

Town of Richmond

Request for Special Appropriations

Request for Fiscal Year: 2022

Organization's Name: UVM Health Network Home Health and Hospice

Address: 1110 Prim Road

City, State, Zip: Colchester, Vermont 05446

Website address: <https://www.uvmhomehealth.org/>

A. GENERAL INFORMATION

1. Program Name: The UVM Health Network Home Health and Hospice provides health and related services such as, home care nursing and physical therapy, hospice, adult day programs and family and children's services to Richmond residents in their homes and other community settings.

2. Contact Person/Title: Daniel Plotzker, Development Coordinator

Telephone Number: (802) 860-4435

E-mail address: Daniel.Plotzker@uvmhomehealth.org

3. Total number of individuals served in the last complete fiscal year by this program: 4,325 unduplicated patients from Chittenden and Grand Isle Counties

4. Total number of the above individuals who are Town residents: 84
Please attach any documentation that supports this number. (See attached Report detailing services provided to Richmond residents)

Percent of people served who are Town residents: 1.9%

5. Amount of Request: \$9,693

6. Total Program Budget Percent of total program budget you are requesting from the Town of Richmond: .03%

7. Please state or attach the mission of your agency: We help people live their fullest lives by providing innovative, high-value, and compassionate care wherever they call home.

8. Will the funding be used to?

Maintain an existing program

Expand an Existing Program

Start a new program

9. Has your organization received funds from the Town in the past for this or a similar program? Yes, the UVM Health Network Home Health and Hospice receives funding from Richmond and the other 21 cities and towns we serve each year.

If yes, please answer the following:

a. Does the amount of your request represent an increase over your previous appropriation? If yes, explain the reason(s) for the increase. No.

b. Were any conditions or restrictions placed on the funds by the Selectboard? No.
If yes, describe how those conditions or restrictions have been met.

B. PROGRAM OVERVIEW

1. Statement of Need: Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need or problem exist in the Town of Richmond? **The UVM Health Network Home Health and Hospice is a nonprofit home health and hospice agency caring for people of all ages: from critically ill children to vulnerable families to adults who need rehabilitation, care for chronic illness, adult day services, or end-of-life care. The UVM Health Network Home Health and Hospice provides medically necessary home and community-based care to individuals and families regardless of their ability to pay. The UVM Health Network Home Health and Hospice serves over 4,000 individuals and families throughout Chittenden and Grand Isle Counties every year. In our most recently completed fiscal year, the UVM Health Network Home Health and Hospice cared for 84 Richmond residents. This care equated to 1,470 nursing, rehabilitation therapy and social work visits, as well as 87 hours of licensed nursing assistant, personal care attendant and waiver attendant care. Please refer to the attached Report for a detailed list of services provided.**

2. Program Summary:

a. Identify the target/recipients of program services. Specify the number of Town residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence. **The recipients of UVM Health Network Home Health and Hospice services can range from a pregnant mother receiving prenatal care at home to an adult who needs rehabilitative therapy following surgery to an individual with a terminal illness who is able to die at home surrounded by family and friends with assistance of the UVM Health Network Home Health and Hospice Team. Our programs serve people of all ages and there are no eligibility requirements with respect to age, race, gender, or socioeconomic status. We serve anyone who turns to us in need. Our service area includes residents of Chittenden and Grand Isle Counties.**

The number of clients served in a particular town varies from year to year based on community need. Below is chart showing the number of Richmond residents served by the UVM Health Network Home Health and Hospice in the past six years. As you can see, the volume varies year to year depending on everything from Flu complications to cancer or accident rates to the age of the population. With the advancement of health care reform and lessons learned form the current global pandemic, we anticipate an even grater demand for in-home services in the future.

<u>UVM Health Network Home Health and Hospice Fiscal Year</u>	<u># of Richmond Residents Served</u>
2020	84
2019	119
2018	125
2017	109
2016	93
2015	96

b. Identify what is to be accomplished or what change will occur from participating in the program. How will people be better off as a result of participating in the program? Describe the steps you take to make the project known to the public, and make the program accessible and inclusive?

The UVM Health Network Home Health and Hospice will improve the lives of Richmond residents by offering the following programs and services:

- **Family and Children's Services: strengthening families and improving parents' capacity to nurture their children through pregnancy and early childhood years by providing nursing care and wrap-around social support services in the home.**
- **In-Home nursing, physical, occupational, and speech therapy to help people regain their independence after illness.**
- **Long-Term, In-Home Care: including our Choices for Care Program which helps people live their best lives in the setting they prefer and avoid institutionalization.**
- **Adult Day Programs: helping older adults keep connected in a safe, stimulating, home-like environment while offering family members respite.**
- **Palliative Care, in-home Hospice Care and the McClure Miller Respite House providing a home like atmosphere and expert clinical care for those at the end of life Preventative care such as health screening and foot care clinics for long-term health.**

The UVM Health Network Home Health and Hospice has a longstanding reputation in the community. We have cared for generations of families and we often receive feedback from grateful patients and families who refer to their UVM Health Network Home Health and Hospice caregivers by name. Many people find out about our services from people they know who have used them. We receive most home health and hospice referrals from hospitals and primary care physicians. We also have very strong partnerships with other health and community service providers such as Aqewell and The Howard Center.

In January 2018 the then, VNA, affiliated with the UVM Health Network to improve access to care, enhance quality and control costs. The UVM Health Network Home Health and Hospice also employs a multi-platform strategy to engage the public in traditional media as well as the digital world. Marketing to publicize our programs and services includes press releases, Facebook posts, e-newsletters, posts on our website, and a mailed newsletter and Annual Report. This year we added Twitter and Instagram.

Facebook: 1,160 followers

E-newsletter: 4,900 subscribers that opt-in

Website: 51,491 unique website visitors in the last year

UVM Health Network Home Health and Hospice newsletter: mailed to 4,678 homes

Our programs and services are accessible to people of all income levels because we do not turn anyone away based on inability to pay.

3. Program Funding:

a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.) **The use of town funds is tied to community needs which dictate UVM Health Network Home Health and Hospice services provided. Please refer to the attached Report for details on the services provided to Richmond residents last fiscal year and the cost of providing that care. Last year, there was a \$2.32 million gap between the actual cost of UVM Health Network Home Health and**

Hospice services and what we were reimbursed by Medicare, Medicaid, private insurance, contracts and patient fees. Annual contributions from cities and towns, like Richmond, help cover a portion of the debt the UVM Health Network Home Health and Hospice incurs. The total cost of services provided to Richmond residents last year was \$362,009 but we were only reimbursed \$322,879. The balance must be covered by fundraising and charitable donations. Our funding request for the upcoming fiscal year helps offset the \$40,129 loss the UVM Health Network Home Health and Hospice incurred through charitable care to Richmond residents.

b. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. How would this program be modified should revenues be lost? **The UVM Health Network Home Health and Hospice is responsible for raising funds to cover the unreimbursed care provided to individuals who could not afford to pay the full fee or whose insurance does not reimburse us for the actual cost of care. Last year, this gap was \$2.32 million. Contributions from the 22 cities and towns we serve are one way we make up this difference. We are also supported by the United Way of Northwest Vermont, individual donors, special events revenue, and grants from foundations and federal entities. The UVM Health Network Home Health and Hospice would not be able to provide the high-valued services we do without the aid of community support and the dedication of over 600 volunteers each year. If we did not receive town funding it would not be possible to provide the level of unreimbursed care we currently provide to individuals in need of home care services.**

C. ORGANIZATIONAL CAPACITY

1. Describe your agency's capability to provide the program including its history, previous experience providing this service, management structure and staff expertise. **The UVM Health Network Home Health and Hospice is a 112 year old nonprofit home health and hospice agency with a long history of providing at-home and community based health services throughout Chittenden and Grand Isle Counties. The UVM Health Network Home Health and Hospice was founded by a small group of women in Burlington, Vermont who were concerned about the health of the young and vulnerable in the community. At the turn of the last century, Burlington was a bustling community, but one with high rates of infant mortality and a range of other health and social challenges. Our founder, Julia Smith Wheeler, and her friends took action by sending nurses to care for people in their homes and communities. The founders established a directive, "to serve all who turn to the VNA (UVM Health Network Home Health and Hospice) in their time of need," which still guides our work today. Since 1979, the UVM Health Network Home Health and Hospice has been caring for residents in every city and town in Chittenden and Grand Isle Counties, including Richmond.**

The management structure of the UVM Health Network Home Health and Hospice consists of a voluntary Board of Directors who hire a President and COO to oversee the operations of the organization. A Senior Management Team directs the major areas of operations including: Finance, Human Resources, Clinical Programs, Quality and Education, Community Relations and Program Development, and IT. Program Directors manage the day to day work of our 500 + employees. Our staff consists of many licensed professionals such as RNs, Physical, Occupational and Speech Therapists, Medical Social Workers and Licensed Nurses' Aides. Some of these professionals also have advanced degrees and certifications in the areas of Care Management, Wound and Ostomy

Care, Hospice, and Chronic Disease Management, to name a few. UVMHNNHHH also employs approximately 100 people in entry level positions called Personal Care Attendants. These staff members successfully complete a one week intensive orientation before providing client care.

On January 1, 2018, the VNA joined the UVM Health Network to improve access to care, enhance quality and control costs. We aim to have an integrated team approach to patient care, which means greater coordination between the hospital, physicians and home health providers. We will continue to provide medically necessary services to all who need our care, regardless of ability to pay.

The UVM Health Network Home Health and Hospice Board of Directors remains intact and continues to oversee UVM Health Network Home Health and Hospice business and operations. No UVM Health Network Home Health and Hospice program or service will be terminated based solely on the lack of profitability. The UVM Health Network Home Health and Hospice remains a not-for-profit organization, responsible for our own balance sheet.

2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from who (source of data) and when (timing of data collection). The UVM Health Network Home Health and Hospice has a Quality Management Plan that is broad and comprehensive. The primary purpose of the plan is to support the UVM Health Network Home Health and Hospice's mission of "helping people live their fullest lives by providing innovative, high-value and compassionate care wherever they call home." The plan is organized around three primary functions of quality management: quality planning, quality control, and quality improvement. This plan identifies the data we collect, the frequency and source for collection and to whom the data is reported.

Quality planning is performed at several levels of the organization and by a variety of groups such as Quality Councils and a Board- driven Quality Assessment and Performance Improvement Committee (QAPI). Quality planning includes steps such as: examining existing data and trends, improving outcomes, reducing errors, etc. Examples of quality planning includes the OASIS Outcomes and Hospice Item Set that are measured and reviewed on a monthly, quarterly, and annual basis for Home Health Services and Hospice. We use these measures to monitor performance in real time and over time and benchmark against Vermont and national outcomes. Many of these outcomes are publicly reported and guide our focus on performance improvement initiatives.

The UVM Health Network Home Health and Hospice also utilizes an external vendor, Strategic HealthCare Programs, for real time data analytics. This tool provides a drill down functionality to the clinician, team, and provider level.

Quality Control activities consist primarily of measurement and reporting. Examples of quality control activities monitored on a quarterly basis by the UVM Health Network Home Health and Hospice are patient and client occurrences such as falls, medication errors, infections, and other events. All programs at the UVM Health Network Home Health and Hospice utilize a tool or process to measure customer satisfaction and client complaints/concerns. We are required to submit much of this data to the state of Vermont as part of the Vermont Homecare Performance Markers.

Our QAPI program involves a number of approaches to achieve Quality Improvement such as improvement project teams, lean management, outcome

based quality improvement, standardization, and staff education.

3. Summarize or attach program and or service assessments conducted in the past two years. In addition to the above quality management activities, the UVM Health Network Home Health and Hospice is required to comply with Federal and State regulations for home care through the Medicare Conditions of Participation for Home Health and Hospice and State Designation Rules. We are assessed on a regular basis, usually unannounced, by the following agencies: Vermont Department of Disabilities, Aging, and Independent Living (DAIL); Division of Licensing and Protection; the Veterans Administration (for Adult Day Programs); Vermont Agency of Human Services; United Way of Northwest, VT; and through external auditing of UVM Health Network Home Health and Hospice finances and accounting practices. In the past we have completed an unannounced Federal and/or State survey of our Home Health Services for Adults, Families and Children, Long Term Care, and our Hospice Program including Vermont Respite House. Any time a survey identifies opportunities for improvement, the UVM Health Network Home Health and Hospice submits a corrective action plan which includes process and performance improvement steps.

4. Does your organization have a strategic plan and a strategic planning process in place? Yes. If yes, please attach your plan.

A copy of the UVM Health Network Home Health and Hospice FY2020 Strategic Goals is attached.

The strategic plan should include a mission statement, goals, and action steps to achieve the goals, and measures that assess the accomplishments of the goals.

5. What is the authorized size of your board of directors? Agency bylaws state the UVM Health Network Home Health and Hospice Board of Directors must have no fewer than 5 members and no more than 25. We currently have 14 members.
How many meetings were held by the board last year? 6

I, the undersigned, confirm the information contained herein is accurate and can be verified as such. I understand and agree that if the requested funds are approved, the disbursement of funds are subject to all conditions established by the Richmond Selectboard.

Signature of Applicant: *Daniel Plotzker*

Date: **10/5/2020**

Daniel Plotzker, Development Associate

Print Name of Applicant and Title

UVMHN Home Health Hospice
FY 2020 Strategic Tactics

Strategic Objective/Tactic/Milestone	Executive Sponsor(s)
High Value Care	
Epic Preparation	
Implement Office 365	Arsi Namdar
Start Implementation Phase for Workday	
Population Health	
Longitudinal Care Program: Provide tools and training to at least five (5) other home health agencies in VT by January 1, 2020	Judy Peterson and Todd Patterson
Longitudinal Care Program: Enroll at least 75 complex care clients in a LCP in VT by September 30, 2020	
Longitudinal Care Program: Patients will demonstrate a minimum 10% reduction in hospitalization rates from their previous history of a comparable period	
Hospice Program Growth: Increase Average Daily Census (ADC) for Community Hospice program by 10%	Mary Hegarty and Tara Graham
Sepsis Program Implementation: 80% of direct patient care staff trained in sepsis identification and management	Angel Means
Patient Access & Service	
Care Navigator Engagement: Engage 200 patients in care coordination on the Care Navigator platform with HH & H as team member or lead by September 30, 2020	Gretchen Bates
Shared Services Administration	
Integration of Shared Admin Services	
Employee Engagement: In conjunction with the UVMHN, complete a review of all employee benefits and align as appropriate	Judy Peterson and Anna Gilcris
Affiliate Performance Improvement	
Affiliate Financial & Quality Improvement Plans	
PDGM payment system preparation and implementation: Complete training and testing by October 1, 2019	Jim Manahan and Gretchen Bates
PDGM payment system preparation and implementation: Complete measurement period and reporting on KPIs by December 15, 2019	
PDGM payment system preparation and implementation: Complete process refinement by December 31, 2019	
PDGM payment system preparation and implementation: GO LIVE January 1, 2020	
PDGM payment system preparation and implementation: Continued monitoring of PDGM revenues throughout FY2020	
Survey readiness and improved compliance: Complete two (2) mock surveys for Home Health and Hospice in preparation for Medicare/State Surveys	Angel Means
Horizontal Integration of Affiliate Operations	
Network Departments	
Demonstrate HHH value to Health Network via ALS grant: Two (2) Home Health & Hospice nurses participate in ALS assessment training with Neurology Department by March 31, 2020	Judy Peterson and Gretchen Bates
Demonstrate HHH value to Health Network via ALS grant: Home Health & Hospice nurse home visits to facilitate video neuro consult every four (4) weeks for up to five (5) Chittenden and Grand Isle County patients with ALS by September 30, 2020	
Workforce	
Successfully participate in the UVM Nursing School "Internship to Employment" pilot: Work with the Lead at UVM to enroll 3 Senior Nursing students in the pilot to begin a senior practicum at Home Health & Hospice	Anna Gilcris
Successfully participate in the UVM Nursing School "Internship to Employment" pilot: Provide support, education, and mentoring to these students with the plan for hire upon graduation	
Adopt Mercer recommendation to increase pipeline for low skilled workers at Home Health & Hospice: Identify, educate and engage internal candidates (primarily PCAs) to participate in a Career Ladder program	
Adopt Mercer recommendation to increase pipeline for low skilled workers at Home Health & Hospice: Sponsor 5 workers to participate in LNA training with the expectation of working at Home Health & Hospice upon certification	

Home Health & Hospice

10/5/2020
Town of Richmond
Ms. Kathy Daub-Stearns
203 Bridge St
Richmond, VT 05477

Home Health Services for
Adults and Children

Long-Term Care

Adult Day Program

Palliative Care

Hospice Care

McClure Miller Respite House

Dear Ms. Daub-Stearns,

The University of Vermont Health Network Home Health & Hospice, with the support of Richmond, provides innovative, high-value, compassionate care to Vermonters, regardless of their ability to pay. Together we make a difference in the lives of our neighbors.

Last year, Home Health & Hospice cared for 4,325 individuals and families and provided \$3.3 million in charitable care to people throughout Chittenden & Grand Isle Counties, including important end-of-life care at the McClure Miller Respite House. Annual contributions from the 22 cities and towns we serve help cover a portion of the cost of the services that Home Health & Hospice provides.

Attached you will find a report on Home Health & Hospice services provided in Richmond during fiscal year 2021 (July 1, 2019 – June 30, 2020) and our request for funding in FY2022. **We are respectfully requesting \$9,693 which represents level funding with your last contribution.**

We welcome an opportunity to meet with your Selectboard or committee members to discuss our services and request.

Home Health & Hospice is committed to providing expert clinical and personal care to the residents of Richmond. **Thank you for your continued partnership.**

Sincerely,



Judy Peterson, RN
President and CEO

University of Vermont Health Network Home Health & Hospice Request for Funding Town of Richmond

For FY2022, Home Health & Hospice (HH&H) is requesting a contribution of \$9,693.

HH&H cared for 84 people in Richmond during our past fiscal year (July 2019-June 2020) with the following services:

HH&H	Visits
Nursing	716
Physical Therapy	499
Speech Therapy	35
Occupational Therapy	56
Social Work	164
Total	1,470

HH&H	Hours
Licensed Nursing Assistant	77
Homemaker	0
Waiver Attendant	10
Personal Care Attendant	0
Total	87

Cost of Care	Amount
Total cost of HHH Care	\$362,009.20
Amount reimbursed to HHH*	\$322,879.92
Unreimbursed Care	\$40,129.28

*reimbursed through Medicare, Medicaid, private insurance, contracts and patient fees

HH&H requests annual contributions from each town and city in our two-county service area. Your contribution is critical to supporting the **\$3.3 million** in unreimbursed care that we provided this year.

Last year, HH&H cared for over **4,325** people of all ages, regardless of their ability to pay. Your contribution helps ensure Richmond residents can access innovative, high-value, compassionate care wherever they call home to keep them healthy, independent and active members of your community.

Our goal is to have each town and city help alleviate some of the debt Home Health & Hospice incurs.



THE
University of Vermont
HEALTH NETWORK
Home Health & Hospice