

# Community Need Priority One: Preventative Care

Action Item	Current Progress	Next Steps
Specific Tactic	Outcomes	May 2020-May 2021
Launch of Rise VT- Lamoille	May 2019-May 2020  • 19 grants awarded  • Over 2253 people impacted  • Elmore 5k- 132 attendees	Continue to award mini-grants to support local initiatives and events promoting health and wellness.
To increase Transportation Availability & Assistance to vulnerable populations	<ul> <li>November 2019 – April 2020</li> <li>Provided 207 rides to 34 individual guests.</li> <li>Transportation included trips to/from the homeless shelter, primary care offices, the Emergency Department, as well as to community service providers including Lamoille County Mental Health, the Recovery Center, and Vocational Rehab.</li> </ul>	Continue to expand tracking to support increased services based on community needs.
Implement a Fall Risk Program	<ul> <li>Interdisciplinary Fall Risk Workgroup was established. Their work has included:</li> <li>Evaluating current fall risk assessment tool.</li> <li>Creating educational materials for clinical staff on fall risk assessment tool and fall prevention interventions.</li> <li>Promoting fall risk prevention awareness with staff and patients through newsletters and patient room signage.</li> </ul>	Continue to educate staff on the fall risk assessment tool and appropriate interventions. Develop annual education and training plan.
Implement Social Determinants of Health (SDOH) Screening in the Emergency Department.	<ul> <li>A total of 1,222 referrals were made to the ED Community Referral Specialist</li> <li>868 Unique Patients</li> <li>461 Face-to-face encounters</li> </ul>	Continue to track the # of referrals to the Community Referral Specialist and the reason for referral.



Action Item Specific Tactic	Current Progress Outcomes	Next Steps May 2020 - May 2021
Expand current screening process at The Women's Center.	<ul> <li>The Women's Center screens patients at annual visits, transfer visits, and all prenatal visits. Screening include substance misuse, food insecurity, personal safety, and now dental care.</li> <li>A total of 89 referrals were made from the Medical Social Worker (MSW).</li> <li>28% to financial, housing, and food supports</li> <li>17% to mental health/substance use clinics</li> <li>16% to family/child support services</li> <li>7% to domestic violence shelter</li> <li>Other referrals included transportation, local resource teams, etc.</li> </ul>	Continue to track the # of referrals made from the social worker to community resources.
Prevention/Education and awareness messaging via Social Media and LiveWellLamoille.com blog	<ul> <li>June 2019 – May 2020</li> <li>Facebook: <ul> <li>Total fans: 2,315 (a 9.56% increase compared to the previous year)</li> <li>55,068 total engagements (number of times that users reacted to, commented on, shared, or clicked on Copley's posts during this time period)</li> <li>873,277 impressions (number of times that any content associated with Copley's Facebook page was displayed to a Facebook user during this time period. This includes both organic and sponsored content.)</li> </ul> </li> <li>Twitter: <ul> <li>605 followers (a 3.6% increase compared to the previous year)</li> <li>673 engagements (number of times that users clicked on the links within</li> </ul> </li> </ul>	Continue to track the number of community members reached via social media platforms.



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	<ul> <li>includes organic (unpaid) content only.)</li> <li>222,542 impressions (number of times that posts were displayed to a user during this time period. This includes impressions when tweets are retweeted (without comment) by other users. This includes organic (unpaid) content only.)</li> </ul>	
Increase Social	The ED Community Referral Specialist	Continue to track the # of referrals to the
Worker Referral	received 1,222 referrals. The reasons for	Community Referral Specialist and reason
Tracking	<ul> <li>referral included:</li> <li>39% were to connect patients to a Primary Care Practitioner</li> <li>15% were for financial assistance or insurance issues</li> <li>9% were for non-urgent substance misuse or mental health concerns</li> <li>8% were related to home health</li> <li>4% were for dental-related issues</li> <li>4% were related to housing insecurity</li> <li>4% were for lack of transportation</li> <li>The remaining referrals were for food insecurity, domestic violence, child endangerment, and other support services.</li> </ul>	for referral.
Provide in-kind laundry service for Lamoille Community House	<ul> <li>November 2019 – March 2020</li> <li>1125 pounds of laundry was washed for Lamoille Community House (local homeless shelter)</li> </ul>	Continue to track the pounds of laundry washed while this service is provided to the shelter.
Blood Pressure (B/P) Screening to be implemented in Ortho clinics	Blood pressure screening and tracking was implemented in the Waterbury and Morrisville Ortho clinics.  100% tracking completed for both clinics for 12 months June 2019 – May 2020.  Due to staff changes and COVID, the % of new patients who met the criteria and received the blood pressure screening did not meet the goal of 80%.	Continue to educate staff about referrals and patient education for high pressure screening results.  Continue to track progress on measure.



## Community Need Priority Two: Mental Health

Action Item Specific Tactic	Current Progress Outcomes	Next Steps May 2019-May 2020
Develop Patient Sitter program	<ul> <li>June 2019 – May 2020</li> <li>1,717.5 sitter hours logged by staff</li> <li>83 new employees educated on sitter program who were eligible to assist during a sit need</li> </ul>	Continue to educate, support and train staff. Continue to track # of Copley staff educated about sitter program.
Develop mental health safer room in Emergency Department	The Emergency Department safer room is complete.  The Acute Care Nursing Unit had to change their original safer room location to a negative pressure room due to COVID.	As rooms are renovated, safer room technology will be incorporated in the plans.
Partner with Lamoille County Mental Health on the Zero Suicide Program (screening, intervention, safe transition of care).	<ul> <li>June 2019 – May 2020</li> <li>9,732 patients were screened in the Emergency Dept. with the Columbia Suicide Risk Screening tool</li> <li>79.6% of patients seen in the ED were screened</li> <li>248 referrals were made to mental health practitioners</li> </ul>	Continue to track:  # of patients screened using the Columbia Suicide Risk Assessment Tool # of (+) screenings # positive screens # of referrals made
Offer Management of Aggressive Behavior (MOAB) "de-escalation" training to targeted hospital staff	<ul> <li>June 2019 – May 2020</li> <li>MOAB trainings performed: 8</li> <li>Staff trained for MOAB Level 1: 74 (Total staff trained since 2015 is 173)</li> <li>Staff trained for MOAB Level 2: 2 Trainers recertified, 2 New trainers certified</li> </ul>	Continue to offer and support staff training in MOAB de-escalation techniques.



## Community Need Priority Three: Chronic Health Conditions

Action Item Specific Tactic	Current Progress Outcomes	Next Steps May 2020-May 2021
Increase available telemedicine services available.	June 2019- May 2020 Telemedicine visits through Dartmouth Hitchcock's Connect Care:  • 29 Pulmonology  • 6 Rheumatology  • 1 Nephrology	Increase communication and education around availability of new services.
Workforce Wellness Health Fairs & Screenings, Flu Clinics, Corporate Cup.	May 2019-2020  • 365 Community Flu Vaccines given  • 203 Community Screenings done  • 62 Community members attended the Corporate Cup	Continue to offer and expand on available services to improve Copley staff wellness.
Copley Employee Wellness Screening programs, group activities.	<ul> <li>May 2019-2020</li> <li>Copley Staff Attendance-1295</li> <li>391 Employee Flu Vaccines given</li> <li>27 Employee Screenings done</li> </ul>	Continue to offer and expand on available services to improve Copley staff wellness.
Install Prescription drug "drop-box" for people to safely dispose of unused and/or expired prescription drugs	We have collected and returned 295 pounds of medication from May 2019 to May 2020.	Continue to educate staff, patients, and community about the prescription drop box and track # of pounds of prescription drugs being disposed.



## Community Need Priority Four: Substance Use/Abuse

Action Item Specific Tactic	Current Progress Outcomes	Next Steps May 2020-May 2021
The Women's Center (TWC) will include Substance Abuse to the screening done at all annual exams and pre-natal intake appointments.	<ul> <li>June 2019 – May 2020</li> <li>556 screens completed</li> <li>327 positive screenings</li> <li>187 new patients referred to Medical Social Worker (MSW)</li> <li>96 Face-to-face visits</li> <li>Over 60% of the reasons for referral to the MSW were for mental health and substance misuse.</li> </ul>	Continue to track: # of referrals to Medical/Social Worker # of screenings completed # of positive Screenings # of Face-to Face Type of referral/reason
Recovery Coaching Program	<ul> <li>June 2019 – May 2020</li> <li>At least 45 referrals were made to Recovery Coaches from the ED</li> <li>19 Referrals to Medication Assisted Treatment (MAT) from Peer Recovery Coaches and ED Community Referral Specialist</li> </ul>	Continue to track the # of referrals made to the Recovery Coaches in the ED and the # of referrals made to the MAT program.
Prescribe and/or distribute Naloxone through the emergency department.	<ul> <li>June 2019 – May 2020</li> <li>192 doses of Narcan were dispensed by Recovery Coaches in the ED</li> <li>5 Verified Community saves with Narcan dispensed either from ED or the Recovery Center</li> </ul>	Continue to track the doses of Narcan dispensed through the Recovery Coaches in the ED.