

**VPCH Advisory Meeting  
July 30, 2018**

**Attendees:**

Emily Hawes, Stephanie Shaw, Jeremy Smith, Anne Donahue, Michael Sabourin, Karen Barber, Alisson Richards, Diane Bugbee

**CEO Update:**

CMS L&P Survey: June 9-11, 2018. 10 charts. Got notification last week there were no citations. One of the first surveys since we opened that there were no citations. There were some deficiencies they asked us to investigate but were already working on those. Kudos to the clinical team. Results were sent to Joint Commission, we are due for a survey from them sometime between January and July next year. Quality has bi-weekly survey readiness groups. Making sure everyone is on board.

Visitor Policy is now in effect as of July 1<sup>st</sup>.

Q: any update on six core strategies? Workforce Development is the one that has been ongoing most consistently. This spring several people attended a conference. We're working on trying to reinvigorate it. Looking to incorporate the debriefing tool after EIPs.

Q: how are you coming with making sure more members come? We are following up on the original list and working on reaching out.

**Medical Director Update:**

New doctor starting next month, Molly Rovin. Just graduated from UVM. We have a performance improvement we are starting once she starts – moving to patient-centered rounds. Right now, everyone is all over. Once this starts the doctors and social workers will be anchored on a unit. First phase will be to anchor the teams on the units. Phase two is bringing the patients into the rounds, if they want to participate. Nothing about me without me. Also trying to get DAs and family members in more quickly – utilize open dialogue.

**Nursing Update:**

Transitioning to a safer syringe. In the training phase right now.

Continue with scenario-based training – high-risk high-yield and letting people practice in a safe yet realistic training. All staff done by end of June, everyone was surveyed, everyone but 2 liked the training. People were video-taped and could review if they wanted.

Gearing up for next round of nursing students at the end of the month.

### **Quality Update:**

See attached dashboard.

Q: the number hired and the number in training don't match. Trainings are done every four weeks, so that can impact it.

Q: how do you recruit? New DON worked on the way we recruit and the timeline to hire and train folks. Had a lot of success in trying to streamline the process. More flexibility and creativity. Also, changing orientation – less classwork and more on the floor training.

### **DMH Update:**

VOSHA: things are going well and ahead of schedule.

### **Public Comment:**

Anne Donahue: thinks that CVMC is in violation of the terms of their legislative update for their waiver of a CON because they don't have an active stakeholder group. CVMC told the GMCB that they would have determined the number by the fall. They have not had a stakeholder group. Also, part of the assumption was that it needed to be part of the hospital but in their latest proposal they reverted to "at or near the campus" and near the campus is a non-starter. The point was to be a part of a hospital. By waiving the conceptual CON, the legislature is essentially eliminating a public right. That's why the stakeholder group was so important and is a condition.