



2025 NMC Annual Report

2025 Annual Report Introduction



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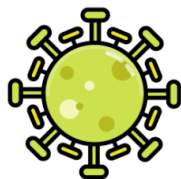
A QUALITY FOCUS

Quality Plan Update

This year, NMC updated its Quality Plan, mapping out our areas of focus for the coming year. The plan identifies the following key priorities:



Reducing Hospital-Acquired Conditions like pressure injuries and falls



Reducing Hospital-Acquired Infections like Urinary Tract and C. diff (Clostridioides difficile) Infections



Reducing patient readmissions, especially for conditions like CHF and COPD



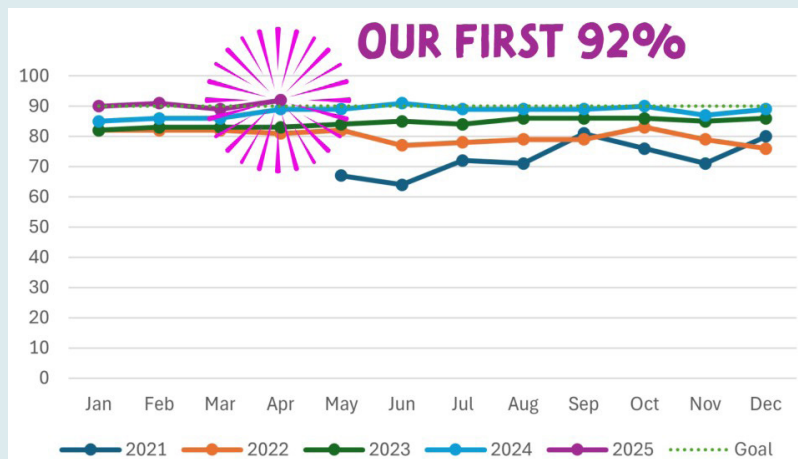
Improving the patient experience with improved staff responsiveness and a cleaner hospital environment

Targeted focus and progress in these areas will improve patient outcomes, and lead to shorter hospital stays with greater patient satisfaction.

Hand Hygiene Focus Continues to Pay Off

In April 2025, NMC hit a 92% hand hygiene compliance score for the first time since we began measuring and tracking this key stat in May of 2021.

Looking at this graph, you can see the Hand Hygiene scores for the hospital overall in a year-over-year format, with the dotted green line of a 90 percent goal.



NMC Collaborates With NCSS To Implement Universal Suicide Screening Process

This year, NMC joined all 14 Vermont hospitals in implementing a new screening procedure to better identify patients who may be at risk of suicide. The Vermont Suicide Prevention Center identifies Vermont as having the highest rate of suicide in New England, with Franklin County having the highest prevalence in the state of Vermont. National statistics further show that 44% of people who die by suicide have had an Emergency Department visit in the preceding 90 days.

To help address this critical issue, Northwestern Medical Center collaborated with Northwestern Counseling & Support Services (NCSS) and the Vermont Program for Quality in Health Care (VPQHC), to implement new evidence-based screening procedures to improve how NMC's Emergency Department identifies patients at risk for suicide.

Rachael Capsey, Nurse Manager of NMC's Emergency Department, said the new screening process has the potential to open a whole other side of the story when a patient presents to the Emergency Department for seemingly unrelated ailments. NMC and NCSS worked for two years to develop and implement new protocols, documentation and best practices. Prior to this program, NMC's screening for suicide was often limited to patients who presented to the Emergency Department in mental health crisis.

Under the new approach, all patients over the age of 12 are asked standardized questions to bring potential suicide concerns to the surface. During a recent triage session, Emergency Department nurse Heather Tremblay asked the new standardized questions of a patient who was having suicidal thoughts, but those thoughts were not the reason for the Emergency visit. Heather said the patient seemed appreciative. "It took him off guard, and a look of relief crossed his face", she said.

NMC also screens pediatric patients from the ages of 8 to 11 years old but only if they present with a mental health complaint, as is best practice.

While most patients may not be at risk of suicide, the new screening process helps identify those who are at risk, allowing care teams to implement appropriate interventions and treatment. These treatment plans may include referrals to NCSS, an integral partner in setting up this new program. "NMC and NCSS have worked well together, and this



Universal Suicide screening practice will provide additional benefits for the patients", said Kevin King, RN. King said his work as a nurse in NMC's ED for over 30 years led him to focus on patients' mental health needs and in 2022 he completed his MSW and is now working as a crisis clinician for NCSS.

"I feel that screening patients for their mental health needs and having a collaborative approach with the community mental health agency makes for better outcomes and is best practice," said King.

Tony Stevens, the Emergency Services Program Manager for NCSS agreed. "I have worked on the NCSS Crisis Team (Emergency Services Team) and managed it for the past 23 years," he said. "Over the years, the idea of universal suicide screenings in the ED or at Triage have been discussed but there have been barriers to implementation." Stevens said that the collaborative roll-out of the new process has allowed both NMC and NCSS to do so in an achievable way for both organizations.

The early numbers have been eye opening at NMC.

In the eight weeks following the start of the program, 251 patients were identified as having concerns around suicide or suicidal ideation and 53 were actively considering suicide. Eleven patients that presented with a medical chief complaint also disclosed that they were having suicidal thoughts while in the Emergency Department. Without the new procedures, these eleven patients may have not gotten the resources or treatment for their suicide concerns.

If you are having thoughts of suicide or have concerns about someone who may be considering suicide, please seek help by calling Northwest Counseling Support Services at 1-802-524-6554, option #1 for Crisis, or, call or text the National Suicide Prevention Hotline at 988.

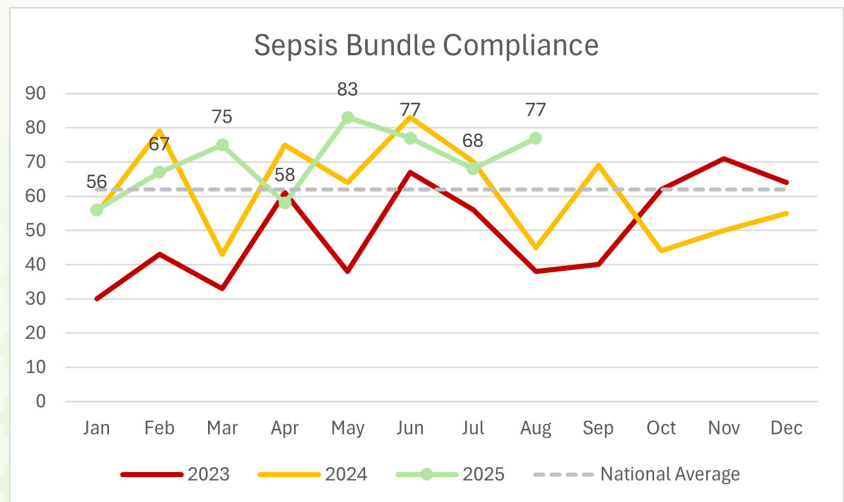
Visit the [Vermont Program for Quality in Health Care \(VPQHC\)](#) for more information about the Vermont Emergency Department Suicide Prevention Quality Improvement Initiative.

Collaboration and Technology Help Prevent Sepsis at NMC

Once again this fiscal year, NMC focused on sepsis prevention as a key quality initiative. This attention is important because sepsis – an extreme response to infection – is the most common cause of death in US hospitals.

Work this year involved strong collaboration from the providers in the Emergency Department and the Progressive Care Unit to increase awareness of our efforts to be compliant with a bundle of treatments steps that should be taken. The national average for hospital compliance with this bundle is 60 percent and NMC aims to be well above that.

The collaboration has included using a widget in the electronic medical record to display the elements of bundle compliance, including what has been completed and what is left to do. This helps the care teams keep track of their work when patients move from one unit to another.



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Focus on Quality: Reducing Contaminations in Blood Cultures

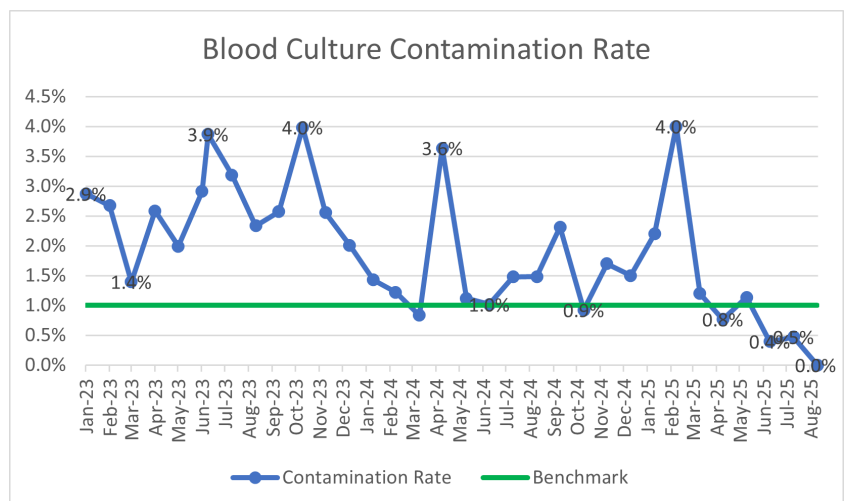
This year, NMC's focus on reducing contaminations in blood cultures has resulted in more consistently lower rates, lowering from 4 percent to below 1 percent – meeting the national benchmark.

Why reducing blood culture contamination rates matters

False positives have a significant clinical and economic impact to the patient and NMC.

For patients, this could mean longer hospital stays and increased use of antibiotics which creates risk of allergic reactions, drug-to-drug interactions, and antibiotic resistance.

Studies of false positives have shown that each instance contributes to an average increase in length of stay of 3.4 days and an average increase in hospital cost of \$4,162 per admission.



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