

Brattleboro Retreat 2026 Quality of Care/HAI Report

January 2026

Hospital Report Cards can be used to review and compare information about community and psychiatric hospitals in terms of quality of care (outcomes, patient satisfaction, and more), costs for common services, healthcare-associated infection ratios, nurse staffing levels, patient safety, and hospitals' financial information.

If you need help accessing or understanding this information, contact AHS.VDHHospitalReportCard@vermont.gov

Preventative Care and Screening

1. Screening for Metabolic Disorders (SMD)

Reporting Period: 1/1/2024 – 12/31/2024

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 (%)
Brattleboro Retreat	1%
National Average	81%

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

Reporting Period: 10/1/2024 – 3/31/2025

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.



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Hospital Name	Results (%)
Brattleboro Retreat	28%
National Average	76%

Patient Safety

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

Reporting Period: 1/1/2024 – 12/31/2024

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)
Brattleboro Retreat	0.59
National Average	0.29

4. Hours of Seclusion Use (HBIPS-3)

Reporting Period: 1/1/2024 – 12/31/2024

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)
Brattleboro Retreat	0.38
National Average	0.36

Follow Up Care

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

Reporting Period: 1/1/2024 – 12/31/2024

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 (%)
Brattleboro Retreat	89%
National Average	63%

6. Follow-up After Hospitalization for Mental Illness (FAPH)

Reporting Period: 7/1/23 – 6/30/2024

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.**

Hospital Name	Results (%)	
Brattleboro Retreat	30 days: 77.9%	7 days: 60.3%
National Average	30 days: 60.1%	7 days: 36.9%

7. Medication Continuation Following Inpatient Psychiatric Discharge (MedCont)

Reporting Period: 7/1/2022 – 6/30/2024

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 (%)
Brattleboro Retreat	80.2%
National Average	77%

Substance Use Treatment

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

Reporting Period: 1/1/2024 – 12/31/2024

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

Hospital Name	Results (%)
Brattleboro Retreat	76%
National Average	60%

9. Alcohol Use Brief Intervention (SUB-2a)

Reporting Period: 1/1/2024 – 12/31/2024

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

Hospital Name	Results (%)
Brattleboro Retreat	97%
National Average	100%

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

Reporting Period: 1/1/2024 – 12/31/2024

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 (%)
Brattleboro Retreat	n/a*
National Average	72%

*The number of cases/patients is too few to report.

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

Reporting Period: 1/1/2024 – 12/31/2024

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 (%)
Brattleboro Retreat	n/a*
National Average	59%

*The number of cases/patients is too few to report.

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

Reporting Period: 1/1/2024 – 12/31/2024

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 (%)
Brattleboro Retreat	9%
National Average	58%

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

Reporting Period: 1/1/2024 – 12/31/2024

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 (%)
Brattleboro Retreat	1%
National Average	17%

Unplanned Readmissions

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

Reporting Period: 7/1/2022 – 6/30/2024

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 (%)
Brattleboro Retreat	18.8%
National Average	19.2%

CMS Reporting Changes

- Changes effective during the Fiscal Year (FY) beginning October 1, 2023 through September 30, 2024 (FY 2024).
 - Replaced measures
 - Follow-up After Hospitalization for Mental Illness (FUH) measures are replaced by Follow-up After Psychiatric Hospitalization FAPH-7 (within 7 days) and FAPH-30 (within 30 days).
- There were no changes made during the Fiscal Year (FY) beginning October 1, 2024, through September 30, 2025 (FY 2025).