



Recommendations for Sustainability

Preface

At the time of the Retreat organizational assessment, the COVID-19 pandemic was in very early stages and had yet to reach the United States. Certain pressures and dynamics during that period have either heightened, or altered, or are no longer in play.

Preface

This stated, though strategies have changed or are on hold, the following Key Questions are still in vogue.

Key Questions:

- Are the Retreat's challenges insurmountable regardless of its turnaround initiatives and a vision to transform?
- Is a freestanding facility without a corporate owner a viable model in the state of Vermont?
- Can the Retreat sustain itself without State support?
- Should the Retreat close or sell?

This information is exempt from the Public Records Act Disclosure pursuant to 1 V.S.A. §317(c) (9) and (15)

Key Questions:

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[Redacted content]

Key Questions:

- Is a freestanding facility without a corporate owner a viable model in the state of Vermont? **Conditional, based on several factors:**
 - multiple payers
 - good rates
 - the right kind of volume
 - ability to attract and retain providers
 - the strength of the revenue cycle
 - the reserve of cash

The Retreat has the first four factors.

Key Questions:

- Can the Retreat sustain itself without State support?
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 - *Yes – by fixing the revenue cycle and controlling expenses, by managing throughput, “churn”, and payer mix. Most contractual rates are good, some are exceptional.

*The proposed initiatives prior to COVID-19 could have resulted in \$5.5M reduction in Retreat expenses over the course of one to one and half years. A nine-month interim State safety net would be required. With COVID-19 and the Retreat’s response, a drop in expense has fast-tracked, but also, a further drop in cash from the steep decline in census –

Key Questions:

- Can the Retreat sustain itself without State support?
 - *Yes – by fixing the revenue cycle and controlling expenses, by managing throughput, “churn”, and payer mix. Most contractual rates are good, some are exceptional.

* – DHS assistance is now vital, as the Retreat, in its altered state, makes operational changes to maximize revenues the decreased volume.

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Key Questions:

- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Immediate Observations

- High investment in legacy from senior leadership to line staff – what they do is important
- A genuine concern for patients
- Strong physician brand
- A perception of being unique
- Good contractual payer rates (in most cases)

Immediate Observations continued

- A contentious state relationship with Retreat leadership
- An organizational provincialism
- A hostile and obstructing union culture
- Overstaffing across disciplines/high overtime

Immediate Observations continued

- An insufficient and impeding health information platform
- An eroded revenue cycle structure
- Aging physical plant

Recommendations

Recommendations

Organizational Restructure

- Resize Senior Team
- UR becomes Care Management under the CNO or CFO
- All financial and revenue cycle reports to CFO
- Reorganization of the Nursing Department
- Creation of Vice President of Ambulatory/Integration Services

Recommendations

Organizational Restructure continued

- Creation of “Retreat Inc”
- Retitle Positions
 - CMO to CMO/CIO (Chief Integration Officer)
 - CNO/SR VP Patient Care to CNO/Exe Admin Acute Care
 - Associate CNO to Director of Nursing
 - VP positions realigned to Director level

Recommendations

Operations

- Replace 08:45 Morning Meeting with 08:00 FLASH
- FLASH – quasi-administrative/clinical/operational/financial to coordinate:
 - “churn”
 - throughput
 - clinical/operational resources
 - utilization review issues
 - problem solve & hold to accountability

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Recommendations

[REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

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Recommendations

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Recommendations

[REDACTED]

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- [REDACTED]

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Recommendations

[REDACTED]

[REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

[REDACTED]

Recommendations

EHR/Rev Cycle – Coding

- Hire of a second 1.0 FTE certified coder
- Existing coder enters certificate training.
- Purchase of encoder software – timeline 9 months to 16 months
- Purchase is contingent on current increase in cash flow and state assistance

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Recommendations

[REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

Recommendations

LGBTQ+ Continuum

- Development of intensive levels of care in conjunction with regional university student counselling centers resembling the Retreat's USP
- Create business plan
- To come under, in part, Retreat Inc