VPQHC – Introduction & Overview
House Health Care Committee

Catherine E. Fulton, Executive Director
Vermont Program for Quality in Health Care, Inc.

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Introduction & History

- 501(c) (3) nonprofit organization designated established in 1988 – one of the original and oldest in the US
- In 1994 the Vermont Legislature established VPQHC as as an independent, non-regulatory, peer review committee and statewide quality assurance organization.
- Established the 9416 Statute and billback

Mission:

We improve the health care quality in Vermont by studying the system and making it work better.

Stakeholder Board of Directors, includes:

- Healthcare providers
- Hospitals and health systems
- Insurers
- Employers
- Consumers
- Government – VDH Commissioner and 2nd government seat
- At-large

VPQHC Staff

Marianne Bottiglieri
BA – Director of Finance

Bonnie Collins
Program Coordinator & Executive Administrative Assistant

Catherine Fulton
BS, MS, CPHQ – Executive Director

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

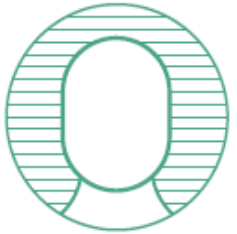
Hillary Wolfley
BA, MSPH – Associate Director

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

Bill Marcinkowski
BA – Information Systems Manager

Ali Johnson
BS, MBA - Quality Improvement Specialist

Mary T. McQuiggan
BA, MSW, LICSW – Senior Program Manager



Dail Riley
BA – Business Office Manager

9416 Quality Assurance Contract includes:

- **Peer Review** – protected improvement reviews
- **Confidentiality** – protected discussions, presentations and resource sharing related to improvement opportunities
- **Quarterly Network Meetings** – Quality Directors and Care Transition Leaders discussion and Subject Matter Expert (SME) presentations
- **Telehealth & healthcare quality** – data analyses, research on best practice, webinars
- **National Health Safety Network (NHSN) Technical Support** - NHSN access and validation processes
- **Technical Support** – quality, safety, data analysis, focused audits, regulatory compliance and more
- Partnering with stakeholders to secure an increase in the 9416 billback funding

Funding

- The 9416 billback is capped at 75% of our annual operating budget, so….
- We raise additional funding through multiple sources, including:
  - **State partners**

    - VDH – Patient Safety Surveillance and Improvement System (PSSIS)

    - VDH – State Office of Rural Health (SORH) – Medicare Beneficiary Quality Improvement Program (MBQIP); Health Equity trainings and partial funding for Suicide Prevention; Quiet kits

    - VDH CDC Health Equity Grant – hospital specific health equity quality improvement projects

    - VDH – CDC suicide prevention grant (partial funding)

    - DMH – Trauma Informed Care Training (new)

    - Vermont Department of Corrections (VDOC)

  - **Federal Partners**

    - Congressionally Directed Spending:

      Senator Leahy/SAMSHA: Vermont Emergency Telepsychiatry Network (VETN) - $900,000

      Senator Sanders/USDA: Vermont Telemedicine Access Project (V-TAP) $499,000

Funding, continued:

- **Private Philanthropy:**

  - **Collaborative Assessment and Management of Suicidality (CAMS) -** training provided to over 200 independent mental health providers across the state
  - **Activity Kits for Pediatric Patients Boarding in Emergency Departments –** partnership with VAHHS and Vermont Community Foundation; distributed over 1,300 kits and another 1,000 kits have been requested
  - **Suicide Prevention in the ED QI project (partial funding)**

- **Regional Partnership**:

  - **Eastern States Quality Improvement Collaborative** – patient safety and harm reduction strategies and best practice

QI Approach: Suicide Prevention in EDs

How to Prevent the Most Suicides in the Shortest Amount of Time?

Understand when and where individuals access health care

Identify individuals at risk

Provide effective interventions

Suicide decedents **are accessing healthcare**

~30% Visit within 7 days of suicide

>50% Visit within 30 days of suicide

>90% Visit within 365 days of suicide

Emergency departments (EDs) may provide a unique opportunity to prevent suicide.
44% of decedents visit ED with 365 days of suicide.

People with suicide risk **are** seen in healthcare before suicide, creating opportunities to prevent suicide.

7 Ahmedani, *Preventive Medicine*, 2019

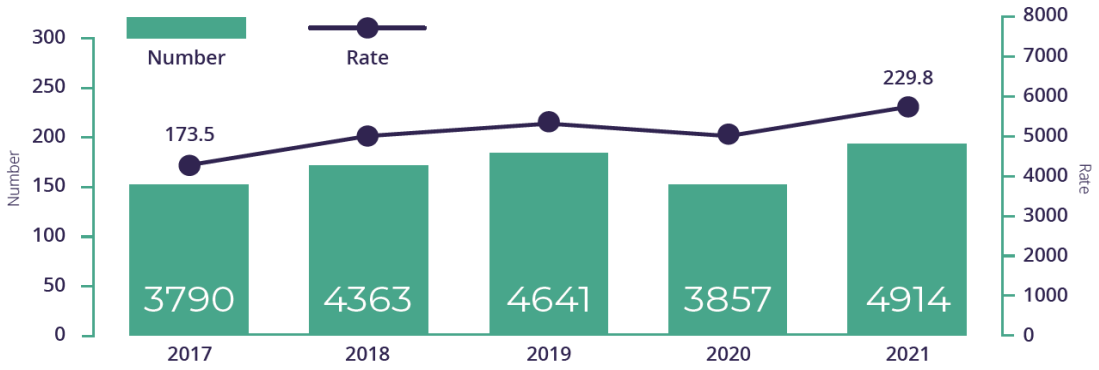
NIH National Institute of Mental Health

SUICIDE-RELATED EMERGENCY DEPARTMENT VISITS ARE INCREASING

SUICIDAL IDEATION AND/OR SELF-DIRECTED ED VISITS

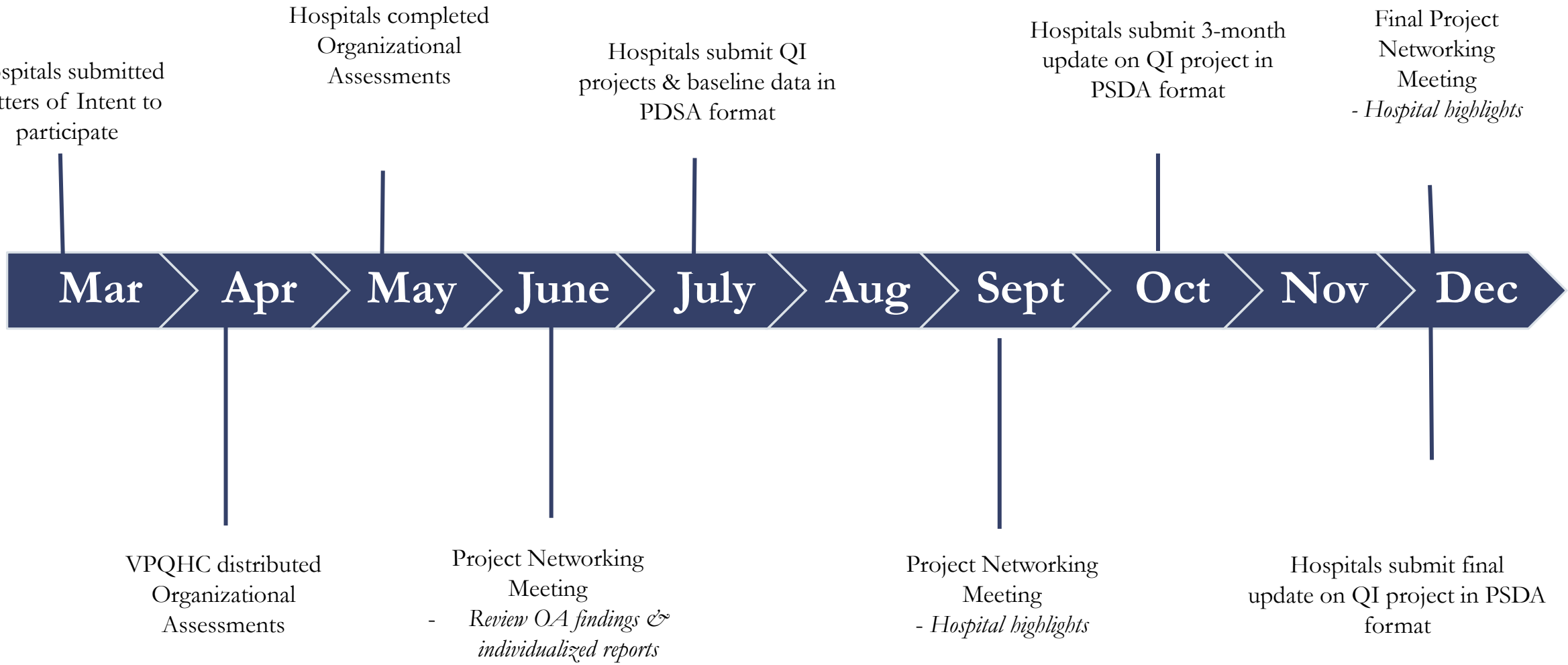
Rate per 10,000 ED Visits

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



Counseling on Access to Lethal Means Training

Suicide-prevention focused mock survey



Hospital Participation Benefits

- Minigrant of $12,500
- Educational stipend ($1,500)
- Focused mock survey (core suicide prevention focus across all hospitals)
- Technical assistance from VPQHC team
- Membership in peer learning community
- Access to high-quality, tailored educational programming

VPQHC

Vermont Program for Quality in Health Care, Inc.

Suicide Prevention in the ED QI Project

Metrics, Progress, Outcomes (note: blue highlighted lines funded through the VDH-CDC suicide prevention grant)

		Measure	Measure definition	Baseline value	Baseline time frame	Midpoint value	Midpoint time frame	Final value	Final time frame	Performance Goal	Observed Improvement in Measure	Met Measure Goal
		write-in	*write-in*	*write-in*	*write-in*			*write-in*	*write-in*	*write-in*	*Yes or No*	*Yes or No*
1	Hospital A	% of target ED staff that have completed CALM training	# of target ED staff that completed CALM training/# target ED staff for CALM training	0%	June 2022	50%	October 2022	70%	December 2022	100%	Yes	No
1	Hospital A	% of patients who screened positive for suicidal ideation receiving a formalized risk assessment and safety planning	# of patients who screened positive for suicidal ideation that received a formalized risk assessment and safety planning / # patients who screened positive for suicidal ideation	88%	June 2022	89.5%	October 2022	98%	December 2022	100%	Yes	No
1	Hospital A	% of patients who screened positive for suicidal ideation that return to the ED for suicide attempt within 72 hours after discharge	# of patients who screened positive for suicidal ideation that return to the ED for suicide attempt within 72 hours after discharge/# patients who screened positive for suicidal ideation that were discharged from the ED during the reporting period	6%	June 2022	4.2%	October 2022	5%	December 2022	0%	Yes	No
2	Hospital B	% of target ED staff that have completed CALM training	# of target ED staff that completed CALM training/# target ED staff for CALM training	0%	June 2022	85%	October 2022	100%	December 2022	100%	Yes	Yes
2	Hospital B	% patients discharged from the ED with a mental health primary concern that receive a call back within 36 hours	# patients discharged from the ED with a mental health primary concern that receive a call back within 36 hours/# patients discharged with a mental health primary concern within the reporting period	0%	June 2022	0%	October 2022	0%	December 2022	90%	No	No
3	Hospital C	% of target ED staff that have completed CALM training	# of target ED staff that completed CALM training/# target ED staff for CALM training	0%	June 2022	75%	October 2022	75%	December 2022	100%	Yes	No
4	Hospital D	% ED patients over age 16 screened using the C-SSRS	# of ED patients over 16 that present to the ED who are screened using C-SSRS/# ED patients over 16	42%	July 2022	51%	September 2022	61%	November 2022	85%	Yes	No
		% ED patients that screened	# ED patients that screen positive for									

QI Approach: Suicide Prevention in EDs Highlights/Outcomes

- 100% (14/14) of Vermont acute care hospitals enrolled in project
- 100% (14/14) of hospitals completed the suicide prevention in the ED organizational assessment
- 100% (14/14) of participating hospitals submitted QI project proposals
- 100% attendees satisfied/very satisfied with project networking meetings
- 100% of attendees indicated *"As a result of this meeting, I have a better understanding of suicide prevention practices that can be implemented in the ED setting"* across all networking meetings (this was assessed after every meeting)
- 86% (12/14) hospitals engaged in suicide-prevention focused and general mock survey

QI Approach: Suicide Prevention in EDs Highlights/Outcomes

- 100% (14/14) of hospitals completed all project participation requirements
- 93% (13/14) of hospitals demonstrated improvement in their ED suicide prevention projects – *Note that one hospital was not able to implement their QI project as envisioned, however, they did have improvement related to increased knowledge related to lethal means counseling, as staff engaged in the CALM training. Yet, the hospital had not chosen CALM training as their specific QI project, so it was not counted towards the final QI project results.*
- 100% (14/14) hospitals indicated one or more improvements were made to their suicide care policies, procedures, or processes in their EDs to align with best practice
- Over 200 hospital staff trained in Counseling on Access to Lethal Means (CALM)

Emergency Telepsychiatry

Following a presentation by Dr. Sy Sayeed from the NC-STeP in August of 2021, 100% of attendees agreed that Vermont would benefit from a similar program.

North Carolina results include:

- - Estimated cumulative cost savings of $39,734,800
- - Overturning 40% of involuntary commitments
- - 1,212 Patients avoiding unnecessary hospitalizations in SFY 2021

Vermont Emergency Telepsychiatry Network (VETN)

Progress to Date:

The Vermont Emergency Telepsychiatry Network (VETN) has just completed a planning grant that outlined the significant program components to successfully implement a statewide telepsychiatry network. These program components include:

- Program Management
- Training
- Demonstration Projects
- Hospital Enhancements
- Program Evaluation

The Rutland Regional Medical Center and the Brattleboro Retreat are partnering to implement telepsychiatry for pediatric patients waiting in the ED – the first tele-visits occurred yesterday!

VPQHC is in the process of evaluating a Critical Access Hospital (CAH) to participate as the second pilot demonstration.

Lessons learned from these demonstration projects will help inform development and expansion of a statewide telepsychiatry network.

Funding needed to expand to 5 year project

Takeaways:

- VPQHC is a resource to the House Health Care Committee
- VPQHC focuses on coordination and alignment of improvement initiatives
- VPQHC seeks to disseminate best practice across the system
- VPQHC impact report will provide additional narrative for this information

Questions/Thoughts/Discussion