

VPQHC – Introduction & Overview

Senate Health & Welfare Committee

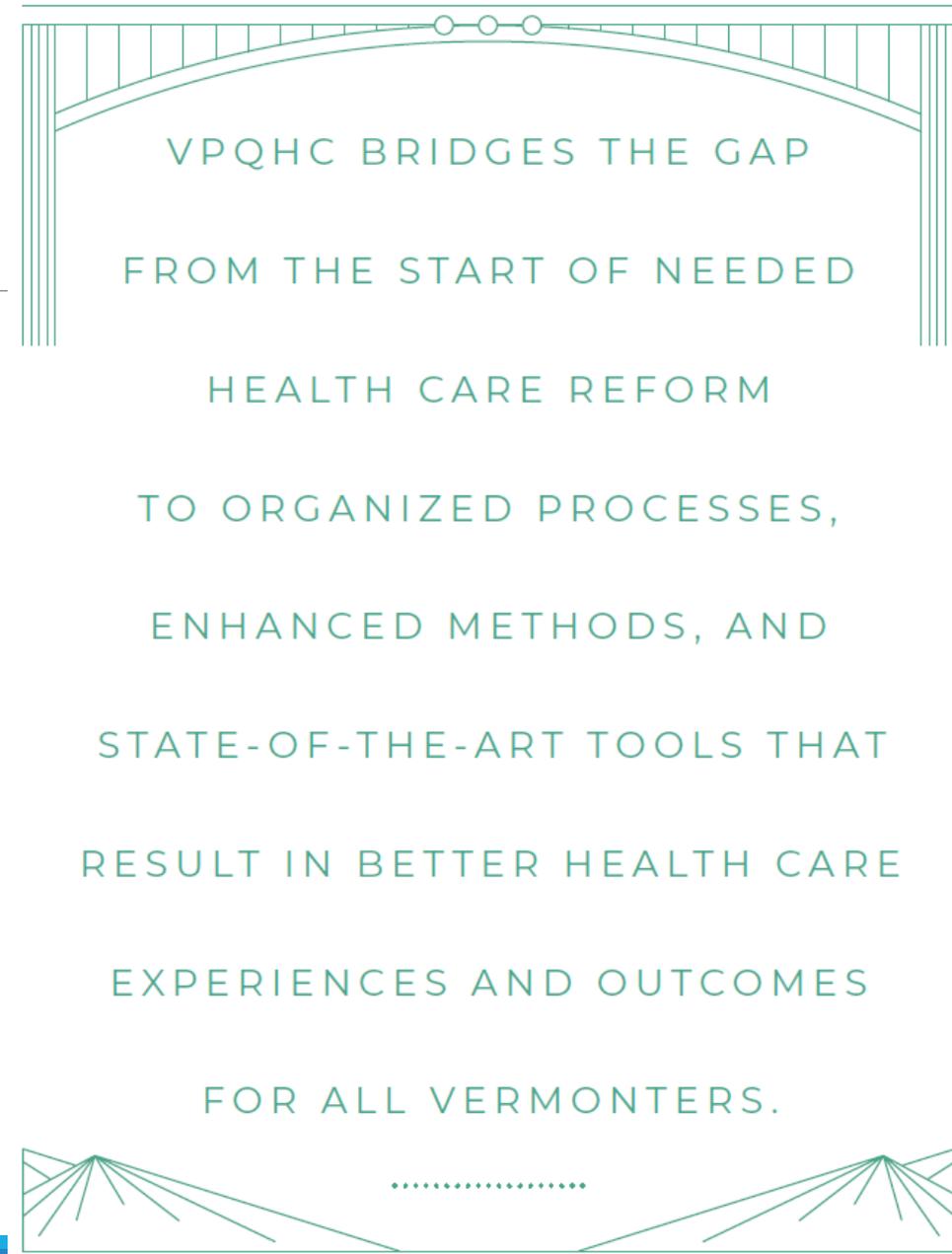
Catherine E. Fulton, Executive Director
Vermont Program for Quality in Health Care, Inc.

January 25, 2023



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
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Director



Patrice Knapp RN, MSN,
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Improvement Consultant



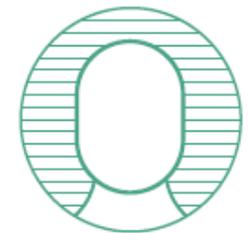
Bill Marcinkowski
BA – Information
Systems Manager



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

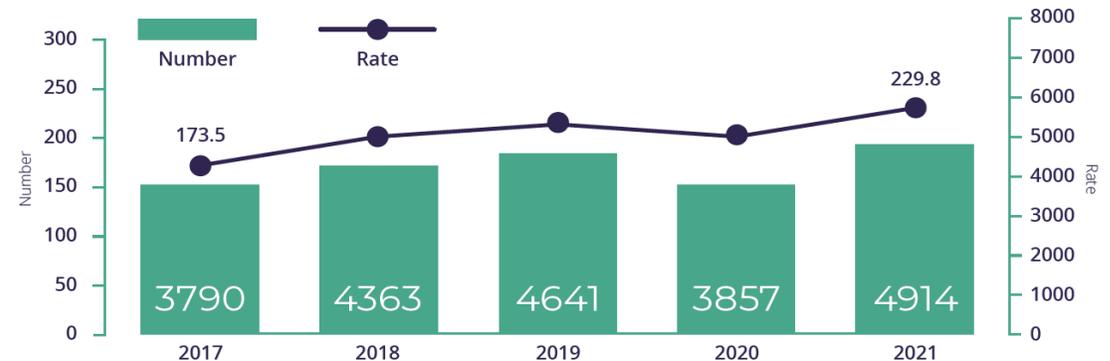
Emergency departments (EDs) may provide a unique opportunity to prevent suicide.
44% of decedents visit ED with 365 days of suicide.

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

SUICIDE-RELATED
EMERGENCY
DEPARTMENT
VISITS ARE
INCREASING 

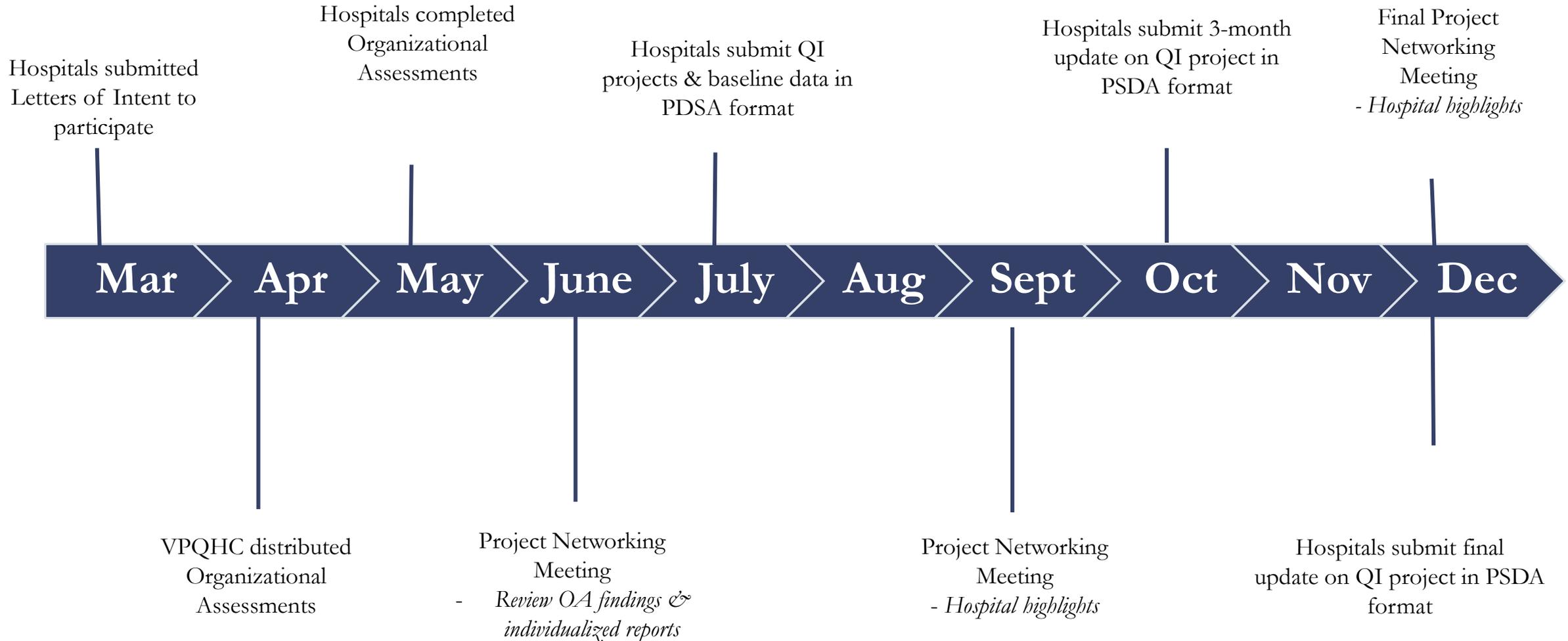
SUICIDAL IDEATION AND/OR
SELF-DIRECTED ED VISITS
Rate per 10,000 ED Visits

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

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 Senate Health and Welfare 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
