

Gifford Medical Center's Act 53

Hospital Community Report **2004**



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A MESSAGE FROM GIFFORD MEDICAL CENTER'S CEO

Gifford Medical Center is pleased to present to you our 2004 Annual Hospital Community Report. This report, required under the 2003 State of Vermont law Act 53, has a two-fold purpose. First, it fulfills our obligation to provide a document that reviews how our hospital performs on a variety of quality, safety and financial measures. Second and most important, this report showcases the efforts and successes of Gifford Medical Center to improve the quality of our healthcare services this past year.

This 2004 Annual Hospital Community Report reflects the continuous success in our quality health care efforts. It also demonstrates the substantial improvement in several areas Gifford had previously earmarked for improved performance in our own 2003 Health Care Quality Report, which was produced prior to Act 53 mandates.

Within the 2004 Report, you will find the outcome of several patient surveys, financial data that shows Gifford Medical Center's efficiency, as well as information on quality improvement projects that we have implemented. In many cases, our performance is compared to the performance of New England-based hospitals or hospitals nationwide. The data was processed and produced into readable charts, depending on its contents, by either the respected national independent surveyor, Press Ganey Associates, Inc., the Vermont Department of Banking, Insurance, Securities and Health Care Administration (BISHCA), the Vermont Association of Hospitals and Health Systems (VAHHS) or the Northeast Health Care Quality Foundation.

The goal of this document is to provide our communities with an answer to the important question, "How well has Gifford Medical Center been doing in achieving our goal to deliver the highest quality healthcare services to the citizens of Central Vermont and what needs to improve?" Continuous quality improvement promotes the best of care. Through open dialogue with our communities, Gifford can realize the goal to exceed the health care expectations of the people we serve. We want to thank our communities for their high expectations and continued feedback. They are a necessary part of our ongoing process of quality improvement.

Joseph Woodin
President & CEO
Gifford Medical Center

INTRODUCTION

In 2003, the Vermont Legislature passed Act 53, “An Act Relating to Hospital and Health System Accountability...” Under this new law, each hospital in Vermont will produce an annual community report to show community members how the hospital performs on a variety of quality, safety and financial measures. The report also will describe ways that community members can learn about and become involved in hospital activities.

This is the first Act 53 report for Gifford Medical Center.

To learn how Gifford Medical Center compares with other Vermont hospitals on these measures, you can go to the website of the Vermont Department of Banking, Insurance, Securities and Health Care Administration at www.bishca.state.vt.us. Click on “To Health Care” to get to the report.

In 2001, the Institute of Medicine outlined six key goals for improving American health care. The Institute’s book, *Crossing the Quality Chasm*, states that health care should be:

- Effective,
- Patient-centered,
- Safe,
- Timely,
- Efficient, and
- Equitable

Hospitals have organized their Act 53 reports around these goals.

HEALTH CARE SHOULD BE EFFECTIVE

The Institute of Medicine defines effective care as “providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse).”

The nine measures of effective care presented here have been developed and thoroughly tested by the Centers for Medicare & Medicaid Services (CMS), with a number of other health care quality organizations. These measures are voluntarily reported by hundreds of hospitals throughout the country. They were picked for public reporting for many reasons, including:

- They reflect widely accepted standards of practice for good health care
- They are well understood by health care providers and the public
- Hospitals can collect the data

For Vermont’s hospital community reports, experts decided that data should not be publicly reported unless there were at least eleven cases during the reporting period, which was January 1 through June 30 of 2004. If Gifford Medical Center did not have at least eleven cases during that time period for a particular measure, it is noted as “insufficient data to protect patient confidentiality” in the charts below.

For the measures reported below, Gifford Medical Center is compared to the average of all other hospitals in the CMS national database. The measures are divided into three tables: Care for People with Heart Attacks, Care for People with Heart Failure, and Care for People with Pneumonia.

Care for People with Heart Attacks		
Measure	Explanation ¹	Score Compared to Hospitals Nationwide
Heart Attack Care: Aspirin given at arrival	This measure reports what percent of heart attack patients received aspirin within 24 hours before or after they arrived at the hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	Insufficient data to protect patient confidentiality.
Heart Attack Care: Aspirin given at discharge.	This measure reports how often aspirin was prescribed to heart attack patients when they were leaving a hospital. Long-term use of aspirin after a heart attack can significantly reduce the chance of another heart attack, stroke, or death. ²	Insufficient data to protect patient confidentiality.
Heart Attack Care: ACE Inhibitor medicine given at discharge for LVSD (left ventricular systolic dysfunction)	This measure reports what percent of heart attack patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.	Insufficient data to protect patient confidentiality.
Heart Attack Care: Beta Blocker medicine given at arrival	This measure reports what percent of heart attack patients, within 24 hours after arrival at the hospital, were prescribed a special type of medicine that reduces heart damage.	Insufficient data to protect patient confidentiality.
Heart Attack Care: Beta Blocker medicine given at discharge	This measure reports what percent of heart attack patients were prescribed a special type of medicine when leaving the hospital that has been shown to reduce further heart damage.	Insufficient data to protect patient confidentiality.

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² This sentence reprinted with permission from Wisconsin Collaborative for Healthcare Quality 2003 *Performance & Progress Report*.

KEY

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- ◆◆ Means that the score for the hospital is not significantly ² different than the national hospital average.
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FOOTNOTES

¹ At least two standard deviations above the national average.

² Within two standard deviations of the national average.

³ At least two standard deviations below the national average.

Care for People with Pneumonia

Measure	Explanation ¹	Score Compared to Hospitals Nationwide
Pneumonia Care: Initial antibiotic timing	This measure reports how long a pneumonia patient was in the hospital before they were given antibiotics. Antibiotics are generally given as soon as possible to pneumonia patients to speed their recovery.	◆◆◆
Pneumonia Care: Pneumococcal Vaccination	This measure reports what percent of patients 65 years and older were screened and vaccinated to prevent pneumonia.	Insufficient data to protect patient confidentiality.
Pneumonia Care: Oxygenation assessment	This measure reports what percent of patients with pneumonia had the amount of oxygen in the bloodstream measured. Pneumonia reduces the amount of oxygen carried in a patient's blood.	◆◆◆

Care for People with Heart Failure

Measure	Explanation ¹	Score Compared to Hospitals Nationwide
Heart Failure Care: Left ventricular assessment	This measure reports what percent of patients with heart failure received an in-depth evaluation of heart muscle function in order to get the right treatment for their heart failure.	◆◆

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Gifford Medical Center Quality Improvement Projects

Qualitative information: Description of hospital quality improvement projects

The hospital community report shall provide descriptions of new quality improvement and patient safety projects, or projects that have had significant activity with reportable milestones and/or results within the past two years, including but not limited to:

1. A summary of at least three significant projects, including at least one clinical quality improvement and one patient safety project. The summary shall include:
 - Project name, time frame and description
 - A description of the problem the project sought to solve or address, including how the problem was identified and supporting data
 - Project goals, with appropriate measures
 - A description of the intervention(s)
 - A discussion of the evaluation process, and results if applicable;
2. Contact information, including but not limited to telephone numbers, e-mail addresses, fax numbers, and postal addresses for the hospital quality improvement department through which consumers may obtain more information; and
3. Contact information for the Vermont Program for Quality in Health Care, if relevant.

Project: Vermont Chronic Care Collaborative on Diabetes

PROJECT AIM The aim of the project is to develop a system of supports to improve the care of diabetic patients throughout our communities.

TIME FRAME October, 2003 – October, 2004

DESCRIPTION The Vermont Chronic Care Collaborative is a statewide initiative sponsored by the Vermont Program for Quality in Healthcare in which Gifford is an active participant. Thirteen teams of healthcare providers across the state use the Institute for Health Improvement's (IHI) chronic care model of improvement to evaluate and implement changes to the provision of care and services for a sample of diabetic patients in Vermont. Changes are evaluated using rapid PDSA (plan, do, study, act) cycles.

A description of the problem the project sought to solve or address, including how the problem was identified and supporting data

Diabetes is becoming more common in the United States. From 1980 through 2002, the number of Americans with diabetes more than doubled (from 5.8 million to 13.3 million). In 2002, the Centers for Disease Control reported that 5–6 percent of the adult population in Vermont is diagnosed with diabetes.

Additionally, the financial burden on healthcare for chronic disease management is significant. In Vermont, care for people with chronic conditions currently represents 78 percent of health care spending, 76 percent of hospital admissions, 72 percent of all physician visits and 88 percent of prescriptions written. In Vermont, total health care spending on Vermonters with chronic illnesses totaled more than \$2.5 billion in 2001. This was a 10.5 percent increase from 2000.

Like much of Vermont, many of Gifford's communities have a high prevalence of diabetes. In fact, Gifford Medical Center provides diabetes management for more than 500 patients. Evidence has shown, that the current health care system is well designed to provide episodic care for acute medical problems. However, system changes are necessary in order to provide quality care and improve outcomes for the diabetic patients we serve.

Reference: Age-Standardized Prevalence of Diagnosed Diabetes per 100 Adult Population by State, United States, 2002, Centers for Disease Control and Prevention, January, 2004, Vermont Department of Health.

Project goals with appropriate measures

For the diabetes collaborative, Gifford identified the following measures for targeted intervention.

The goal for each process measure is to achieve 100% for the sample population.

- A1C (a key blood sugar test) measure every year
- A1C less than or equal to 7.0
- BP measure at every visit
- Systolic BP measure \leq 130
- LDL cholesterol measure every year
- LDL measure less than or equal to 100
- Documented Foot Risk Assessment

A description of the interventions(s)

According to the Chronic Care Model of improvement, strategies for intervention were focused into six areas: delivery system design, self-management, decision support, clinical information systems, community supports and health systems. The diabetes team of Gifford Medical Center accomplished the following interventions.

Self Management

Diabetic Support Group, Diabetic Education Classes, “Healthstyles” Educational Offerings on Nutrition, “Grocery Shopping” and Exercise

Practice Redesign

Planned Provider Visits, Diabetic Educator, Pharmacist and Registered Dietitian Referrals, Patient Care Planning With Providers, Lipid Clinic, Group Visits in Rural Health Clinics

Decision Support

Podiatry Assessment and Referral Form, Lipid Algorithm, Group Visit Assessment and Plan Form

Information Systems

Web based Diabetic Registry, Provider Specific Patient Information, Population Reports

Community Resources

Diabetic Educator and Registered Dietitian involvement in community and school education

Health Systems

ADA Diabetic Program Recognition, Open Channels With Vermont Payers to Support Management Costs

A discussion of the evaluation process and results if available

Using the diabetic registry, process and outcome measures are determined for the sample population of 40 diabetic patients on a monthly basis. Over the course of the collaborative, the following improvements were observed.

PROCESS MEASURES	OCTOBER 2003	OCTOBER 2004
A1C	84%	100%
LDL	42%	85%
BP	61%	98%
Foot Risk Assessment	23%	90%
OUTCOME MEASURES	OCTOBER 2003	OCTOBER 2004
A1C<7.0	52%	58%
LDL<100	37%	56%
Systolic BP <130	57%	65%
Diastolic BP<80	57%	74%

Contact information

Denise Simpson, *Quality Management*
 Gifford Medical Center, PO Box 2000, Randolph, VT 05060
 Tel 802-728-2366 Fax 802-728-2367 E-mail dsimpson@giffordmed.org

Cy Jordan, MD, *Medical Director*
 Vermont Program for Quality in Healthcare
 Tel 802-229-2151 Fax 802-229-5098 E-mail cjordan@vpqhc.org

Project: CMS Acute Care Initiative

PROJECT AIM To measure and increase the rate of adult patients admitted to the hospital for pneumonia receiving appropriate immunization for Strep. pneumonia.

TIME FRAME January, 2004 – ongoing

DESCRIPTION Immunization with pneumovax is one of the core measures for the CMS (Medicare) initiative designed to improve the care of patients with pneumonia.

A description of the problem the project sought to solve or address, including how the problem was identified and supporting data

Until 2000, *S. pneumoniae* infections caused 100,000–135,000 hospitalizations for pneumonia and 60,000 cases of invasive disease with death occurring in 14% of hospitalized adults with invasive disease. Drugs such as penicillin were once effective in treating these infections; but the disease has become more resistant, making treatment of pneumococcal infections more difficult. This makes prevention of the disease through vaccination an extremely important tool to prevent death and illness.

In 2003, the Gifford Medical Center and other hospitals around the country began to measure pneumococcal vaccination rates among patients hospitalized with pneumonia.

Reference: Centers for Disease Control and Prevention, February, 2004

Project goals with appropriate measures

We would like to achieve a vaccination rate of 100% for all adult patients admitted to the hospital for whom vaccination is indicated. We will measure the indicator for all patients admitted with a diagnosis of pneumonia.

A description of the interventions(s)

One of the challenges of providing immunization in the hospital setting is documentation.

Traditionally, adult patients receive immunizations such as the pneumonia vaccine as an outpatient in their provider’s office. In order to provide the vaccine for hospitalized patients, the health care team needs to coordinate efforts with providers and their practices. The quality management team has worked closely with the Medical Service Committee to develop a system to support pneumovax immunization for all indicated hospitalized patients. This has included the development of an algorithm for determining eligibility and standing orders for vaccine administration endorsed by all medical providers.

A discussion of the evaluation process and results if available

For each patient with a primary diagnosis of pneumonia, a record review for core measures including pneumovax immunization is conducted. Rates are then calculated based on the percent of eligible patients receiving immunization. At the beginning of this project, a baseline review of our immunization rate was obtained. With ongoing review, the rate is evaluated in an ongoing manner.

Baseline pneumococcal immunization rate (2003) for hospitalized patients with pneumonia

In 2003, the immunization rate for pneumococcal vaccine in hospitalized patients with pneumonia at Gifford was 39%. Currently (January – August, 2004) we have improved this rate to 71%.

	BEGINNING RATE	CURRENT RATE	BENCHMARK
% of Patients hospitalized with Pneumonia Receiving Vaccine	39%	71%	73%

Contact information

Denise Simpson, *Quality Management*
 Gifford Medical Center, PO Box 2000, Randolph, VT 05060
 Tel 802-728-2366 Fax 802-728-2367 E-mail dsimpson@giffordmed.org

Larry Ramunno, MD, *Medical Director*
 Northeast Healthcare Quality Foundation
 Tel 800-772-0151

HEALTH CARE SHOULD BE PATIENT CENTERED

The Institute of Medicine defines patient-centered as “providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.”

The information in this section of the report comes from the opinions of patients. Patients’ opinions and experiences were collected during July, August, and September 2004 using a confidential satisfaction survey used by all hospitals in Vermont. The survey was developed by Press Ganey, Inc., a nationally recognized, independent hospital survey company. The survey asks patients more than 40 questions about their hospital stay. Answers are reported in 11 categories, which are described on page 10.

For the measures reported below, Gifford Medical Center is compared to the Press Ganey overall national average (which includes more than 800 hospitals from across the country) and to the other hospitals with 51 to 149 beds in Press Ganey's national database.

Health Care Should be Patient Centered			
Measure	Explanation¹	Score Compared to Hospitals Nationwide	Scores Compared to Hospitals with 51 to 149 Beds
Overall Hospital Rating	This rating averages all of the following inpatient measures shown below and gives a snapshot of how satisfied patients were with their inpatient care.	◆◆	◆◆
Admission Process	This rating includes the time it took to complete the admission process and courtesy of the admission staff.	◆◆	◆◆
Room Satisfaction	This rating includes questions about the appearance and cleanliness of the room, including temperature and noise levels, courtesy of the cleaning staff, and whether the TV and the call button worked.	◆◆	◆◆
Meals	This rating includes the temperature and quality of the food, the courtesy of the food service staff, and how well a restricted diet was explained.	◆◆	◆
Nurses	This rating includes nurses' friendliness, attitude, attention to patients' needs and pain, overall skill, and how well they informed the patient.	◆◆	◆◆
Tests and Treatments	This rating is about the patient's experience with hospital tests and treatments, including waiting time, courtesy and skill of the staff, and concern for patient comfort.	◆◆	◆◆
Visitors and Family	This rating includes how well the hospital did at making visitors and family feel at ease and comfortable during the patient's stay.	◆◆	◆◆
Physician	This rating is about the patient's doctor, including how much time the doctor spent with the patient, the doctor's skill, courtesy, concern for patient questions, and responsiveness to patient pain.	◆◆	◆◆
Discharge Process	This rating includes whether the patient felt ready to go home and the speed of the discharge process.	◆◆	◆◆
Personal Issues	This rating is about how the patient was treated as a person, including concern for privacy, concern for health problems, pain control, how well emotional and spiritual needs were met, and the patient's involvement in the treatment plans.	◆◆	◆◆
Overall Assessment of the Hospital	This rating is about the patient's total inpatient experience, including the hospital's cheerfulness, overall rating of care, and whether the patient would recommend the hospital to someone else.	◆◆	◆◆

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Gifford Medical Center Complaint Process

Qualitative information: Description of hospital complaint process

The hospital community report shall describe the hospital's consumer complaint resolution process, including but not limited to:

1. A description of the complaint process, including how to register a complaint;
2. Contact information, including but not limited to, telephone numbers, e-mail addresses, fax numbers, and postal addresses for the hospital officer or employee responsible for implementation of the process; and
3. Contact information, including but not limited to telephone numbers, e-mail addresses, fax numbers, and postal addresses for the Vermont Department of Health to register complaints against hospitals.

Description of Complaint Process

It is the policy of Gifford Medical Center to address statements of dissatisfaction or concerns from our customers pertaining to any services rendered. Each statement is evaluated through a formal process and categorized according to the following groups:

- Care and Services
- Communication
- Humanness
- Accessibility and Availability
- Waiting or Response Time
- Billing
- Unique

Concerns may be obtained through:

- Written/verbal complaints received from patient/family
- Telephone/verbal reports from any Gifford Medical Center Department/individual
- Verbal/written correspondence through follow-up from focus groups
- Patient advocacy reports
- Satisfaction Surveys

The purpose of the Gifford Medical Center Complaint/Concern Process is to provide and maintain a central system for receiving, addressing, responding and resolving complaints in a timely manner.

Any staff identifying or receiving a complaint will attempt immediate resolutions. If satisfactory resolution is not achieved, the issue will be referred to the manager or provider as appropriate. If issue is not resolved to the person's satisfaction the Patient Relations Coordinator will be notified.

The Patient Relations Coordinator, in the capacity of Patient Representative, will work to resolve any identified issue, welcoming thoughts, suggestions, and/or criticism concerning any aspect of Gifford's operation.

Upon receipt of a complaint the Patient Relations Coordinator will initiate an impartial investigation of the problem and will follow-up via letter or telephone within fourteen days. If you are unable to reach the Patient Relations Coordinator you may call or write the Medical Center President, the Director of Quality Management or the Social Service Manager.

A record of the complaint, investigation, follow-up action and any correspondence to the patient/family will be maintained. All patient concerns are treated as confidential information.

Contact Information

Phyllis Jensen, R.N., *Patient Relations Coordinator*
Gifford Medical Center, Box 2000, Randolph, VT 05060
Tel 802-728-2433 Fax 802-728-2394 E-mail pjensen@giffordmed.org

If a patient/family member feels it is necessary to discuss their problem with someone outside the hospital, they may contact the Vermont Department of Health, 108 Cherry Street, P.O. Box 70, Burlington, VT 05402
Tel 800-464-4343

or Vermont Board of Medical Practice, 109 State Street, Montpelier, VT 05609 Tel 802-828-2673.

HEALTH CARE SHOULD BE SAFE

The Institute of Medicine defines safe as “avoiding injuries to patients from the care that is intended to help them.”

The four measures in this section come from the Press Ganey patient satisfaction survey described above. They are based on patients’ opinions about the safety of the care they received during their hospital stay. As was the case above, Gifford Medical Center is compared to the Press Ganey overall national average which includes hospitals from across the country.

Health Care Should be Safe	
Question	Scores Compared to All Hospitals
Degree of safety and security felt in the hospital	◆◆
Extent to which staff wore identification badges	◆◆
Extent to which you were informed about all the medications you received in the hospital	◆◆
Your confidence that operating room staff correctly identified you and your procedure prior to surgery	◆

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Qualitative information: Description of patient safety projects

The hospital community report shall provide descriptions of new quality improvement and patient safety projects, or projects that have had significant activity with reportable milestones and/or results within the past two years, including but not limited to:

1. A summary of at least three significant projects, including at least one clinical quality improvement and one patient safety project. The summary shall include:
 - Project name, time frame and description
 - A description of the problem the project sought to solve or address, including how the problem was identified and supporting data
 - Project goals, with appropriate measures
 - A description of the intervention(s)
 - A discussion of the evaluation process, and results if applicable;
2. Contact information, including but not limited to telephone numbers, e-mail addresses, fax numbers, and postal addresses for the hospital quality improvement department through which consumers may obtain more information; and
3. Contact information for the Vermont Program for Quality in Health Care, if relevant.

Project: Vermont Child Health Hospital Preventive Services Initiative, Vermont Child Health Improvement Program

PROJECT AIM	To optimize the health of newborn infants by improving the care they receive during their birth hospitalization and within their communities at the time of their hospital discharge.
TIME FRAME	October, 2003–April, 2004
DESCRIPTION	Improving preventive services for Vermont’s newborns during their birth hospitalization.

A description of the problem the project sought to solve or address, including how the problem was identified and supporting data

In order to determine the extent of the problem, the Vermont Hospital Preventive Services Initiative conducted a questionnaire of physicians/nurses for a group of “newborn preventive services” along with a record review of birth hospitalizations.

For Car Seat Safety this question was: Which method best describes how newborn infants are screened for transport home in car safety seats?

- We assess car safety seat for risk for all newborns
- We discuss car safety seat fit with all parents
- We observe and discuss car safety seat fit only when our assessment indicates there is a risk for improper car safety seat fit.

Reference: Safe Transportation of Newborns at Hospital Discharge. Pediatrics 1999; 104:986-987.

Project goals with appropriate measures

Car safety seat fit will be observed for 100% of infants; mother/parent counseling on appropriate car safety seat fit will be performed 90% of the time.

A description of the interventions(s)

Additional staff completed Car Seat Safety Training; discharge policy addressing car seat safety; child safety seat education prior to discharge; hands-on teaching (observation) included in education.

A discussion of the evaluation process and results if available

Evaluation included a “pre” and “post” review of 30 randomly selected newborn medical records (including all gestational ages, excluding any referred or transported infants) for documentation of

car seat safety education. The following criteria were used:

- If it isn't in the chart, it didn't happen
- Service must be clearly traceable to a date
- Check marks must be clearly traceable to a specific item.

Results of the record review for documentation of observed car seat fit and car seat safety counseling:

	PRE-INTERVENTION	POST-INTERVENTION
Observed car seat fit	30	63
Counseling on appropriate car safety seat fit	13	93

Contact information

Marilyn Sargeant, *Director of Quality Management*
Gifford Medical Center, PO Box 2000, Randolph, VT 05060
Tel 802-728-2237 Fax 802-728-2394 E-mail msargeant@giffordmed.org

Rachael Beddoe, *Project Coordinator*
Vermont Child Health Improvement Program, Vermont Hospital Preventive Services
Tel 802-847-9671 Fax 802-847-8170 E-mail rachal.beddoe@uvm.edu

HEALTH CARE SHOULD BE TIMELY

The Institute of Medicine defines timely as “reducing waits and sometimes harmful delays for both those who receive and those who give care.”

Some of the effectiveness of care and patient centered measures presented above relate to timeliness. Examples include the aspirin on arrival measure for heart attack patients, the timeliness of antibiotics measure for pneumonia patients, the patient satisfaction with admission process measure, and the patient satisfaction with tests and treatment measure.

HEALTH CARE SHOULD BE EFFICIENT

The Institute of Medicine defines efficient as “avoiding waste, in particular waste of equipment, supplies, ideas and energy.” Efficiency can be difficult to measure. However, the financial data required by Act 53 as presented in these reports allow for some comparisons in relation to regional and national benchmarks. The financial information is divided into five areas: Pricing for Selected Services, Budget and Financial Information, Cost Shift, Financial Health Benchmarks and Indicators, and Hospital Capital Investments. The information for the tables and charts comes from hospital budget information submitted to the Vermont Department of Banking, Insurance, Securities, and Health Care Administration, and from information that the Vermont Association of Hospitals and Health Systems collects on inpatient care and outpatient procedures.

The source data for these financial tables is data that is submitted to the Vermont Department of Banking, Insurance, Securities, and Health Care Administration through the annual hospital budget process. The reporting format required for these submissions may differ from reporting formats required by the American Institute of Certified Public Accountants (AICPA). Consequently, certain information and statistics in the Department format may vary from information and statistics reported by the hospitals in formats consistent with the AICPA.

GIFFORD MEDICAL CENTER

Budget and Financial Information

This page provides information about the hospital's finances, workforce, and patient admissions and visits.

INCOME, EXPENSES & MARGIN

(all #'s in thousands; #'s in parentheses are negative)

	Actual 2002	Actual 2003	Projected 2004	Budget 2005
Definition				
Gross Patient Revenue	\$36,274	\$40,015	\$42,928	\$46,405
Uncompensated Care	(\$1,823)	(\$3,211)	(\$2,153)	(\$2,320)
Contractual Allowances	(\$10,579)	(\$10,010)	(\$12,566)	(\$13,405)
Other Operating Revenue	\$997	\$1,254	\$1,180	\$1,214
Total Net Operating Revenue	\$21,868	\$28,048	\$29,389	\$31,894
Salaries & Fringe	\$15,028	\$17,655	\$18,480	\$19,994
Other Operating Expenses	\$7,689	\$7,991	\$8,395	\$9,267
Depreciation/Amortization	\$1,482	\$1,588	\$1,679	\$1,719
Total Operating Expense	\$24,200	\$27,234	\$28,555	\$30,981
Operating Margin	\$668	\$814	\$834	\$914
Non-Operating Revenue	\$335	\$502	\$308	\$475
Total Margin	\$1,003	\$1,316	\$1,142	\$1,388

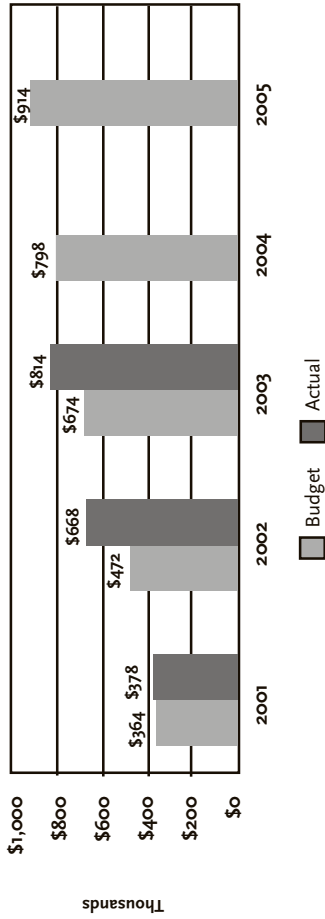
OPERATING INDICATORS

	Actual 2002	Actual 2003	Projected 2004	Budget 2005
Definition				
Acute Admissions	1,051	1,049	1,093	1,105
Acute Avg. Length of Stay	2.9	3.3	3.1	3.1
Outpatient Gross Revenue %	69.1%	68.9%	67.9%	68.5%
Emergency Room Visits	6,670	6,632	6,339	6,200
Physician Office Visits	67,130	68,531	70,138	72,521
Direct Service Nurses	87	87	89	88
Non-MD Employees	262	298	294	300
Physician Employees	17	18	19	21

GIFFORD MEDICAL CENTER

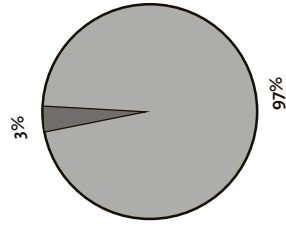
Budget and Financial Information

**Operating Margin
Actual Compared to Budget**



This graph shows the actual total amount the hospital made compared to what it planned to make. The years 2004 and 2005 do not have actual results yet.

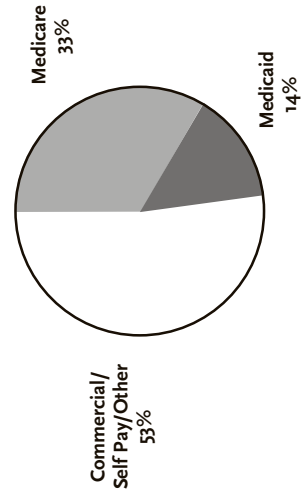
**Total Net Operating
Revenue
Actual 2003**



This graph shows Gifford's share of the total amount of bills collected by Vermont in 2003.

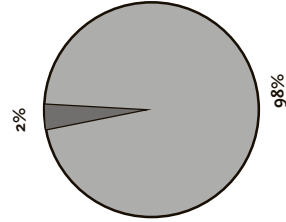
Other VT Hospitals Gifford

**Net Patient Revenue
By Payer
Actual 2003**



This graph shows who paid for hospital services by the different payer types (Medicare, Medicaid, commercial insurers, self payers).

**Acute Admissions
Actual 2003**



This graph shows Gifford's share of all hospital admissions in Vermont in 2003.

Other VT Hospitals Gifford

GIFFORD MEDICAL CENTER

Hospital Capital Investments

This page provides information about the hospital's capital spending plan for the next four years. Capital spending is money spent on purchases and improvements to the hospital including buildings, property, and equipment.

Capital Indicators	2001 National Benchmarks ¹					Hospital Data				Vermont
	New England	RNFP ² 25-99 Beds	S&P3 A-Rated	Actual 2001	Actual 2002	Actual 2003	Projected 2004	Budget 2005	Budget 2005 Median	
Age of Plant	10.3	10.2	9.5	8.9	8.6	8.7	8.3	8.4	10.3	
Age of Plant-Building	N/A	N/A	N/A	10.4	10.8	11.3	11.5	12.8	13.8	
Age of Plant-Equipment	N/A	N/A	N/A	7.7	6.8	6.7	5.7	5.3	7.8	
Net Property, Plant & Equipment per Staffed Bed	\$232,301	\$130,665	\$252,736	\$253,963	\$265,079	\$283,769	\$306,000	\$337,959	\$256,114	
Long Term Debt to Total Assets	28.0%	26.0%	34.0%	23.3%	21.7%	34.0%	31.9%	29.7%	23.1%	
Capital Acquisitions as % of Net Patient Revenue	6.4%	5.2%	8.4%	6.9%	9.1%	9.7%	9.0%	10.8%	6.3%	

Capital Plans

(all #'s in thousands)

	Hospital Data			
	Projected 2004	Budget 2005	Plan 2006	Plan 2007
Building & Property Capital Expenditures	\$1,256	\$2,314	\$1,355	\$1,178
Equipment Capital Expenditures	\$1,284	\$991	\$972	\$896
Possible Certificate of Need (CON) Projects				
Nursing Home Expansion		\$0	\$2,659	\$0
O/P Clinical Services Building Addition		\$0	\$0	\$3,500
Total Capital Expenditures	\$2,540	\$3,305	\$4,986	\$2,074

GIFFORD Medical Center has been committed to investing in our buildings and equipment to improve the quality of care that our community and patients receive. We are committed to providing excellent care and services, appropriate for a community-based hospital. We have a capital planning process that meets with the approval of our staff, community, and Board of Trustees and our planning is based on community needs.

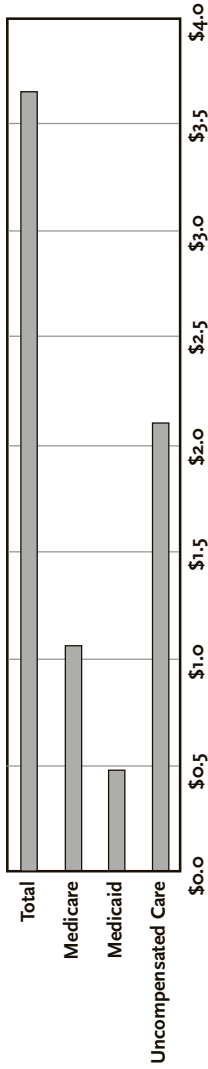
1 The benchmarks are 50th percentile data from "The Sourcebook: The Comparative Performance of U.S. Hospitals," published by Solucient, LLC, and are all national groupings except for New England.
 2 Rural Not-For-Profit. The grouping includes rural non-for-profit hospitals in the U.S. having a number of beds between the number shown.
 3 Standard and Poor's; the bond rating is one indicator of how likely it is that a hospital would be able to borrow money.

GIFFORD MEDICAL CENTER

Cost Shift

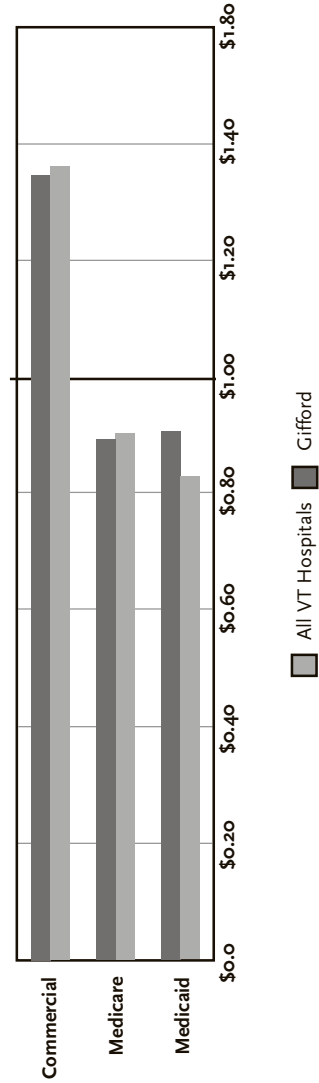
A hospital incurs costs to provide services to their patients. All patients, regardless of their ability to pay, are billed the same price for the same service. Sometimes the payment received by the hospital is less than cost for the services provided. This includes payments from uninsured, Medicare, and Medicaid patients. When the payment doesn't cover the cost to provide those services, this unreimbursed cost is passed on to other payers; this is the "cost shift." The cost shift helps the hospital maintain its financial health.

**Cost Shifted by Payer Type
Actual 2003**



This graph shows the discounts to total hospital billings by Medicare, Medicaid, and Uncompensated Care. The top line shows the total of these discounts and is the amount of costs which is shifted to others who pay. This total is the cost shift.

**Amount Collected for Each \$1 of Expense and Surplus
Actual 2003**



This graph shows the amount of money collected for each dollar of expense and surplus. If a payer (Commercial, Medicare, or Medicaid) is above \$1.00, then it pays more on average than the costs of its patients. If a payer is below \$1.00, then it pays less on average than the costs of its patients.

GIFFORD MEDICAL CENTER

Financial Health Benchmarks & Indicators

This page provides information about the hospital's financial health. It includes information on the hospital's ability to pay its bills and how much it costs to run the hospital.

Cash and Revenue Indicators

Definition	2001 National Benchmarks ²				Hospital Data				Vermont
	New England	RNFP ² 25-99 Beds	S&P3 A-Rated	Actual 2001	Actual 2002	Actual 2003	Projected 2004	Budget 2005	Budget 2005 Median
Days Cash on Hand	N/A	N/A	N/A	95.8	98.9	89.1	161.5	183.1	91.4
Current Ratio	1.7	2.3	2.1	2.7	2.5	2.5	3.6	4.1	3.9
Outpatient Gross Revenue %	51.2%	54.1%	43.6%	68.2%	69.1%	68.9%	67.9%	68.5%	68.2%
Total Margin as % of Net Revenues	1.3%	2.5%	1.5%	4.8%	4.0%	4.6%	3.8%	4.3%	4.1%

Productivity & Cost Indicators

Return on Assets	1.2%	2.7%	1.5%	4.0%	3.7%	3.6%	3.0%	3.5%	3.5%
FTEs per 100 Adjusted Discharges	5.7	5.1	5.8	6.0	5.6	6.3	6.2	6.2	5.6
Overhead Expense, as % of Total Operating Expense	32.4%	30.8%	31.3%	26.3%	24.8%	25.3%	25.7%	26.3%	25.2%
Salary & Benefits per FTE, Non-MD	\$53,647	\$40,013	\$47,597	\$39,333	\$43,321	\$44,657	\$47,544	\$50,411	\$57,721
Cost per Adjusted Admission	\$6,052	\$4,643	\$5,864	\$4,992	\$5,165	\$5,780	\$6,018	\$6,377	\$6,646

Gifford Medical Center has managed expenses and improved efficiencies through reducing employee turnover, effectively managing staffing levels, reducing overtime costs, avoiding the use of contracted staff, and maintaining overhead costs. We have endeavored to improve our cash position and margin levels in order to obtain a credit rating which will reduce our cost for interest and debt for future years. This will allow us to invest in our employees and technology. Our goal is to provide affordable and quality services to our community.

1 The benchmarks are 50th percentile data from "The Sourcebook: The Comparative Performance of U.S. Hospitals," published by Solucient, LLC, and are all national groupings except for New England.
 2 Rural Not-For-Profit. The grouping includes rural non-for-profit hospitals in the U.S. having a number of beds between the number shown.
 3 Standard and Poor's, the bond rating agency. The bond rating is one indicator of how likely it is that a hospital would be able to borrow money.

GIFFORD MEDICAL CENTER

Pricing for Selected Services

This page provides gross charge information for the hospital's top 10 admissions and procedures. Because each patient receives treatment based on their individual needs, the gross charge to each patient will vary. Admissions with fewer than 25 cases may be excluded.

Actual 2003 Gross Charges

Inpatient ¹						
Description	Number of Cases	Hospital Avg. Gross Charge	System Average	System Lowest Average	System Highest Average	
Normal newborn	277	\$1,141	\$1,062	\$829	\$1,609	
Vaginal delivery (normal birth)	225	\$4,000	\$3,686	\$2,686	\$4,692	
Heart failure	55	\$6,268	\$6,791	\$5,623	\$10,130	
Cesarean section	54	\$11,401	\$7,806	\$5,373	\$12,345	
Pneumonia in adults with complications	43	\$10,040	\$9,200	\$3,860	\$11,665	
Chronic lung disease (emphysema)	30	\$8,838	\$7,981	\$6,642	\$9,123	
Surgical procedures of the uterus or ovaries (not cancer)	28	\$13,245	\$8,984	\$6,223	\$13,837	
Percent of outpatient cases and gross revenues generated by these admissions.		67.9%	36.4%			

Outpatient²

Description	Number of Cases	Hospital Avg. Gross Charge	System Average	System Lowest Average	System Highest Average	
Cataract surgery	511	\$3,316	\$3,564	\$2,199	\$5,360	
Repair of cuts of the skin	293	\$342	\$415	\$211	\$562	
Colonoscopy (endoscopy of the bowels)	235	\$2,220	\$1,173	\$719	\$2,384	
Endoscopy of the bladder	138	\$1,025	\$1,373	\$386	\$4,415	
Polyp removal in the colon during endoscopy	127	\$2,510	\$1,531	\$1,037	\$2,664	
Injection into joint	64	\$227	\$376	\$227	\$402	
Monitoring of the fetus in pregnancy	60	\$765	\$387	\$346	\$765	
Dye injection into the spinal cord for tests	49	\$712	\$534	\$211	\$1,579	
Biopsy of the bowel during endoscopy	48	\$2,464	\$1,512	\$1,149	\$2,493	
Vasectomy	40	\$570	\$825	\$379	\$1,469	
Percent of outpatient gross revenues generated by these procedures		10.9%				

Percent of outpatient gross revenues generated by these procedures

¹ Based on Diagnostic Related Group (DRG), a code that defines an inpatient diagnosis.

² Based on procedure codes that defines outpatient procedures.

HEALTH CARE SHOULD BE EQUITABLE

The Institute of Medicine defines equitable as “providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.”

Description of Gifford Medical Center’s non-discrimination policy

It is the policy of Gifford Medical Center, Inc., as assurance of compliance with the Department of Health, Education and Welfare Regulation under Title VI of the Civil Rights Act of 1964, as amended, and any presently and future related care endeavors, to admit and treat all patients so long as that care is within the hospital’s capacity, its stated mission and philosophy without regard to race, color, sex, creed, social conditions or ability to pay for all or a part of the services rendered. The same requirements for admissions are applied to all and patients are assigned within the Gifford Medical Center without regard to race, color, sex, creed, social conditions or ability to pay for all or a part of the services rendered. Facilities of Gifford Medical Center are available without distinction to all patients regardless of race, color, sex, creed, or social conditions. All persons and organizations having occasion either to refer patients for admission or to recommend Gifford Medical Center are advised to do so without regard to the patient’s race, color, sex, creed, social conditions or ability to pay.

Each patient admitted to the hospital must be attended or supervised by a member of the Gifford Medical Center Medical Staff. Any patient who presents himself or herself for care, without having a preference for an attending physician, shall be assigned to the appropriate rotating physician on call.

In the future, Vermont hospitals might be able to report measures by gender or by type of insurance to see if there are variations in care.

SUMMARY OF COMMUNITY NEEDS ASSESSMENT

The hospital community report shall summarize the hospital’s community needs assessment, including but not limited to:

- 1. A description of what a community needs assessment is and the methodology used to develop the community needs assessment, including data sources, the process for collaborating with community leaders, the process for soliciting public input, the mechanisms for obtaining ongoing public comment, and a description of the meeting held solely for the purpose of community comment;**

Gifford Medical Center completed a community needs assessment on January 1, 2005 in compliance with the State of Vermont guidelines. An update will be completed on January 1, 2007 and a complete community needs assessment is due again on January 1, 2009. The assessment included community leader forums and a survey of the Gifford service area. Information was gathered on the health assets, needs, and resource priorities within the hospital’s communities.

Methodology

Gifford Medical Center conducted a Community Needs Assessment in two parts. The first part was a series of community leader forums that were held between the months of June – September 2004. Community leaders were invited to forums that were lead by an independent facilitator. The forums were held in the Vermont towns of Randolph, Bethel, Chelsea, and Rochester; however, the leaders were not limited to these towns. Leaders included, but were not limited to, health care professionals, local government officials, community organizations, and local businesses.

The community leader forums were designed to facilitate individual responses to a specific and standard set of questions posed at all of the forums, as well as to facilitate a group census of those in attendance regarding service, service delivery, and service needs in their community. Participants were allowed to apply their own definition of community to their responses. The community leader meeting facilitation format was informed by the mandate of Act 53 and by a set of survey questions guided by VAHHS.

During the forums, participants were asked respond to the following questions in relation to the community they represented: rate health care services, list and rank health care assets, list and rank health care needs, list and rank solutions to health care needs, list health care needs that are not met locally, list health care needs that are difficult to schedule, and discuss the best way to survey the communities they represent. The input generated at the leader forums was used in creating a survey that was administered to the Gifford service communities at large. Community leaders who were identified as key stakeholders, but were unable to attend the forum, were interviewed at a later date. Input generated from these separate interviews is noted when appropriate in the full assessment.

The second level of the community needs assessment was the distribution and collection of a survey in communities that represent the Gifford service area. The survey asked participants to: check the top three health care assets in the community, check the top three health care needs in the community, list a possible solution for each need, and list any health care needs that are not available locally. The survey was distributed to the community at several local fairs, local organizations, and placed at public locations in several surrounding towns.

The information gathered at the community leader forums was input, in table form, in the Microsoft Word program. The information gathered was quantitative in nature and summarized as such. The information gathered through the surveys was input to Microsoft Access and Excel for analysis. A total of 279 surveys were returned. Three surveys were removed, as they were not in the Gifford service area. Therefore, 276 surveys were appropriate for analysis. In questions 1 and 2, participants were asked to check three health care assets and problems in the community. Some surveys included more than three checks, in this instance, the first three were used. Question 3 of the survey is a three part quantitative answer that asked participants to list a possible solution to the health care problem identified in question 2. The solution was matched to the problem that was checked in question 2. Some respondents made generalized answers that were not associated with a specific problem. The general solutions were listed separately. Question 4 of the community survey was qualitative input regarding health services or treatments the community needs but are not available locally.

Gifford Medical Center will continue to update the community needs assessment biennially. A yearly public meeting will be held as the vehicle to receive community input and update the community needs assessment.

2004 Annual Public Meeting Summary

A public meeting has held on October 20, 2004 from 6 – 8pm at the Vermont Technical College in Randolph, Vermont. The purpose of this meeting was to report to the community the findings of Gifford Medical Center's Community Needs Assessment. Results from the four community leader forums and community survey were presented for discussion. The general public was invited to attend through an advertisement in *The Herald*, a community newspaper. Invitations were also mailed to the community members who attended the leader forums. The

meeting was facilitated by Michele Graci, Gifford Medical Center's Community Outreach Manager and Joseph Woodin, CEO of Gifford Medical Center.

Three main issues were the focus of public comment: mental health, dental health and teenage tobacco and substance abuse. Representatives from the community encouraged Gifford and other health organizations to work collaboratively to effectively address these community concerns. They cited the Chelsea Health Center as the perfect example of the collaborative cooperation of mental health, (Clara Martin) and physical health (Gifford Medical Center). Joseph Woodin observed that the issue of mental health funding and resources would be challenging in the next few years and it would be wise for area health organizations to address these issues together.

Tobacco and substance abuse among teenagers drove another round of discussions. Prevention Partnership representatives from Braintree, Brookfield and Randolph addressed the need for early intervention to prevent tobacco and substance abuse among teenagers. The concern for underage drinking was discussed. Prevention Partnership sought organizations' support to implement Teen Alanon in community teen centers as well as advice on implementing other programs for teenage substance abuse.

Lack of access to dental care was the final issue of the evening. A large population of Vermonters are unable to access dental care due to limited finances, lack of dental insurance and the availability of area dentists who accept adults with traditional Medicaid. It was agreed that dental care for community children has improved through Dr. Dynasaur, but dental care needs for adults are on the rise.

The public meeting participants were encouraged by the dialogue that occurred among the represented organizations and community leaders. They agreed that the meeting was constructive and addressed the prevalent health issues of the communities served by Gifford. Gifford Medical Center will continue to solicit public comment at an annual meeting. This meeting will be advertised in *The Herald* and is open to all residents in the Gifford service area.

2. Identification and prioritization of at least three of the hospital service area's top health care needs, including key quantitative or qualitative indicators; and

Health improvement priorities of the Gifford Medical Center's community

The three health improvement priorities, as a result of the community needs assessment, are drug and alcohol abuse, obesity and related problems, and access to health care. All community leader forums listed drug and alcohol abuse as a community problem however, there was diversity due to community uniqueness.

Health care resource priorities of the hospital's community

The health related resources priorities that the Gifford hospital community listed as needed include: dental care, mental health services, dialysis, and programs that assist low-income individuals with nutrition choices (through lower cost and better education) and access to exercise facilities.

Health Care Services

Gifford Medical Center conducted the community needs assessment to better understand the strengths and gaps in area health care services. The needs assessment also identified facilities,

services, programs and technology deemed important by community leaders and residents. The following is a quantitative summary of the results of the community leader forums.

Strengths in Services

The participants in the leader forums identified the following three area services as superior/adequate:

- General Medical Care 96%
- Well Child Care 72%
- Perinatal Care 70%

Gaps in Services

The participants in the leaders forums identified the following three area services as inadequate:

- Mental Health Care 52%
- Substance Abuse Programs 43%
- Dental Care 42%

The following is information gathered from the Community Survey that was created directly from input from the Community Leader Forums.

Greatest Community Health Assets

The community survey asked participants to identify three area services that they felt were the greatest asset to their community. The top three services identified were:

- Gifford Medical Center services and programs
- Air ambulances/rescue squads/ambulance services
- Emergency Services

Community Health Care Problems

Community survey respondents were asked to identify the top three health care problems in their community. They identified the following as the top three problems:

- Drug and Alcohol abuse
- Obesity and related problems
- Access to healthcare

3. A description of where, and how, consumers may obtain detailed information on, or a copy of, the community needs assessment.

Readers interested in obtaining detailed information on, or a copy of, the Community Needs Assessment Report may contact Gifford Medical Center Marketing Department at 802-728-2284 for a copy or visit Gifford's website at giffordmed.org to review the report.

SUMMARY OF PROCESS FOR OPENNESS AND PUBLIC PARTICIPATION

The hospital community report shall provide a description of ways that the hospital achieves openness, inclusiveness and public participation, including but not limited to:

1. **A description of how the hospital has incorporated public participation in its strategic planning and decision making;**

As part of its process for developing the strategic plan, Gifford involves medical staff members, volunteers, community Board of Trustee members and members of the public on its Strategic Planning Committee, which is charged with developing the plan. This Committee holds numerous meetings and solicits input in order to propose the priorities of the hospital for the next three years. Additionally, Gifford incorporated its strategic plan in its community leader meetings as part of the community needs assessment project.

2. **A listing of the activities that are available for public participation (e.g. – volunteer opportunities, regional or community partnerships, public meetings, community events, interviews with key community leaders, surveys, and/or focus groups); and**

a. *Volunteer Opportunities*

Gifford welcomes people who want to volunteer at the hospital. We have many volunteers who work in various hospital departments. Anyone interested in volunteering can call the Volunteer Coordinator at 802-728-2324.

b. *Community Events*

Gifford offers its Healthstyles program three seasons per year. Healthstyles offers classes, workshops, and lectures to members of our community on topics related to health care. Examples of the range of programs are tai chi and yoga classes, safety fairs, a palliative care series, healthy cooking classes, prostate screenings, an AARP driver safety program, self-defense programs, a breast cancer awareness walk, and parenting classes.

c. *Collaborative Programs with Community Partners*

The Community Outreach department is involved in numerous partnerships from which we get public input as well as meet and collaborate with key community leaders. These relationships have been evolving over many years. Here are our current collaborations:

AMERICAN CANCER SOCIETY

The Cancer Society is integral in providing referrals to GMC and Community Outreach as well as a significant resource to local support groups, cancer prevention programs, handouts and flyers with recommendations, Road to Recovery, wig banks, sun damage program, loan of equipment and support. (We are listed in their resource directory).

BROOKS PHARMACY (RANDOLPH)

Community Outreach has a relationship with the local pharmacy with a voucher program that allows Health Connections to assist clients who would otherwise be unable to purchase medications. Health Connections is billed monthly for the prescriptions at a reduced price.

CENTRAL VERMONT COMMUNITY ACTION COUNCIL

We collaborate to provide comprehensive services for clients, services for the needy, including transportation, heat, utilities, food, dental, budgeting, cooking for life program.

CENTRAL VERMONT COUNCIL ON AGING

Staff from GMC participates on the team for Orange County. The team monitors the number of slots for Medicaid waivers, maintains a waiting list as well as provides assistance to elders through Community Outreach case manager. Funding for specific purpose is awarded as designated by the team. In addition, Community Outreach has received funding for the Sound Advice program to provide in-home inspections as well as smoke detector installation.

COMMUNITY TOBACCO FREE COALITION OF GMC & WINDSOR CENTRAL SUPERVISORY UNION

The Community Tobacco Coalition is funded by a grant through the Vermont Department of Health. The three components of the program are prevention, cessation, and reduction of second-hand smoke. The program collaborates with Community Outreach on programs such as the community safety fair and school-based programs.

GIFFORD TOBACCO CESSATION PROGRAM

The Tobacco Cessation Program offers QUIT FOR LIFE classes, one on one coaching and referrals to the Vermont Quitline to help people end tobacco use. The program offers Quit Bucks and or Quit Bills to cover and or reduce the costs of nicotine replacement therapy to qualified individuals. Health Connection maintains a close working relationship with this program in referring individuals interested in quitting as well as assisting those who may qualify or health insurance programs.

INTERFAITH CAREGIVERS

Community Outreach receives financial support to fund Gifford's prescription and dental programs. Referrals are made to the Injury Prevention Program which is sponsored by the organization.

LADIES FIRST

An ongoing relationship exists between the federally funded organization and Gifford Medical Center. Women are referred to the program if they qualify for the services the program offers, which include free mammograms, office visits and Pap tests.

NORTHEASTERN AREA HEALTH EDUCATION CENTER PROJECT

Gifford Medical Center works collaboratively with AHEC on projects that include addressing childhood obesity concerns.

PARENT CHILD CENTER

A staff member of the Parent Child Center sits on the Sound Advice Coalition and makes referrals to the program of young families who have been determined to be at risk of home fires.

PARENT TO PARENT

Gifford Medical Center staff collaborate with Parent to Parent on the Rural Medical Home Improvement Project. GMC supports parent training for Parent to Parent of Vermont and is involved in parent evenings relating to a specific topic.

RANDOLPH FAMILY FARMS

A collaborative relationship exists between Gifford and RAFF. We are part of an effort to improve the health of the community by purchasing locally grown food which is prepared and served by school employees.

RANDOLPH RECREATION DEPARTMENT/BOYS AND GIRLS CLUB OF THE WHITE RIVER VALLEY
Gifford Medical Center cooperates with these organizations on community projects.

LOCAL AREA SENIOR CENTERS

Members of Gifford Medical Center's staff offer classes and health information to seniors at meal sites within our service area.

REGIONAL AND LOCAL DENTISTS

Health Connection maintains a relationship with local and area dentists who provide dental services on a referral basis by the Case Manager. Specific purpose funds are utilized for urgent and emergent dental care for those who could not afford it.

ROTTA'S BLACK BELT ACADEMY

The Academy is a provider of self-defense programs for women with donations going to the Woman-to-Woman Fund at Gifford Medical Center. Annual statewide Tae Kwon Do tournament is held at Vermont Technical College with proceeds going to the Woman-to-Woman Fund.

SAFETY MANAGEMENT, INC.

As a member of the Sound Advice Coalition, the Director of Fire Safety Management offers technical support as well as performs home visits and installs free smoke detectors, when needed.

VERMONT COALITION OF CLINICS FOR THE UNINSURED

The coalition receives grants through Vermont Department of Health for Health Connections at Gifford Medical Center. New monies for individuals who are unable to pay their VHAP premiums have been funded through Fanny Allen Foundation. Additional funding has been received through the state tobacco program for prevention and community outreach. We are a part of a contract with Ladies First so that we can enroll women on site at Gifford Medical Center. Additionally, we will be receiving monies from the State of Vermont for prescriptions (Medco Settlement).

VERMONT SAFE KIDS

Ongoing support for Gifford Medical Center's bike helmet program comes from Vermont Safe Kids.

WHITE RIVER VALLEY AMBULANCE INC.

A close collaboration exists between the ambulance service and Gifford Medical Center. Collaborative projects include the Safety Fair and Sound Advice.

d. Community Outreach Board/Committee Involvement

The Community Outreach Manager sits on and partners with the following boards and committees:

BLUE CROSS BLUE SHIELD

BC/BS has been very generous in its donations of items for Healthstyle and Community Outreach programs surrounding wellness and most recently GMC's Community Outreach Manager is participating on the Orange and Windsor Community Advisory Board active in the development of a local walking map to promote wellness.

COMMUNITY HEALTH COMMITTEE

The Community Health Committee is a collaboration of organizations participating to act as an advisory group dedicated to improving child nutrition and physical activity at all schools. This includes students from Junior and Senior High Schools.

GIFFORD MEDICAL CENTER AUXILIARY

Gifford Medical Center is integral to the many activities of the Auxiliary. The Auxiliary's mission is "Promoting and advancing the welfare of the Gifford Medical Center and its subsidiaries and related organizations through ways approved by the Board of Trustees of the Medical Center and its facilities and programs to the public service to the Medical Center, and/or its patients, and fundraising in a manner satisfactory to the Board of Trustees of the Medical Center and in harmony with the planning community." (1991) The Auxiliary is a very large donor to GMC and over time, it has donated over \$1 million to GMC and its programs through its sales at the Thrift Shop. The community is welcomed and encouraged to become members and volunteers. Members also knit caps for the Birthing Center, collect hearing aids for donation to an organization that refurbishes them and sells them very inexpensively to those in need.

KIDS PLACE

The Kid's Place Program provides a safe, neutral and comfortable place for children and non-residential parents to visit and maintain family ties, no matter what else may be happening in their lives. We know that children have a great need to love both their parents, and to feel loved and nurtured by both parents. The services provided by Kid's Place are on-site monitored contact, on-site unmonitored contact, on-site monitored exchanges and community and family education about visitation.

UNITED WAY

Member organizations serve residents of Orange County. Gifford Medical Center collaborates with United Way through the Community Outreach Manager's position on the Board.

HOSPICE

GMC staff and providers are members of the Hospice board. Volunteers are trained to sit with patients in the hospital and at home. Volunteers provide respite so families can take breaks, go shopping, run errands, etc. Bereavement programs are offered to communities and schools after a traumatic event that affects the community as well as support groups.

3. **Contact information, including but not limited to the department(s), telephone numbers, e-mail addresses, fax numbers, and postal addresses at the hospital for consumers to call if interested about ongoing public participation events. Website references may also be included.**

Michelle Graci, *Community Outreach Manager*
Gifford Medical Center, 44 South Main Street, Randolph, VT 05060
Tel 802-728-2472 Fax 802-728-2335 E-mail mgraci@giffordmed.org

DESCRIPTION OF HOSPITAL GOVERNANCE

Each hospital community report shall provide a description of the hospital's governance, including but not limited to:

1. **Membership and governing body qualifications**

Qualification for Board of Trustee membership includes ensuring geographic representation throughout our service area and a broad base of experience that would bring a variety of talents to the Board. In addition, there are several designation seats: The Chief Executive Officer, President of the Medical Staff, and a representative of the Dartmouth-Hitchcock Alliance (a requirement for participation in the Alliance).

2. **List of governing body members**

Lincoln G. Clark, *Chair*, Royalton, VT
Judith Irving, *Vice-Chair*, Brookfield, VT
Karen Gillespie Korrow, *Treasurer*, Northfield, VT
Bruce MacDonald, *Secretary*, Warren, VT
Steven Dimick, Randolph, VT
Rebecca Foulk, M.D., South Royalton, VT
Randy Garner, Randolph, VT
Barbara Harvey, Rochester, VT
Paul Kendall, Randolph, VT
James Kennedy, Randolph Center, VT
Richard Mallary, Brookfield, VT
Steve Marion, *DHA Representative*, Lebanon, NH
David Pattison, M.D., Brookfield, VT
Andrew Pomerantz, M.D., Chelsea, VT
Jeffrey Steinkamp, Rochester, VT
Susan Sytsma, Randolph Center, VT
Joseph Woodin, *CEO*, Randolph, VT

3. **Schedule of governing body meetings including times that the meetings are open for public access and public comment, if available at the time of report publication; and**

Such a document was not available at the time of publication of this report.

4. **Contact information, including but not limited to the hospital department, telephone numbers, e-mail addresses, fax numbers, and postal addresses for more information, including schedules and agendas of meetings, and how to obtain a copy of the hospital's annual report.**

Office of the Chief Executive Officer, Gifford Medical Center, 44 South Main Street, Randolph, VT 05060 Tel 802-728-2304 Fax 802-728-4245 E-mail eschumann@giffordmed.org



Gifford Medical Center

44 South Main Street
P.O. Box 2000
Randolph, VT 05060
802-728-7000
info@giffordmed.org