

2015 Community Health Needs Assessment Implementation Plan

Annual Update for 2017

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	*Mental Health *Obesity *Substance Abuse
Medium Priority	*Aging *Dental Health Problems *Difficulty Navigating Healthcare System
Low Priority	*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.

2017 Update: The Accountable Community for Health (ACH) was formed combining the Agency of Human Services District Leadership Team (DLT) and the RCPC. This group will further focus on Community Care Coordination. BMH has hired RN Care Coordinators in their Primary Care and Specialty Practices. Continued Care Coordination has occurred with the monthly Interagency Care Coordination meeting, and shared care plans are being created utilizing OneCare's electronic platform, Care Navigator, for attributed patients.

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 practice then refers the patient to the Community Health Team and/or appropriate community agencies.

2017 Update: The BMH Medical Group continues to use the PHQ-2 to screen for depression and further screen with the PHQ-9 if indicated. Patients are then referred to a Mental Health Clinician if indicated.

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.

2017 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.

2017 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

2017 Update: Brattleboro Family continues the SBIRT model with an embedded Mental Health Clinician. This proved to work very well and warm hand offs were utilized between the PCP and the Mental Health Clinician.

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.

2017 Update: The Regional Psychiatric Strategy Group of which BMH is part of, continues to meet bi-monthly. Recent topics include tele-psychiatry and community approach to mental health services.

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.

2017 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. Maplewood has a full time RN Care Coordinator who refers to the CHT Health Coach or Registered Dietician as needed. Brattleboro Memorial Hospital will be participating in RiseVT, focusing on exercise and preventing childhood obesity.

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

2017 Update: The TOPS program was eliminated due to lack of participation.

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

2017 Update: In 2017 there were two weekly walking groups with 6-12 participants at two different sites BMH and Red Clover Commons, elderly housing in Brattleboro. There were 3 sessions of Co-Op Healthy Eating offered with approx. 5 people in each session. Chair yoga offered weekly with 7-10 participants attending. Tai Chi, also offered weekly, has 7-9 participants. The Juggling for Health program was added and has 8-11 participants weekly.

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.

2017 Update: In addition to the Hunger Council, the Health Coach continues to work 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.

Veggie Van Go was established in 2017 and sponsored by the Vermont Foodbank. They come to the BMH campus monthly (3rd Monday of the Month at noon) and distribute fruits and vegetables to community members. Veggie Van Go has been providing fruits and vegetables to approx. 100 families per month. The foodbank also provides cooking demonstrations at the pick-up site and features fruits and veggies that are being distributed that month.

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

2017 Update: This has not yet been explored.

6. Explore re-institution of employee wellness program.

2017 Update: A new BMH Wellness team was developed which is led by the HR department. .

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 addiction 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.

2017 Update: The Accountable Community for Health (ACH) was formed combining the District Leadership Team (DLT) and the RCPC. This group will further focus on Community Care Coordination, including coordinating care for individuals needing treatment for substance misuse. BMH has hired RN Care Coordinators in their Primary Care and Specialty practices, and continued Care Coordination has occurred with the monthly Interagency Care Coordination meeting.

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

2017 Update: A biweekly meeting has been established with Primary and Specialty Care Care Coordinators, CHT staff, and ED and Inpatient Care Managers to enhance the transition of care for complex patients. The ICCMC (see number 1) extends this collaboration to our community partners.

3. Maintain active BMH Narcotics Task Force.

2017 Update: The BMH Medical Group Medical Director chairs the BMH Narcotics Task Force.

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

2017 Update: Narcotic prescribing practices have been updated based on the new laws that came out in July 2017. BMH has implemented many workflow updates to abide by the new prescribing laws.

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.

2017 Update: BMH Director of Community Initiatives/Blueprint Project Manager meets monthly with The Brattleboro Retreat to discuss Spoke implementation and progress. We are currently supporting approx. 130 patients per month in the Hub & Spoke program.

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

2017 Update: There is currently a Suboxone Provider located at Putney Family Healthcare.

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

2017 Update: Brattleboro OB/GYN (BOG) has been participating in the Women's Health Initiative (WHI) and has screened thru April 2018, 189 pregnant women and of those women screened 78 (41%) were referred to the WHI Social Worker.

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.

2017 Update: The Rx Abuse Prevention Task force is meeting quarterly at different venues to discuss preventing abuse of Prescription Opioids and other controlled substances. This has proven to be a very productive dialogue between Clinicians and Pharmacists in the Brattleboro Area.

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

Update: SBIRT was implemented into Brattleboro Family Medicine in 2016 and continued in 2017. A Mental Health worker was embedded in the practice for 24 hours/week to provide brief intervention and referrals to treatment.

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

2017 Update: Just So Pediatrics continues 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.

2017 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. The PA-C department is staffed with 3 Physicians.

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.

2017 Update: This work has continued with the Post Acute Care team in 2017.

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

2017 Update: Brattleboro Memorial Hospital is partnered with Brattleboro Area Hospice's "taking steps" program to provide education to primary care providers about advance directives and had volunteers in the practices to assist with the process.

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

2017 Update: The Emergency Department continues to assess patients for their fall risk in the ED. SASH has implemented a fall risk assessments for admissions and the assessment is performed annually at their wellness visit.

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

2017 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.

2017 Update: CHT and SASH continue to meet monthly to discuss the vulnerable elderly population. The Interagency Care Team continues to meet monthly as well. With embedded Care Coordinators in several practices, referrals are also being made to CHT through the primary care offices. SASH continues to do Fall Risk Assessments during their annual wellness checks.

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 is collaborating with community organizations to improve dental access in the service area.

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.

2017 Update: BMH continues to collaborate with the United Way, local dentists, VDH, Grace Cottage and existing community organizations to identify solutions to this issue.

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: N/A

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.

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.

2017 Update: The Vulnerable Population Care Coordinator continues to be embedded at Groundworks and works collaboratively with HCRS 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 2017.

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

Update: Brattleboro Memorial Hospital continued to provide a Director of Patient Experience position in 2017.

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

2017 Update: This work began in 2016 with collaboration between the Information Systems Department and RN Care Coordinator. Through work with the District Leadership Team, Integrating Family Services, and the BMH Care Coordination team, it was identified that this effort may be duplicative of Vermont 211.

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

2017 Update: The BMH Care Coordination Team continually shares information regarding resources available, including Vermont 211. The 211 Program Coordinator has been invited to the bi-weekly BMH Care Coordination Team meeting to discuss various community resources available.

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: BMH continues to be on The Current bus route.

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: The RN continues to be embedded at 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 materials for degree of cultural diversity and sensitivity.

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

Update: Work not yet started.

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

Update 2017: 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. This Care Coordinator will work collaboratively with the Vulnerable Population Nurse, BMH Care Coordinators and the Community Partners.

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

2017 Update: BMH is exploring several trainings for staff to attend to improve cultural competency.