

# 2024 Quality of Care Report

## Brattleboro Retreat

### - Preventive Care and Screening -

#### 1. Screening for Metabolic Disorders (SMD)

Studies show that antipsychotics increase the risk of metabolic syndrome. Metabolic syndrome is a cluster of conditions that occur together, including excess body fat around the waist, high blood sugar, high cholesterol, and high blood pressure, all of which increase the risk of coronary artery disease, stroke, and type 2 diabetes. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	5	1/1/2022 - 12/31/2022
National Average	79	

#### 2. Influenza Immunization for the Patients (IMM-2)

Increasing influenza vaccination can reduce unnecessary hospitalizations and secondary complications. Vaccination is the most effective way to prevent influenza and is associated with reductions in influenzas among all age groups. This measure addresses hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	18	10/1/2022 - 3/31/2023
National Average	77	

### - Patient Safety -

#### 3. Hours of Physical Restraint Use (HBIPS-2)

The use of physical restraints increases a patient's risk of physical and psychological harm. This intervention is intended for use only if a patient is in imminent danger to him/herself or others and if less restrictive interventions have failed. **Lower rates are better.**

Hospital Name	Results (per 1000 hours)	Reporting Period
Brattleboro Retreat	0.45	1/1/2022 - 12/31/2022
National Average	0.33	

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### 4. Hours of Seclusion Use (HBIPS-3)

The use of seclusion increases a patient's risk of physical and psychological harm. This intervention is intended for use only if a patient is in imminent danger to him/herself or others and if less restrictive interventions have failed. **Lower rates are better.**

Hospital Name	Results (per 1000 hours)	Reporting Period
Brattleboro Retreat	0.67	1/1/2022 -
National Average	0.35	12/31/2022

### - Follow Up Care -

### 5. Transition Record with Specified Elements Received by Discharged Patients (TR-1)

Providing detailed discharge information enhances the preparation of patients to self-manage post-discharge care and comply with treatment plans. This measure assesses the percentage of patients discharged from an inpatient psychiatric facility who received (or whose caregiver received) a complete record of inpatient psychiatric care and plans for follow-up. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	89	1/1/2022 -
National Average	62	12/31/2022

### 6. Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5)

This measure is collected on patients discharged on multiple antipsychotics. Appropriate reasons for discharging a patient on multiple antipsychotics are as follows:

- The medical record contains a minimum of three failed trials with using only one antipsychotic drug.
- The medical record contains either a plan that tapers to using one antipsychotic drug or one that decreases the dosage of one or more antipsychotic medications while increasing the dosage of another to a level that manages the patient's symptoms with one antipsychotic medication.
- The medical record contains documentation of augmentation of Clozapine.

Higher rates indicate higher quality of care because documenting the reasons for assigning multiple antipsychotics suggests that careful consideration of the benefits of treatment were weighed against the potential side effects.

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Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	5	1/1/2022 - 12/31/2022
National Average	58	

### 7. Follow-up After Hospitalization for Mental Illness (FAPH)\*

This measure assesses the percentage of inpatient psychiatric facility hospitalizations for treatment of select mental health disorders that were followed by an outpatient mental health care encounter. The percentage of discharges for which the patient received follow-up within 7 days and 30 days of discharge is reported.

**Higher rates are better.**

\*Previously measure FUH

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	30 days: 81.7    7 days: 61.5	7/1/2021 - 6/30/2022
National Average	30 days: 60    7 days: 36.2	

### 8. Medication Continuation following Inpatient Psychiatric Discharge

This measure shows the percentage of patients admitted to an inpatient psychiatric facility for serious mental illness who filled at least one prescription between the 2 days before they were discharged and 30 days after they were discharged from the facility. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	74.6	7/1/2020 - 6/30/2022
National Average	76.3	

## - Substance Use Treatment -

### 9. Alcohol Use Brief Intervention Provided or Offered (SUB-2)

Clinical trials have demonstrated that brief interventions, especially prior to the onset of addiction, significantly improve health and reduce costs. **Higher rates are better.** Includes 18 years and older patients who screened positive for unhealthy alcohol use or an alcohol use disorder.

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	82	1/1/2022 - 12/31/2022
National Average	61	

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### 10. Alcohol Use Brief Intervention (SUB-2a)

This rate includes patients who were offered intervention and received it.

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	94	1/1/2022 -
National Average	77	12/31/2022

### 11. Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3)

Currently, less than one in 20 patients with an addiction are referred for treatment. Hospitalization provides a prime opportunity to address the entire spectrum of substance use problems within the health care system. This measure assesses the percentage of patients who screened positive for an alcohol or drug use disorder during their inpatient stay who, at discharge, either: (1) received or refused a prescription for medications to treat their alcohol or drug use disorder OR (2) received or refused a referral for addiction treatment. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	91	1/1/2022 -
National Average	72	12/31/2022

### 12. Alcohol and Other Drug Use Disorder Treatment at Discharge (SUB-3a)

This rate includes patients who were offered treatments and received a prescription at discharge for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment.

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	91	1/1/2022 -
National Average	61	12/31/2022

### 13. Tobacco Use Treatment Provided or Offered (TOB-2)

The measure is reported as an overall rate which includes all patients to whom tobacco use treatment was provided or offered and refused. It includes patients who are tobacco users within the past 30 days and received or refused counseling to quit and receive or refuse cessation medications. **Higher rates are better.**

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Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	43	1/1/2022 - 12/31/2022
National Average	71	

### 14. Tobacco Use Treatment During Hospital Stay (TOB-2a)

This rate includes patients who received practical counseling to quit and received FDA-approved cessation medications or had a reason for not receiving the medication.

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	0	1/1/2022 - 12/31/2022
National Average	40	

### 15. Tobacco Use Treatment Provided or Offered at Discharge (TOB-3)

This measure assesses the percentage of patients who use tobacco and at discharge (1) received or refused a referral for outpatient counseling AND (2) received or refused a prescription for medications to help them quit or had a reason for not receiving medication. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	1	1/1/2022 - 12/31/2022
National Average	58	

### 16. Tobacco Use Treatment at Discharge (TOB-3a)

This rate includes patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge. **Higher rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	0	1/1/2022 - 12/31/2022
National Average	16	

## - Unplanned Readmissions -

### 17. Patients readmitted to any hospital within 30 days of discharge from the inpatient psychiatric facility (READM-30-IPF)

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This measure shows the percentage of patients who return to a hospital for an unplanned inpatient stay after leaving the inpatient psychiatric facility following a previous inpatient stay. **Lower rates are better.**

Hospital Name	Results (%)	Reporting Period
Brattleboro Retreat	18.3	7/1/2020 -
National Average	19.6	6/30/2022

### - CMS Reporting Changes -

Changes finalized for the IPFQR Program effective for IPF discharges occurring during the Fiscal Year (FY) beginning October 1, 2021 through September 30, 2022 (FY 2022).

- Removing the following two measures:
  - o Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care
  - o Follow-up After Hospitalization for Mental Illness (FUH)
  
- Adopting the following measure:
  - o Follow-up After Psychiatric Hospitalization (FAPH)