



2015 Community Health Needs Assessment Implementation Plan

Annual Update for 2016

Executive Summary

Through utilization of 2015 consumer survey input, focus group feedback and population health indicators, Brattleboro Memorial Hospital identified the following significant health needs within the Brattleboro Hospital Service Area. The following table explains the significant community health needs identified, how the needs were identified and the existing community resources potentially available to address these needs. (See appendix A)

The Senior Leadership of Brattleboro Memorial Hospital reviewed the findings of the CHNA and identified the health needs of the community that BMH would focus in CY 2016-CY 2018. The health needs were prioritized as the following:

Priority	Community Need
High Priority	<ul style="list-style-type: none"> *Mental Health *Obesity *Substance Abuse
Medium Priority	<ul style="list-style-type: none"> *Aging *Dental Health Problems *Difficulty Navigating Healthcare System
Low Priority	<ul style="list-style-type: none"> *Transportation *Culturally Competent Medical Staff

It should be noted that despite the prioritization process, that these are the eight areas that rose to the top as important needs for the BMH Service Area. All of these needs will be addressed by Brattleboro Memorial Hospital within the scope of its clinical strengths, mission and financial resources. The implementation plan for the 2015 CHNA will be developed and posted on the BMH website in the first quarter of CY 2016.

Mental Health:

Goal: During FY 2016, 2017 and FY 2018, the organization will develop and implement a work plan that aims to provide on-going screening and intervention for mental health diagnoses. Brattleboro Memorial Hospital will enhance community partnerships and collaborations to provide comprehensive and holistic care for those individuals with mental health diagnosis.

Collaboration: Brattleboro Memorial Hospital will continue to develop and expand robust community partnerships to enhance the provision of community-based care. These partnerships include, but are not

limited to: The Brattleboro Retreat, Healthcare and Rehabilitation Services, Support and Services at Home, The Vermont Chronic Care initiative, skilled nursing home facilities, and additional mental health community partnerships to address mental health needs.

Action Plan:

1. The local Regional Clinical Performance Committee (RCPC) works with community agencies with goals of decreasing ER admissions for mental health disorder and improving the quality of life for these individuals. BMH will provide leadership and staff participation for the RCPC.

Update: As a subgroup of the RCPC, the Integrated Communities Care Management Learning Collaborative met every two weeks in 2016 to focus on community care coordination for patients with mental health and substance abuse diagnoses with increased ED utilization. With community partners such as SASH and Senior Solutions, shared care plans were created for twelve clients with initial results showing a 51% decrease in ER visits.

2. BMH-owned Patient-centered Medical Homes will conduct ongoing screening for depression and other mental health disorders. The practices will continue to use the PHQ-9 and the PHQ-2 for depression screening and assessment of progression. If the screening results are positive, the practices refer to the Community Health Team and appropriate community agencies.

Update: The BMH Medical Group continues to use the PHQ-9 and PHQ-2 for screening and data reports are run periodically by the Medical Group referral coordinator.

3. Just So Pediatrics will house a .2 FTE mental health clinician readily available from Healthcare and Rehabilitation Services (HCRS) to be an embedded clinician to see families and children with mental health diagnoses.

Update: Just So Pediatrics continues to house an HCRS mental health clinician one afternoon a week.

4. Just So Pediatrics and Brattleboro Primary Care will continue to participate in ongoing quarterly COR (Collaborative Office Rounds) meetings organized by The Retreat to educate pediatricians and family practitioners on adolescent mental health and systems issues.

Update: Just So Pediatrics continues to participate in ongoing COR meetings. Feedback from Just So Pediatrics is that these rounds have been invaluable for keeping up to date with psychiatric skills, increasing capacity in the area, and for collaboration. Currently COR participation and education is not formally being tracked.

5. BMH will continue to provide supplemental, in-kind support of the Windham County Community Health team, the staffing of which includes a Behavioral Specialist, and practice staff implementing and tracking SBIRT methodology

Update: BMH obtained a grant from VDH and ADAP to implement SBIRT screenings in two medical practices with the support of an embedded social worker. The social worker started in October of 2016, and has attended three trainings from the Center for Behavior Health. In addition, there were full trainings of both practices on 11/15/16 and 12/7/16. Ongoing weekly trainings have continued. Since the program started in October, 945 initial screens (patients 18 and older) have been completed. Of the patients screened, 24% had a brief intervention completed, 25% had a brief treatment completed and 14% were referred on for additional treatment.

6. Enhance BMH's relationship and partnership with Brattleboro Pastoral Counseling, Otter creek, Anna Marsh, HCRS, Youth Services, and other private providers to enhance access of availability of mental health providers.

Update: In 2016 the Regional Psychiatric Strategy Group was formed and is chaired by the Chief Medical Officer. This group met bimonthly starting in April of 2016 and includes representation from Brattleboro Memorial Hospital, HCRS, and the Brattleboro Retreat.

Obesity:

Goal: During FY 2016, 2017 and 2018, the organization will develop and implement a workplan that aims to promotion health and wellness in Windham County. The organization is aware of the significant positive impact of early screening and educational intervention in the prevention of obesity and the co-morbid conditions associated with obesity including, but not limited to heart disease, high blood pressure, Type 2 Diabetes, respiratory problems, and certain cancers.

Collaboration: Brattleboro Memorial Hospital collaborates extensively with Grace Cottage Hospital and the Brattleboro Retreat to provide pro-active health and wellness education in the Community. BMH participates in relevant community coalitions and councils which will continue.

Action Plan:

1. Early Pediatric practice obesity screening and intervention.

- Just So Pediatrics will continue to participate in Vermont Child Health Improvement Project (VCHIP) aimed at early intervention with childhood obesity.
- In February 2016, the Community Health Team will expand to include a .2 FTE LPN position to Brattleboro Primary Care's pediatric department. This new CHT member will participate in childhood obesity education programs and make referrals of children and families to the Community Health Team's Health Coach for nutrition and exercise education.

Update: Just So Pediatrics, Brattleboro Primary Care, and Maplewood Family Practice continue to participate in VCHIP. Just So Pediatrics and Brattleboro Primary Care both have .2 FTE CHT embedded pediatric care coordinators, who refer to the CHT Health Coach as appropriate. Brattleboro Memorial Hospital is part of a Rise VT stakeholder group with potential to pilot RiseVT in Windham County in 2017. In collaboration with the Vermont Department of Health and Grace Cottage, first steps would include forming a regional steering committee. The current focus of Rise VT is the implementation of the EPODE international model to address childhood obesity.

2. BMH will continue to support staffing for on-going Taking off Pounds Sensibly (TOPS) program.

Update: BMH continues to support the TOPS program, which occurs weekly, and the CHT often makes referrals to the program. Carrie Quimbly, CHT Registered Dietician, provides monthly lectures on specific topics that the group chooses. Estimated attendance is 8-12 participants.

3. The Community Health Team offers walking groups, cooking classes, yoga, and Tai Chi to the community and hospital staff.

Update: In 2016 there were four weekly walking groups with 2-8 participants. Two Cooking Series were offered: A four week series “Mindful Eating” was offered in March and had 10-12 participants. A four week series “Quick and Healthy meals for One –Two” was offered in collaboration with the local Co-Op, with approximately 12 participants. Chair yoga started weekly in Oct 2016, attended by 2-6 participants. Tai Chi, also offered weekly, has 3-10 participants.

4. BMH Health Coach attends community committees and coalitions to work to make “the healthier choice, the easier choice” i.e. teaching food pantry/shelves employees how to prepare healthy food. CHT Health Coach is an active member of the Hunger Council, comprised of 25-40 community members who have an interest in addressing food insecurity. The Health Coach held a workshop on 1/21/16 at the Drop-in Center to offer a cooking demo on soup making with ingredients available at the food shelves.

Update: In addition to the Hunger Council, the Health Coach is also been a member of their subcommittee working on improving opportunities to improve the quality of supplemental foods. The Health Coach works closely with agencies such as SASH, The Gathering Place, and Groundworks in helping to make “the healthier choice, the easier choice”. The Health Coach also promotes and distributes policies and interventions highlighted by the VT Chapter of the American Heart Association.

5. Explore recording of Wellness in Windham County Calendar healthy nutrition classes through BCTV.

Update: This has not yet been explored.

6. Explore re-institution of employee wellness program.

Update: An employee wellness program is one of the 2017 strategic initiatives at BMH. Currently, employees are able to attend all CHT wellness programs free of charge.

Substance Abuse:

Goal: During FY 2016, 2017 and 2018, the organization will develop and implement a work plan that aims to take an active role in the care, treatment and mitigation of substance abuse in Windham County. Having made this commitment, the organization recognizes the importance of partnerships in this effort to decrease the substance abuse epidemic in Windham County. These partnerships bring needed addictions medicine expertise to the effort. These partners include, but are not limited to The Brattleboro Retreat, Healthcare and Rehabilitation Services, the Brattleboro Area Prevention Coalition, the Vermont Department of Health, and the Hub & Spoke state-wide infrastructure.

Collaboration: Brattleboro Memorial Hospital will be engaging with medical, mental health, pharmacist community partners and organizations, including BAPC and the Prescription Drug Group, to identify patients at risk and provide comprehensive community care coordination to support these individuals to receive needed resources that focus on treatment of addiction and improvement of quality of life.

Action Plan:

1. Support Regional Clinical Performance committee (RCPC) work with substance abuse population.

Update: As a subgroup of the RCPC, the Integrated Communities Care Management Learning Collaborative met every two weeks in 2016 to focus on community care coordination for patients with mental health and substance abuse diagnoses with increased ED utilization. With community partners such

as SASH and Senior Solutions, shared care plans were created for twelve clients with initial results showing a 51% decrease in ER visits.

2. Improve coordination and transition of care communication for patients with addictions.

Update: Brattleboro Memorial Hospital's Complex Care Committee includes inpatient Care Managers, CHT Care Coordinators and Social Worker, with plans to include ED in 2017. The focus of this group is to improve the care of complex patients, which includes those with addictions. The ICCMC (see number 2) extends this collaboration to our community partners.

3. Maintain active BMH Narcotics Task Force.

Update: The BMH Medical Group Medical Director chairs the BMH Narcotics Task Force.

4. Practice-wide implementation of Medical Screening (MED Score).

Update: As of 2016, results have been compiled and practices have implemented:

1. Outreach to patients on chronic narcotics who have not had a visit in the last three months
2. Checking to ensure that a controlled substance agreement is on file
3. Sending a letter and tapering patients whose MED scores are 120 or over
4. Random urine screens when patients come in to pick up their paper prescriptions
5. Pill counts
6. Check VPMS once a month

5. Continual collaboration/contractual agreement with The Brattleboro Retreat to administer Windham County Hub & Spoke services and treatment (Medicaid supported). BMH serves as the administrative entity for the Windham County Spoke.

Update: Brattleboro Memorial Hospital serves as the Administrative Entity for the Windham County Spoke program. BMH Director of Community Initiatives/Blueprint Project Manager meets biweekly with The Brattleboro Retreat to discuss Spoke implementation and progress.

6. Explore opportunities within BMH medical staff to increase number of office-based Suboxone prescribers.

Update: In September 2016, Brattleboro Memorial Hospital hired a physician who prescribes Suboxone in Putney Family Health Care.

7. Enhance screening and treatment protocols for pregnant women with opioid addiction diagnoses.

Update: In 2016, Brattleboro OB/GYN signed on to participate in the VT Blueprint for Health's Women's Health Initiative starting in July 2017. This initiative provides for an embedded social worker in the practice that will be able to provide social screenings to include depression and substance abuse.

8. Explore possibilities for training Hub & Spoke Medication Assisted Treatment Team in co-occurring disorders.

Update: This has not yet been explored.

9. Host quarterly meeting of area Pharmacists and Medical Staff.

Update: In collaboration with Brattleboro Prevention Coalition, BMH Narcotics Task Force has hosted meetings for area Pharmacists and Medical Staff in May and September of 2016.

10. Implement SBIRT methodology into MD practices to enhance early identification and treatment of substance abuse disorders.

Update: See page 2 number 5 regarding SBIRT implementation.

11. Continue use of CRAFFT screening tool for adolescents in BMH pediatrics.

Update: Just So Pediatrics continue to use CRAFFT screening tool for adolescents.

Aging:

Goal: During FY 2016, 2017 and 2018, the organization will develop and implement a workplan that aims to implement strategies to enhance the quality of life for elders in its primary and secondary service area. BMH Senior Management and its Board of Directors have identified aging individuals as a segment of the population for whom resources should be allocated.

Collaboration: BMH will collaborate with local extended care facilities, Senior Solutions, SASH, RCPC community partnerships, and the Brattleboro Housing Authority to mitigate the health (physical and mental) and socio-economic issues associated with the process of aging.

Action Plan:

1. Finance and maintain Post-Acute Care Department to provide quality care to elders in skilled nursing facilities and nursing homes. The Post-Acute Care Department is staffed by one MD (internist) and an Advanced Practice Registered Nurse. Post-Care Acute Care Quality Work includes:

Wound care: protocol for what gets referred to the Wound Center. When a patient has a wound, protocol for how often they get seen and by whom. Diabetes management in LTC.

Antibiotic use: PA-C joined antibiotic stewardship program within the Hospital. Creating protocol for when antibiotics are used and standardize which antibiotics get used.

Narcotic/Anti-psychotic use in the Hospital: Looking at when and how narcotics are given to LTC and rehab patients. Reduce poly pharmacy.

Rehab: Looking at length of stay and number of referrals. Creating protocol for how long someone stays in rehab and what is examined when they are in rehab. PA-C is looking at setting criteria for what they review on rehab patients. Doing this in concert with our ACO, Genesis (PT for VG and TH) and Home health agencies. Trend LTC/BMH ER and admissions.

Discharge Planning: Working with Care Management at BMH to have care conferences when a patient is d/c from BMH and going to nursing home. Looping admissions at the NHs into this conversation. PA-C is also attending ICC rounds as a result when applicable. Explore options for Assisted Living Home expansion.

Update: Brattleboro Memorial Hospital continues to finance and maintain a Post-Acute Care Department to provide quality care to elders in skilled nursing facilities and nursing homes. Many initiatives as

described in the action plan have begun and are ongoing. The Post-Acute department worked closely with the ACT and Skilled Nursing Facilities, and the length of stay for rehab has decreased. A second full time Nurse Practitioner was hired allowing the Post-Acute department to better serve this population.

2. Support MD leadership and staff participation in Regional Clinical Performance Committee Leadership Group and Regional Clinical Performance Committee focusing on increased utilization of Medicare Hospice and quality of life at end of life.

Update: Through the efforts of the Regional Clinical Performance Committee, rates of Medicare Hospice utilization in the HAS have improved.

3. Continue support of BMH Ethics Committee work with Advance Directives.

Update: Brattleboro Memorial Hospital Physician Group developed a workflow to ensure all patients over sixty-five have an advance directive. Brattleboro Area Hospice's "taking steps" program provided education to primary care providers about advance directives and had volunteers in the practices to assist with the process. Initial data collected through July 2016 showed increased number of advanced directives.

4. Improve community-wide fall risk screening and education program through collaboration with SASH.

Update: The Emergency Department has implemented a modified Connolly Fall Score for use in the ED, which will be available for use in the new EMR as of April 2017. The Emergency Department Director conducted a review of falls presenting to the ED in 2015. This retrospective data collection, which included 112 cases, identified trends in the place and cause of the fall, as well as in injuries that were sustained. Based on the results of this analysis, a need for increased education and monitoring for patients receiving anti-coagulation therapy was identified, and these results were shared with the Coumadin Clinic at BMH. Falls related to prescribed medications was also noted to be a trend. As a result EMS/first response was trained by the Ambulance District Medical Advisor and an ED provider in the procedure for a more appropriate process by which to evaluate the patient and their situation. From the ED perspective, this has resulted in more patients being transported to the ED and fewer poor outcomes associated with falls, although data has not been collected.

5. Increase rate of flu vaccination for seniors in Patient-Centered Medical Homes.

Update: Brattleboro Memorial Hospital's Medical Group has increased efforts to increase the rate of flu vaccinations for seniors. This information is currently being tracked and outreach is conducted as needed.

6. CHT will perform outreach to referred vulnerable elderly adults.

Update: In 2016 there has been increased collaboration between the community health team (CHT) and SASH (support and services at home). Both CHT and SASH participated in the Integrated Communities Care Management Collaborative, which met every two weeks in 2016 to create a process for this collaboration. Additionally, CHT staff meets monthly with SASH to review individual cases.

Dental Health Problems:

Goal: During FY 2016, 2017 and 2018, the organization will develop and implement a work plan that aims to show BMH's commitment in partnering with the professional dental community to identify

strategic initiatives and goals to improve dental access and dental health in its hospital service area. BMH commits to being available to host Dental Society meetings and arranging meetings between the Emergency Department and local dentists as the vehicle by which this community-wide strategic planning can take place.

Collaboration: BMH will continue collaboration with the community of local dentists, VDH Dental Hygienist, the Walk-in Clinic, and existing community organizations/partners involved in support of dental healthcare, quality and equity for the low-income, minority and underserved populations. BMH Emergency Department will utilize evidence-based care standards as per Dartmouth Hitchcock Medical Centers for treatment of dental health problems.

Action Plan:

1. Host local dental community meetings that include participation by Emergency Department MD's, allied health staff, Primary Care Physicians, and the Director of Population Health.

Update: In December of 2016, BMH hosted a meeting facilitated by the United Way that included local dentists, VDH, the Walk-in Clinic, and existing community organizations/partners involved in support of dental healthcare.

2. Support of United Way dental initiatives including Windham County Dental Day.

Update: Brattleboro Memorial Hospital continues to support United Way dental initiatives.

3. Participate in community meetings regarding Windham County dental health issues.

Update: Brattleboro Memorial Hospital has participated in community meetings with the walk in clinic and united way.

4. Support legislative bill for dental therapist/expanded dental hygienist role.

Update: No update

5. BMH pediatric practices to utilize EES dental Clinic and Saturday surgery resources.

Update: Just So Pediatrics continues to utilize EED dental clinic and Saturday surgery resources, but are not currently tracking referrals.

6. Just So Pediatrics will provide fluoride administration.

Update: Just So Pediatrics has initiated the fluoride varnish program and conducts water testing for fluoride. Currently fluoride prescriptions are not being tracked.

Difficulty Navigating the Healthcare System:

Goal: During FY 2016, 2017 and 2018, the organization will develop and implement a work plan that aims to assist the community by provision of ongoing assistance in navigation through healthcare services and insurance requirements, enhance "one-stop shopping" opportunities for health service consumers, and support comprehensive community care coordination infrastructure. BMH will collaborate with community organizations to provide advocacy and services to low-income, minority and underserved

populations. BMH will conduct health needs assessment of populations served by Groundworks, a combined entity of Morningside Shelter and the Drop-in Center, as well as the overflow shelter. BMH will support the Director of Patient Experience position and the Community Resource Liaison position to provide assistance with patient questions/complaints, insurance assistance and navigation through the healthcare system.

Collaboration: BMH collaborates extensively and formally with community organizations involved in the domains of health and services including but not limited to Vermont Department of Health, United Way, Health Care and Rehabilitation Services, the Brattleboro Retreat, Groundworks, and SEVCA. This rich collaborative network partnership creates an environment for the identification of healthcare system Navigation issues as well as, a forum for identifying and implementing system-wide improvements.

Action Plan:

1. Identify qualitative and quantitative health needs of population utilizing Groundworks (Morningside Shelter, Drop-in Center and overflow shelter through a Health Needs Assessment and focus groups (1/16-3/16)

Present data referenced above to Senior Leadership/Board of Directors with Action Plan being developed based on findings.

Update: A health needs assessment for this population was conducted in February of 2016. Through grant funding, a Vulnerable Population Care Coordinator was hired by BMH in November of 2016. This RN is embedded in the Drop-In center and works collaboratively with groundworks clients and staff to improve access to healthcare for this population.

2. Continue to provide a Community Resource Liaison position.

Update: Brattleboro Memorial Hospital continued to provide a Community Resource Liaison position in 2016.

3. Continue to provide a Director of Patient Experience position.

Update: Brattleboro Memorial Hospital continued to provide a Director of Patient Experience position in 2016.

4. Develop online, internal and community resource guide to assist healthcare staff in making appropriate referral for clients/patients.

Update: This work began in 2016 with collaboration between the Information Systems Department and RN Care Coordinator. This has been put on hold, as IS resources are limited due to the implementation of a new Electronic Medical Record.

5. Promote community education regarding resources available, including Vermont 211.

Update: The Community Health Team, Care Coordinators, and Care Managers continually share information regarding resources available, including Vermont 211.

Transportation:

Goal: During FY 2016, 2017 and 2018, the organization will develop and implement a workplan that aims to provide representation at all community forums discussing transportation issues. In addition, the Director of Community Initiatives/Blueprint Project has been soliciting input from BMH departments regarding transportation barriers and possible solutions. BMH has provided a letter of support for the SEVT FY 2016 CMAQ (Congestion Mitigation and Air Quality) application for the start of a new transit system for Route 30 from Brattleboro to Jamaica. BMH will be considering the feasibility of providing matching financial support as outlined in the grant proposal.

Collaboration: Collaboration with multiple community agencies, organizations, town committees, and potential federal grantees will be integral to BMH's activities and strategies to enhance transportation access in Windham County.

Action Plan:

1. Provide BMH representation at local transportation discussion/planning forums.

Update: CHT staff member attends Elderly & Disabled (E&D) transportation meeting regularly at the Current offices in Rockingham.

2. Explore feasibility of becoming a contributor to the SEVT FY 2016 CMAQ (Congestion Mitigation and Air Quality Improvement) grant application.

Update: Although BMH agreed to provide match for CMAQ grant application, this grant was ultimately not funded.

3. Consider other options to enhance transportation resources for improved healthcare access.

Update: In 2016, BMH worked with Stevens & Associates to identify opportunities for improvements in parking. Following this evaluation, twenty new parking spots were created, some of which have not yet been paved. It is estimated that the new parking plan, including new pavement, will be fully implemented in 2017.

Culturally Competent Medical Staff:

Goal: During FY 2016, 2017 and 2018, the organization will develop and implement a workplan that aims to improve the cultural competency of BMH staff by providing culturally competency training. BMH Development Department will evaluate marketing strategies to reach populations in need of population-specific healthcare services. Additionally, Brattleboro Memorial Hospital will evaluate patient education resources to assess readability levels and level of cultural sensitivity/inclusivity and conduct a health needs assessment of the homeless population and develop an implementation plan.

Collaboration: BMH will continue to collaborate extensively with HCRS and other community organizations, The Brattleboro Retreat and Grace Cottage Hospital. BMH is actively and contractually engaged with The Brattleboro Retreat to administer the Medicaid Hub & Spoke program. A cornerstone of this program is the reduction of the stigma associated with the opioid addicted population, many of whom are members of this population group. BMH, Grace Cottage Hospital and The Brattleboro Retreat

partner to provide community health education which can be a venue for educating the community about services and programs available to the population

Action Plan:

1. BMH is currently gathering data and will address disparities through clinical quality improvement and cultural competency training for staff.

Update: A health needs assessment for this population was conducted in February of 2016. Through grant funding, a Vulnerable Population Care Coordinator was hired by BMH in November of 2016. This RN is embedded in the Drop-In center and works collaboratively with groundworks clients and staff to improve access to healthcare for this population.

2. Evaluate current BMH marketing and messaging for degree of cultural diversity and sensitivity to target population.

Update: It is currently the practice of the BMH development/marketing department to evaluate all materials for degree of cultural diversity and sensitivity.

3. Implement strategies to evaluate educational materials for cultural appropriateness and literacy competency level.

Update: No update

4. BMH has taken the “Pledge to Act to Eliminate Health Care Disparities” spearheaded by the American Hospital Association.

Update: Data was collected by the Executive Director of Care Management and in collaboration with the Chief Medical Officer and Emergency Department, the decision was made to create a Care Manager position in the Emergency Department to address the needs of various vulnerable populations.

5. Continue CMO/Human Resources grant for improvement in staff cultural competency.

Update: In 2016, grant funding was not secured to bring the “Bridges Out of Poverty” program to BMH. However, staff members in the BMH Medical Group and CHT attended this training in December 2016. BMH will continue to promote this training as it becomes available.