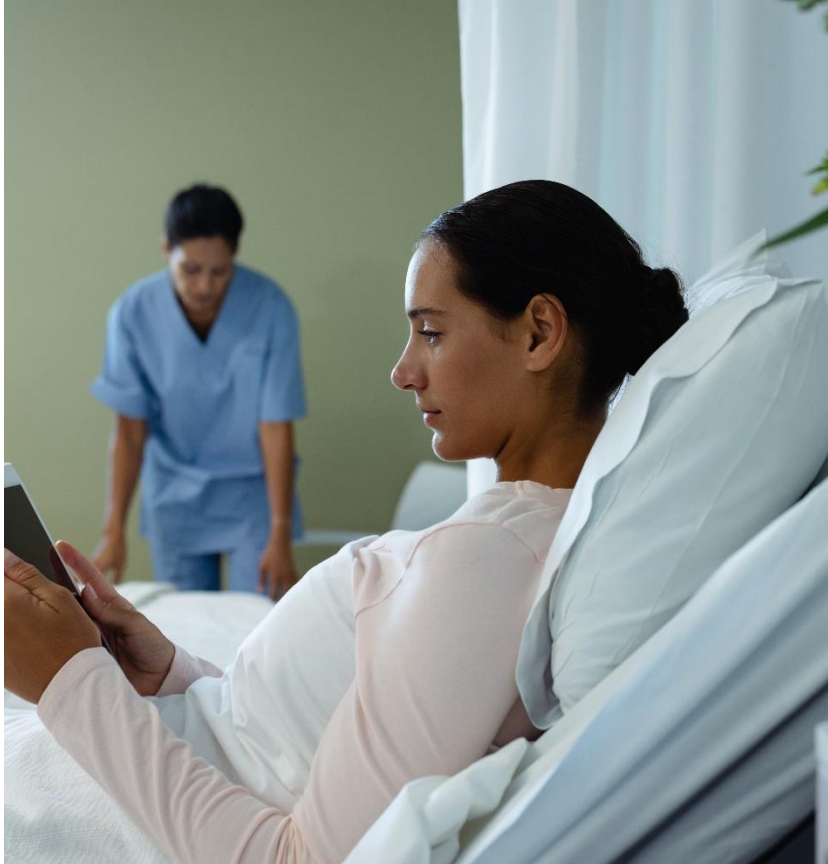
- 55 individuals representing 25 organizations participated
- 8 months of workgroup activity
- 6 invited presentations given
- 35 state & national resources posted
- 2 surveys fielded
- 19 measures selected
- 14 recommendations given
- Draft framework [presented to GMCB](#) 7/13/2022
- [Final report](#) published 9/15/2022

Further Collaboration

- Merging existing frameworks, dashboards, and scorecards to reduce duplicative reporting
- Creating a common understanding of quality and performance
- Reduce overall reporting for providers

<https://www.vpqhc.org/vermont-hospital-quality-framework>

Vermont Emergency Telepsychiatry Network



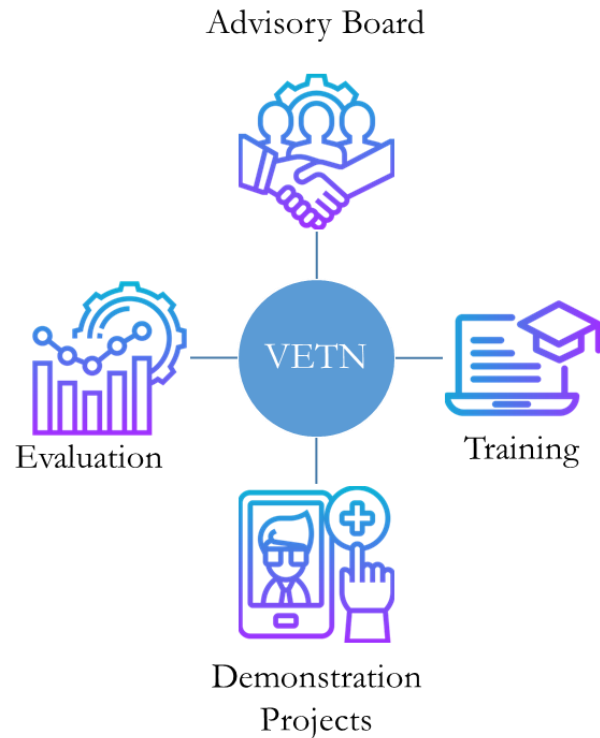
A statewide system helping Vermont Emergency Departments provide timely psychiatric care via telehealth for people with mental health needs.

Qualitative Findings

ED providers and staff are satisfied.
Patients' medical needs are better met.
Patients are comfortable using technology and services.

Vermont Emergency Telepsychiatry Network

Project Structure



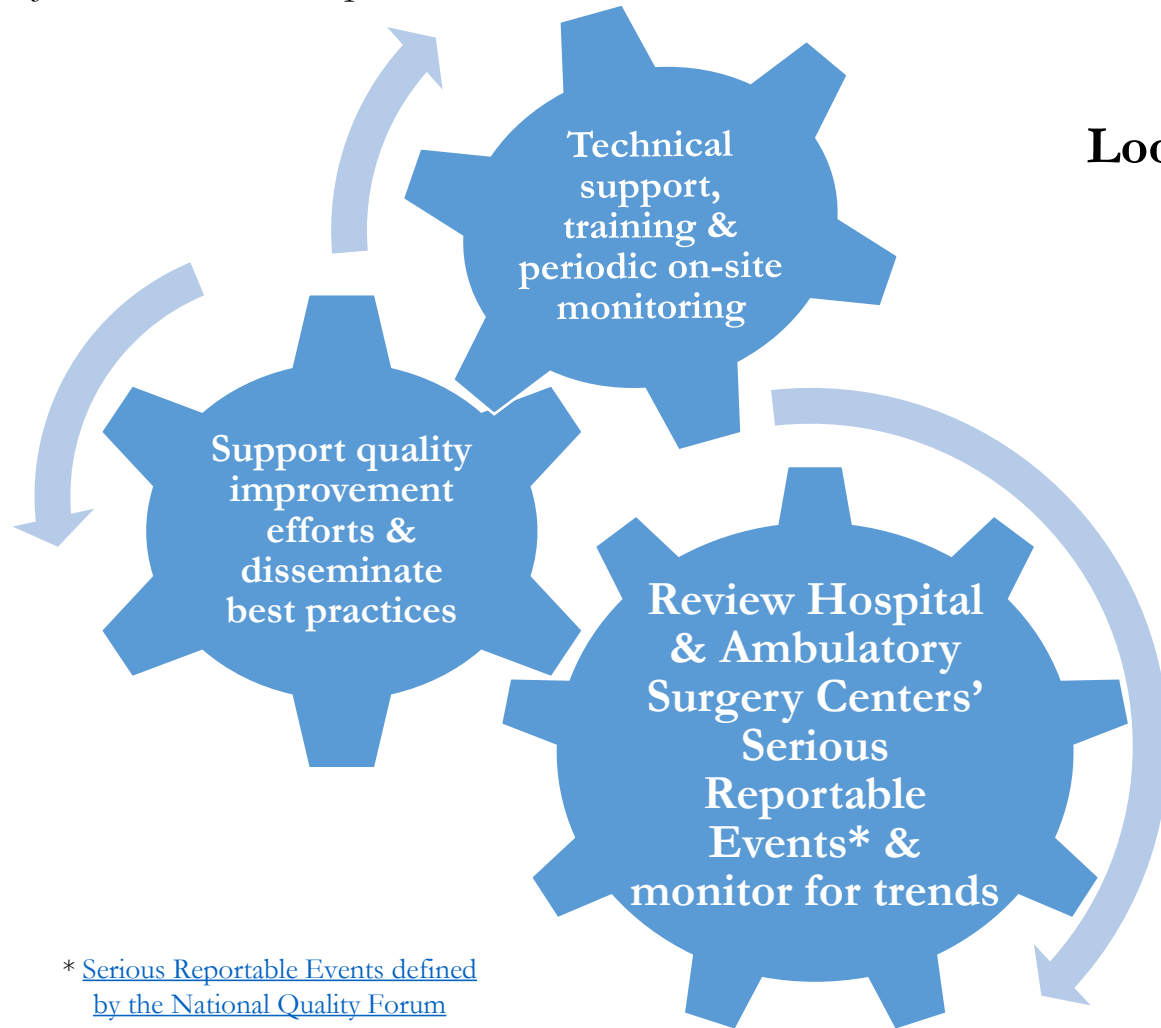
Quantitative Findings

- 10 EDs use telepsychiatry
- 5 hospitals shared best practices for training portal
- 4 hospitals participate on Advisory Board
- 2 hospitals (NVRH, RRMC) are demonstration sites
- 28 children and adolescents were able to connect with their Brattleboro Retreat psychiatrist before admission.
 - 20% of them were safely discharged home.
- The start-up costs for a PPS hospital/local provider project (\$11,700) were significantly lower than those for a CAH hospital/national provider project (\$237,300)

<https://www.vpqhc.org/vermont-emergency-telepsychia>

Vermont Patient Safety Surveillance & Improvement System

Refer to 18 V.S.A Chapter 43A



* [Serious Reportable Events defined by the National Quality Forum](#)

Looking ahead at supporting...

- Culture shift to improve shared learning post-event analysis across facilities
- Facilities streamlining adverse event analysis into existing quality structures

Year	# Safety Events
2020	64
2021	83
2022	124
2023	111
2024 thru 6/30	66

[2023 Annual Patient Safety Report is publicly available through VDH](#)

Trauma Responsive Care Trainings for Emergency Department Staff

Pediatric mental health patient boarding in the ED intensified during the Covid-19 pandemic, and more children than ever are arriving to EDs across the country and in Vermont and are staying for longer while they wait for appropriate care. **This project addresses the immediate needs of patients by training Vermont hospital staff in trauma responsive care best practices for those who present to the ED in a mental health crisis.**

“The person with lived experience really highlighted that it's not the big things, it's the little things. It is being reminded of human connection and that little comfort measures are important. That piece was probably the most beneficial for my staff.”

- Director of Emergency Services

This program is supported by the VT DMH Pediatric Mental Health Care Access Expansion Program with funding from the Health Resources and Services Administration (HRSA).

Trauma Responsive Care Trainings for Emergency Department Staff

Training Development

Training team includes two trauma-responsive care experts and one peer support specialist.

2023 TRC Trainings

Trainings provided to 12 of 14 VT emergency departments. 122 hospital staff were trained in 2023.

TRC Toolkit

The trauma responsive care toolkit was completed in early 2024.

[TRC Toolkit](#)

2024 TRC Trainings

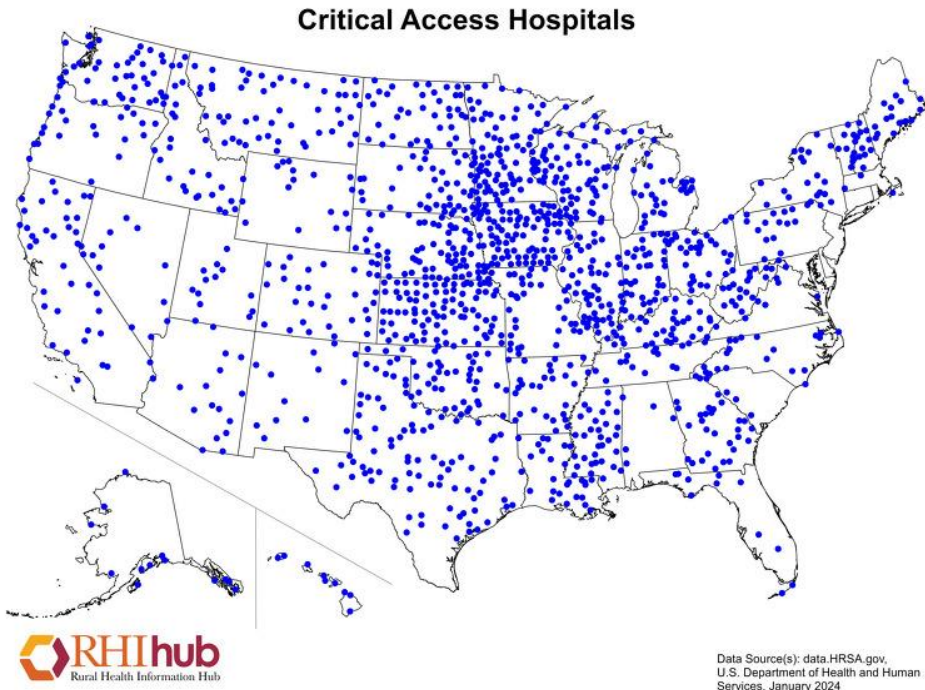
82 Hospital staff have been trained so far in 2024. Over 70 additional staff are registered for trainings later this summer.

Highlights

- Over 200 ED providers & staff trained in Trauma Responsive Care
- 98% of 2023 participants rated the training either “Excellent” (70%) or “Good” (28%)
- 100% of 2024 participants so far in 2024 have rated the training either “Excellent” (78%) or “Good” (22%)

Medicare Beneficiary Quality Improvement Project

MBQIP is a Federal program created by the Health Resources and Services Administration to support Critical Access Hospitals with quality reporting and improvement.



- 1,368 CAHs in the US
- 1,360 CAHs participate in MBQIP
- 100% (8/8) of Vermont CAHs have historically participated in MBQIP

MBQIP participation benefits include:

- Comparative reporting, rural-relevant benchmarking, benchmarked against other CAHs locally and nationally
- Access to technical assistance, support, and quality improvement resources

“Quality is not just measures, but infrastructure. A focus on quality is key to excellence in patient care. If leaders focus only on individual measures, they are bound to miss the mark.”

2025 MBQIP Core Measure Set				
Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
<ul style="list-style-type: none"> • CAH Quality Infrastructure (annual submission) • Hospital Commitment to Health Equity (annual submission) 	<ul style="list-style-type: none"> • Healthcare Personnel Influenza Immunization (annual submission) • Antibiotic Stewardship (annual submission) • Safe Use of Opioids (eCQM) (annual submission) 	<ul style="list-style-type: none"> • Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) (quarterly submission) 	<ul style="list-style-type: none"> • Hybrid Hospital-Wide Readmissions (annual submission) • SDOH Screening (annual submission) • SDOH Screening Positive (annual submission) 	<ul style="list-style-type: none"> • Emergency Department Transfer Communication (EDTC) (quarterly submission) • OP-18 Time from Arrival to Departure (quarterly submission) • OP-22 Left Without Being Seen (annual submission)

Building Sustainable Capacity for Quality and Organizational Excellence

Critical Access Hospital Quality Infrastructure Summit
March 2023

Building Sustainable Capacity for Quality and Organizational Excellence: Quality Infrastructure Summit



Suicide Prevention in Emergency Departments Quality Improvement Initiative

Emergency Departments (ED) are a primary point of access for care and treatment of suicidal ideation. Data from the Suicide Data Linkage Project (2020-2021) highlighted this critical role:

- 65% of people who died by suicide interacted with healthcare services within a year of death
- 35% of those who died by suicide visited an ED within a year of death
- 24% had a mental health or suicide-related ED visit
- 11% visited an ED within a month of death

Katie Cutting's study also highlights the importance of provider education:

- 78% of ED staff respondents indicated they had no previous suicide prevention training



Suicide Prevention in Emergency Departments Quality Improvement Initiative

Year 1

- Suicide Prevention in the ED Organizational Assessment
- CALM training for core ED staff
- Quarterly networking meetings
- Complete a QI project of choice in PDSA format
- Voluntary engagement in onsite mock survey according to the suicide prevention Joint Commission Standards

Year 2

- CALM training for ED staff
- Quarterly networking meetings
- Map current state of suicide care pathway in the ED, gap analysis, design process flow of updated/ideal state pathway to address gaps
- Voluntary engagement in onsite mock survey according to the suicide prevention Joint Commission Standards

Year 3

- CALM training for ED staff
- Quarterly networking meetings
- Implementation of updated, ideal state pathway to align with evidence-based best practice
- Re-administer the Suicide Prevention in the ED Organizational Assessment

Highlights


- 93%-100% hospital enrollment
- >300 ED providers trained in Counseling on Access to Lethal Means
- 100% enrolled sites made improvements to at least one of the following: safety planning approach, documentation auditing, suicide care policy review, observation processes, ligature resistance, suicide assessment protocols, safe room guidelines

Suicide Prevention in Healthcare – a few resources

- [Essential Elements of a Suicide Care Pathway Guide](#)
- [Suicide Care Pathway Workflow Template](#)
- Model Protocol for Health Care Facilities for Act 56 -
<https://legislature.vermont.gov/assets/Legislative-Reports/2024-DMH-Model-Protocol-for-Health-Care-Facilities.pdf>
- [Vermont State Strategic Plan for Suicide Prevention \(2024-2029\)](#)
- [The Joint Commission – Suicide Prevention Elements of Performance](#)

Emergency Departments Pediatric Comfort Kits

VPQHC has distributed 2,580 pediatric comfort kits to Vermont hospitals to provide to pediatric patients boarding in hospital Emergency Departments awaiting mental health care.



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).

Read the full publication here:

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

"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



VPQHC

Vermont Program for Quality in Health Care, Inc.

Hospital	Hospital Type	Town	Patient Safety Surveillance & Improvement System (PSSIS)	Act 53 - Vermont Hospital Quality Reporting Program (Hospital Report Card)	Medicare Beneficiary Quality Improvement Project (MBQIP) (CAH only national quality reporting & improvement program)	VPQHC Vermont Emergency Telepsychiatry Network Participation ***=Pilot Site	Eastern Quality Improvement Collaborative (EQIC)	VPQHC Quality Directors Network	VPQHC Care Management Directors Network	VPQHC-CDC Hospital Health Equity Quality Improvement Program	VPQHC Suicide Prevention in Emergency Departments Quality Improvement Program	VPQHC Suicide Prevention & Regulatory Mock Surveys 2022-2023	Joint Commission Accredited	DNV-GL Accredited
Brattleboro Memorial Hospital	SM/RURAL	Brattleboro	X	X		X	X	X	X	X	X	X	X	
Copley	CAH	Morrisville	X	X	X	X		X	X	X	X	X		
Gifford	CAH	Randolph	X	X	X	X		X	X	X	X	X		
Grace Cottage	CAH	Townshend	X	X	X	X		X	X	X	X	X		
Mt. Ascutney Hospital & Health System	CAH	Windsor	X	X	X	X		X	X	X	X	X		
North Country Hospital	CAH	Newport	X	X	X	X		X	X		X	X		X
Northwestern Medical Center	MID	St. Albans	X	X			X	X	X	X	X	X	X	
Northeastern Vermont Regional Hospital	CAH	St. Johnsbury	X	X	X	X***	X	X	X	X	X	X		
Rutland Regional Medical Center	MID	Rutland	X	X		X***	X	X	X	X		X	X	
Springfield	CAH	Springfield	X	X	X	X	X	X	X	X	X	X		
Southwestern Vermont Medical Center	MID	Bennington	X	X		X	X	X	X	X	X	X	X	
UVMHN-CVMC	MID	Berlin	X	X		X	X	X	X	X	X	X	X	
UVMHN-Porter Medical Center	CAH	Middlebury	X	X	X	X	X	X	X	X	X	X		
UVMHN-UVMHC	ACADEMIC	Burlington	X	X		X		X	X	X	X		X 27	

Presentation Outline

4. Next Steps & Recommendations

Next Steps & Thoughts

GMCB Partnership: continue collaboration with GMCB, VAHHS, HCA on quality

General Landscape Thoughts:

- Continue to align & coordinate to increase value, and reduce administrative burden
 - *Build from existing structures and what is working well!*
- Continue to support shared learning opportunities, make resources available for quality improvement, training, implementing evidence-based best practice, and recognize that change takes time
- Quality is not just measures. A focus on quality is key to excellence in patient care
- Potential role for VPQ to develop and maintain a statewide inventory or strategic plan related to the hospital quality landscape to support alignment & coordination

"Every system is perfectly designed to get the results it gets. If we want better outcomes, we need better systems."

"Improving quality is about improving lives, reducing suffering, and helping people achieve their potential."

Thank you!

Questions?

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