2022-2023 Community Need Priority One: Preventative Care

Action Item Specific Tactic	Current Progress Outcomes	Next Steps
Staff Influenza Vaccination Status	• Oct 2021-March 2022: 616/745 = (82%) of employees, volunteers vaccinated for Influenza. • Oct 2022-March 2023: 708/795 = (89%) of employees vaccinated for Influenza.	Staff, volunteer, & community Medical Staff Influenza Vaccination Clinics are offered each year at Copley Hospital. Vaccination status tracking is completed annually during the October-March months. This data is publicly reported on Hospital Compare and contributes to our hospital star ratings.
The Women's Center	• Implemented screening to identify BRCA gene mutations which may lead to increased risk for patients to develop certain cancers.	Hired additional OB/GYN MD who started in May 2023. Continue to screen individuals to identify Social Determinants of Health (SDOH) for referrals to address: • Lack of Dentist or PCP • Substance/Alcohol Misuse • Food Insecurities • Housing Insecurities • Domestic Violence/Safety
Referral to Primary Care Practitioners (PCP) for patients seen in the ED who do not have a PCP.	• In 2022 169 pts were referred to 4 PCPs in Morrisville HSA. • 108 of the referred patients were confirmed as having been accepted by local PCP offices.	ED Care Coordinator continues to connect patients and provide resources to patients if they do not have a PCP.
Dental Care Referrals by ED	• In 2022 23 referrals were made to local dental clinics. • Jan-March 2023-7 referrals have been made to local dental clinics.	An increase in dental providers located within our in-referral network or who accept Medicaid Insurance is needed.
ED referrals to community resources	• In 2022 712 referrals for 666 unique patients were completed.	Continue to track referrals, expand to include closing the loop by confirming patients given referrals were seen by the referred to source.

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2022-2023 Community Need Priority Two: Mental Health

Action Item Specific Tactic	Current Progress Outcomes	Next Steps
Mental Health Referrals	• In 2022 64 referrals for mental health treatment services were made. • June 2023- ASAP/Crisis bed funding is no longer sustainable. -closing.	Working with community partners to continue to support shared ED Care Coordinator position to increase referrals with warm handoffs and follow up for ED patients. Explore potential opportunities with community partners around alternatives to emergency rooms for some psychiatric illnesses
Participate on Zero Suicide Committee Initiative to use a standardized and validated (Columbia Suicide) assessment tool on all patients seen in the ED over the age of 16.	• Suicide prevention focused mock survey was completed in ED • Counseling on Access to Lethal Means (CALMS) training was provided and completed by 47 staff members. • Suicide Screening Assessments rates for all patients (16 years and older) seen in the ED rose from 42% of pts screened in July 2022 to 66% of all pts screened in January 2023.	The ED will be establishing care pathways for patients seen who are experiencing suicidality, to ensure alignment with recommended treatment best practices.
Patient Safety Observers (PT Sitters)	• Jan 2023 -Mar 2023 912 sitter hours were logged in the ED.	Continue to expand and train staff in de-escalation training to ensure staff knowledgeable and comfortable with sitter duties.

Community Need Priority Three: Chronic Health Conditions

Action Item Specific Tactic	Current Progress Outcomes	Next Steps
Information and tips around chronic health conditions, healthy recipes and community wellness local events and class availability.	• Offered community education about chronic health condition informational sessions at Copley Hospital: Brain Injuries, Urinary Incontinence, Cardiac Rehab Heart Healthy tips.	Continue putting out information and provide training to staff and community members through newsletters, advertisement and educational offerings.
Prescription Drug Drop Box: Safely disposing of unneeded/expired medications.	• FY 2022 196 pounds of medications were collected and disposed of from Copley Hospitals Medication drop box.	Continue education outreach efforts and tracking of medication disposal quantities.
Created Critical Care pathway for pediatric patients with bronchiolitis and treatment of high flow nasal cannula.	• Implemented care pathways and protocols into electronic health record and staff workflows to improve patient outcomes through standardization and use of evidence-based treatments	Continue implementing electronic care pathways and protocols across outpatient and inpatient care units
Implemented an internal tracking system to monitor the number of outpatient newborn hearing screen referrals made as a partner in the VT Early Hearing Detection and Intervention Program (VTEHDI).	• 6 referrals for additional hearing screens were made out of a total of 40 births between Jan 2023-March 2023.	Continue monitoring and tracking.

Community Need Priority Four: Substance Misuse

Medication Assisted Treatment (MAT)	• ED Practitioners received training and licensure to prescribe short term MAT to ED patients to cover needs until the pt could be seen by an outpatient MAT prescriber.	Increase use of short-term MAT prescriptions to appropriate pts to improve
ED Columbia Suicide Screening Assessment on all patients over the age of 16 who are seen in the ED for a visit.	• Implemented the Columbia Suicide Screening Tool into the ED electronic health record. Reeducated staff to assess all patients using the Columbia Suicide Screening Tool 16 and older who come to the ED for services.	Continue to educate and train staff on the importance of using a validated tool and assessing patients who come to the ED for services. Added Suicide tip line information to all patient discharge Instructions.
Recovery Coach Peer visits to see patients in ED to support and provide information about available resources	• In 2022-122 referrals were made to request a Peer Recovery Coach visit a patient who was being seen in the Ed for support and sharing of available resources for alcohol and substance misuse. • Jan-March 2023-37 referrals made	Modified the Recovery Coach referral form for ease in tracking. Created community referral contact spreadsheet with availability, services provided for ease and efficiency in referral completion to meet patient needs.
ED Substance Misuse Referrals	• 63 referrals were made for services to assist with substance misuse.	Collaborate with community partners to standardize patient care referral pathway. Will begin tracking to include documentation of successful follow-up.
ED Rapid Treatment for patients seen in ED for Alcohol Misuse Disorder	• Collaborated with local partner organizations on a joint National Alcohol Awareness Month campaign • Included 4 weeks of a full-page, color ad in the News & Citizen and Stowe Reporter, 75 one-minute radio ads on WLVB and 4 interviews on Roland Lajoie's morning show.	Waiting for proposal for continuing Alcohol awareness ads specifically targeted around the prom and graduation season, both for youth and adults/caregivers.
Close to Home Program for low risk pregnant patients with history of substance misuse to be able to receive local prenatal care at The Women's Center versus having to travel a distance to receive prenatal care at another facility.	• Created new consent forms, and informational/educational packets for potential patients who may be eligible for the close to home program at the Women's Center	Continue to educate and assess potential eligibility to expand program for those patients who are low risk to be cared for locally.