March 5, 2024

Dear Colleagues,

Over the past four years, Vermont healthcare providers have faced significant workforce challenges due to rising patient volume, more severe illnesses, an aging population, and a shortage of custodial care. These issues are exacerbated by a reduced supply of available workers, staff burnout, and difficulties hiring and retaining a skilled workforce.

According to employment data provided by the Vermont Department of Labor, the healthcare industry represents nearly 12% of Vermont's jobs, employing 37,460[1] people (for the third quarter of 2023). Healthcare employment numbers are down 1719 people, or about 4.5% from the same period in 2019. Nowhere is the shortage more severe than at the residential care level, where employment numbers are down 11% since 2019. As a comparison, both Ambulatory (out-patient) and Hospital employment numbers are down by 3%.

In December 2023, Vermont Business Roundtable's Research and Education Foundation invited 84 Vermont healthcare providers to participate in a collective impact collaboration to build a talent supply for the most critical roles within the nursing career pathway, to consider investments made in education and the utilization of travelers. Applying the framework of Vermont Talent Pipeline Management, a model developed by the US Chamber of Commerce Foundation, healthcare providers act as the "end customers" of a talent supply by providing hiring demand forecasts and requirements for nursing roles.

The employment data collected in the 2024-2026 Nursing Needs Assessment is intended to inform education providers, policymakers, and workers about high-demand, well-paying career opportunities. The data is not a complete representation of nursing jobs in Vermont. 50 healthcare providers responded, representing all regions and hospitals, and a percentage of home health providers, community health centers, and residential care facilities. Invitations for participation originated through outreach from the VBR Foundation, Vermont Association of Hospitals and Health Systems, Vermont Healthcare Association, Bi-state Healthcare Association, and Visiting Nurse Association of Vermont. Any healthcare provider interested in joining the Vermont Healthcare Collaborative is invited to do so, at any time.

The attached summary of findings, paired with employer reflections, aims to develop awareness for education and jobs providing excellent careers in Vermont's nursing profession. We invite you to share this information widely to promote inclusivity and further collaboration.

Most Sincerely,

Mary Anne Sheahan
Chief Talent Officer

Abby Stevens
Program Manager

---

[1] VDOL Economic and Labor Market Information NAICS codes 621, 622, 623.

Attachment: VTPM Nursing Needs Assessment Summary (2024-24)

Table of Contents

I. Introduction

VBR Research and Education Foundation is a non-profit (501C3) organized by the Vermont Business Roundtable (VBR) to support the educational achievement of Vermonters. In 2017, the Roundtable initiated a statewide Vermont Talent Pipeline program as the core of the VBR Foundation's work. Vermont Talent Pipeline utilizes the US Chamber of Commerce Foundation's Talent Pipeline Management (TPM) framework to leverage supply chain principles of *employer demand for jobs*, which informs the educational supply, policy decisions, and sustainable financing for training.

Since its inception 2018, the Vermont Talent Pipeline Healthcare Collaborative has convened 84 healthcare employers with shared hiring needs. The Healthcare Collaborative identified nursing as the most critical role and elevated the demand through the development of and participation in a Nursing Hiring Needs Assessment conducted in 2018, 2021, and 2023. Needs Assessments have informed the development of an apprenticeship approach, applying best practices to engage nine Vermont Hospitals in establishing a professional nursing pathway for employee advancement to Registered Nurses.

II. Objectives

The shared goal of the Vermont Talent Pipeline's Healthcare Collaborative is to fill the demand for nurses with a supply of qualified candidates. To achieve this goal, members of the collaborative utilize a combination of workforce solutions including "grow your own" employee skills, attracting new candidates from nursing schools (both in- and out-of-state), campaigns attracting skilled nurses from other regions of the country, and building international nursing pipelines, to name a few.

Forecasting hiring demand gives each organization a picture of their forward-looking jobs. From the demand, each can identify the mix of supply-side efforts to fill their job needs. In aggregate, we can utilize data for better statewide decision-making for education, grant funding, and policy making.

III. Methodology

The Vermont Healthcare Collaborative is made up of 84 healthcare employers, including hospitals, home health providers, residential care facilities, and community and mental health clinics. This past fall, collaborative members were invited to participate in a Nursing Hiring Needs Assessment, open from November 10 through December 1. In preparation for the Needs Assessment, the VBR Foundation confirmed the best organizational resource for responding, utilized an industry-led design of the survey instrument, developed a prototype, and convened employers to develop shared assumptions and train respondents on best practices for forecasting.

The nursing needs assessment includes a forecast and related questions for the following six high-demand roles identified by healthcare providers:
- Licensed Nurse Assistant
- Medical Assistant
- Licensed Practical Nurse
- Registered Nurse
- Clinical Nurse Educator
- Nurse Practitioner

IV. Assumptions

The Needs Assessment asks each organization to forecast the number of both new and replacement full-time equivalent (FTE) personnel (without travelers), for each of six high-demand nursing roles for the two-year period of January 2024-January 2026. Additionally, the survey asks about education, credential requirements, sponsorship for education, and the employment of travelers. Individual provider responses remain confidential, to be used in the aggregate for shared decision-making, education planning, and policymaking. In preparation, we asked organizations to look back over the previous two years of hiring to forecast and to include expectations and trends for new hires, retirements, attrition, transfers, and promotions. Shared assumptions from the collaborative include the following:

1. *New positions* represent the number of additional FTEs (full-time equivalent personnel) needed to support the growth within the industry, such as adding new spaces, units, more illness, an aging population, higher census, and a shortage of nurses available in the entire continuum of care.

2. *Replacement positions* account for the number of FTEs needed to backfill and replace existing roles for people leaving jobs due to retirement, attrition, or internal transfers/promotions. Replacement positions are considered upskilled when new skills are developed via internal transfers and promotions.

3. Each organization has a recruitment and retention effort in place that could benefit from collaborative and shared best practices.

4. Nursing Education is experiencing capacity constraints due to the shortage of faculty and the ability to hire faculty at competitive rates. Constraints are further exacerbated due to limitations of faculty qualifications.

5. Nursing will see an increased adoption of innovative technologies like digital health records and telehealth visits, which may increase efficiency and/or demand for more skilled nurses.

6. Economic conditions make it difficult for skilled nurses to move to Vermont from other places. These include access to and cost for housing, childcare, transportation, utilities, and more.

7. Nurses are leaving the profession due to burnout, early retirements, staffing shortages and other pressures of work life balance.

8. More Nurses will be needed due to more illness and an aging population.

9. Some staff nurses may leave to become traveling nurses elsewhere because the pay is higher.

V. Nursing Forecast Results
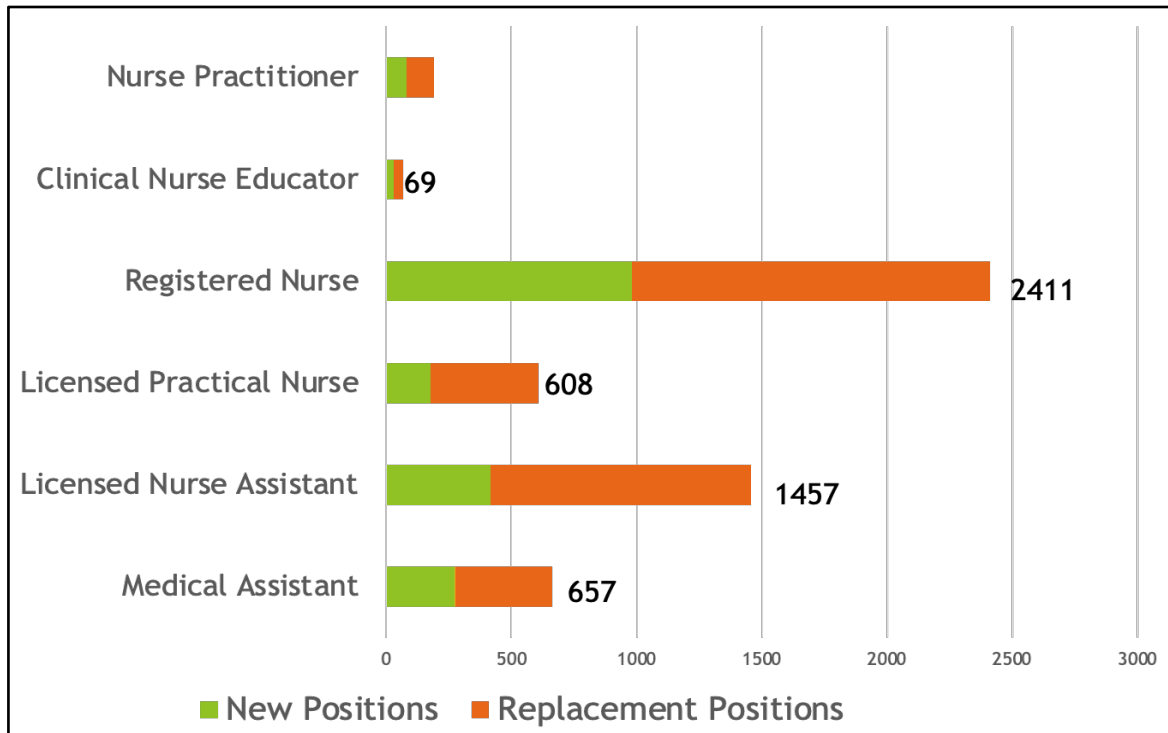
A. Aggregate Nursing Job Forecast

Figure 1: Vermont Nursing forecast for Jan 2024 - Jan 2026 from 50 Vermont Healthcare Providers.

B. Survey Highlights

1. 50 Vermont healthcare employers participated in a Nursing Hiring Needs Assessment, a 60% participation rate among members of Vermont's Healthcare Collaborative including all 17 hospitals.
2. 50 Healthcare Employers forecast 5,394 total nursing positions across six different level roles between January 2024 to January 2026.
3. Registered Nurses (RNs) represent the largest need, accounting for 45% of the total hiring demand over two years. This amounts to 2,411 RNs total, approximately 1,200 per year.
4. The average number of nurses forecasted has declined slightly since 2021. This may be due to more consistent staffing internally and measures to regulate the use of traveling staff.
5. Compared to 2021, the forecast indicates a growing demand for new nurses, compared to replacement nurses.
6. The Central Vermont region has the highest concentration of nursing roles forecast (defined as the region north of Route 4, and south of Interstate-89), including Dartmouth Hitchcock Medical Center in Hanover, NH.
7. Per organization, the average 2023 tuition assistance investment of approximately $3700 remains a limitation to the development of sustainable nurse education pipelines.

C. New vs. Replacement Jobs

Position	New Positions /Growth	New % of Demand	Replacement Positions /Leaving	Leaving % of Demand	Total Positions	% of Total
Medical Assistant	273	42%	384	58%	657	12%
Licensed Nurse Assistant	418	29%	1039	71%	1457	27%
Licensed Practical Nurse	178	29%	430	71%	608	11%
Registered Nurse	981	41%	1430	59%	2411	45%
Clinical Nurse Educator	29	42%	40	58%	69	1%
Nurse Practitioner	80	42%	112	58%	192	4%
Total	1959	36%	3435	64%	5394	

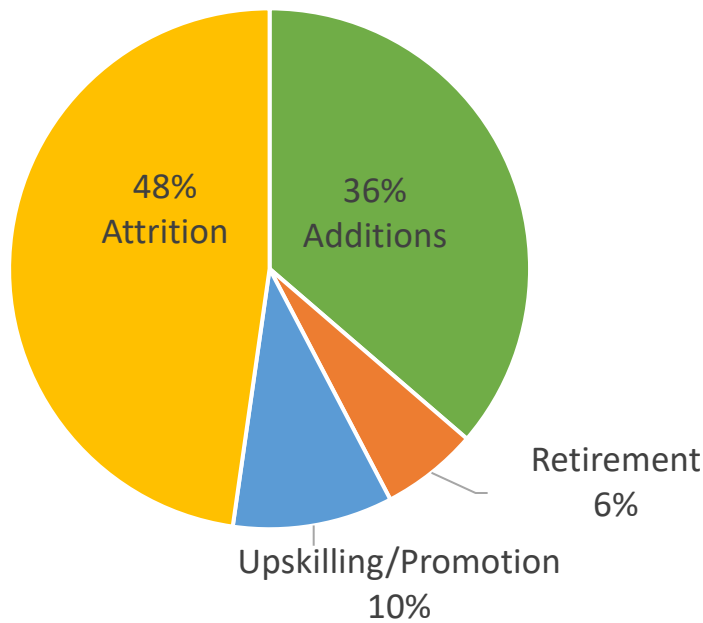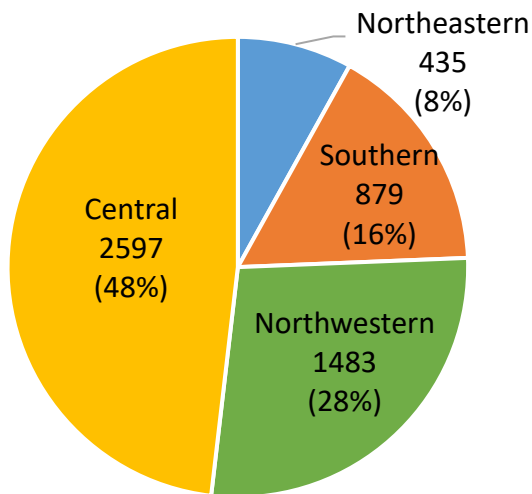*Table 1: Detailed Vermont Nursing Forecast by Position as a percent of the total demand.*

Figure 2: Total Nursing forecast percentages of new additional jobs (for growth of demand) and replacement positions (for attrition, upskilling, retirement).

VI. Geographic Distribution of Demand

Since 2021, the highest demand for nursing hires has shifted from the Northwestern part of the state to Central Vermont. This may be attributed to the requirements of Dartmouth Health, which closely aligns with the job demands of UVM Medical Center. These hospitals are the only two Level 1 Trauma Centers in Vermont and New Hampshire. Healthcare Employers in Central Vermont have expressed difficulty in attracting new nurses, citing the availability of housing and cost of living as the most limiting factors.

Figure 3: Nursing Job demand regional distribution.

A. Needs Assessment Participation

50 Vermont Healthcare Provider types:
- Hospitals (N=17)
- Home Health / Visiting Nurses (N=7)
- Community Health Centers (N=8)
- Residential Care Facilities (N= 18)

B. Regions Defined

- **Central:** (N=14) Along and North of Rt 4, South of Interstate 89, including Hanover, NH

- **Northeastern:** (N=9) North of I-89, and Eastern VT

- **Northwestern:** ((N=11) Along and North of I-89, and Western VT
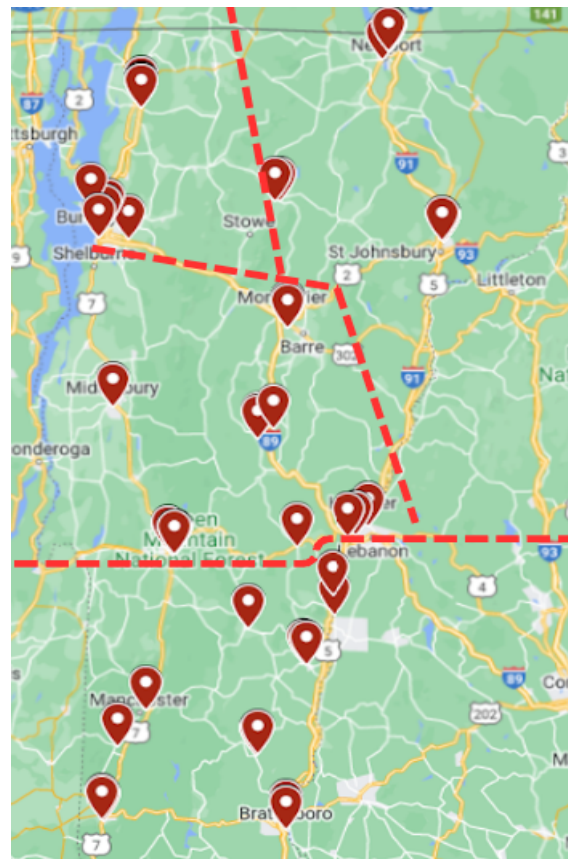
- **Southern:** (N=14) South of Rt 4, across VT

Figure 4: Map of Nursing Needs Assessment Participant locations

C. The Role of Hospitals in Education

Hospitals make up nearly 80% of the total forecast. Vermont hospitals recognize their role in educating the community in preparation for employment by providing clinical training. Several hospitals are now providing more experiences at all hours throughout the year. Small rural hospitals say they are partnering with regional clinics, home health, and residential care facilities to expand the variety and number of clinical experiences for students in their proximity.
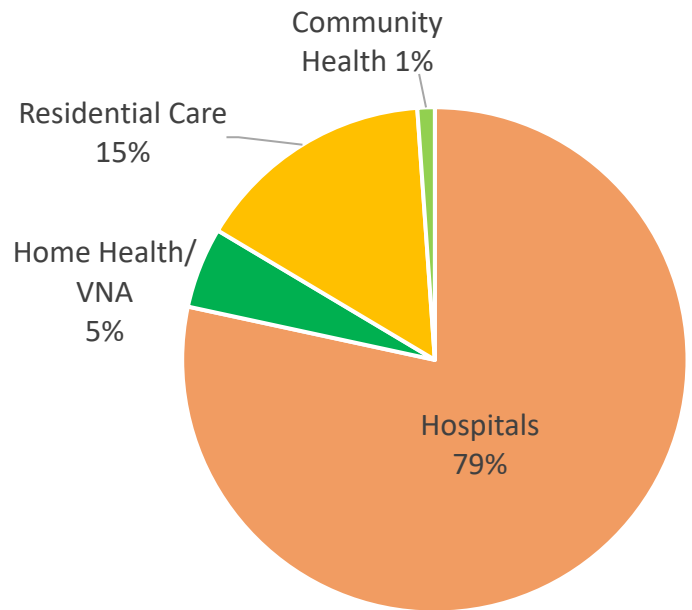

Figure 5: Total forecast distribution by healthcare employer type.

VII. Critical Role Trends

Overall, we see the 2024-2026 average number of nurses forecast at each level declining slightly from 2021. This may be due to the current economic conditions and those effects on the labor participation rate; or on a stabilization of permanent staffing compared to the 2021 pandemic period. In aggregate, the numbers have not declined substantially, yet the biggest need - for RNs, is down about 100 per year from 1300 to 1200. The following figure is the average hiring trend for each role from year to year.
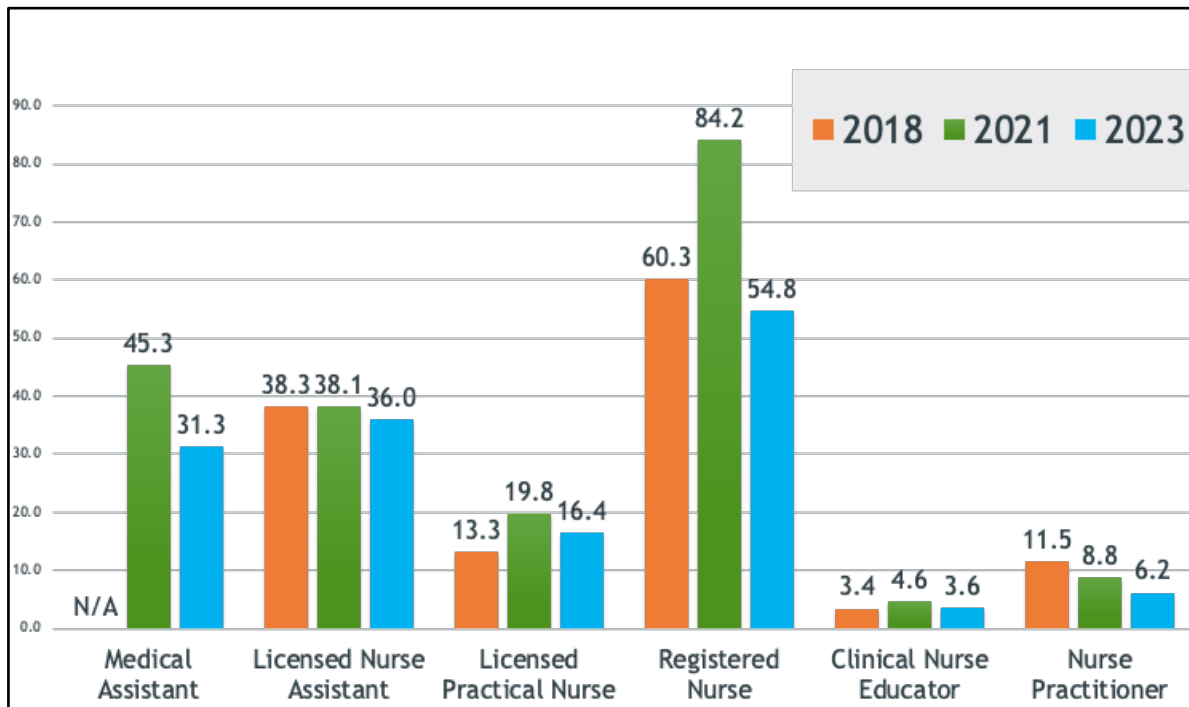

Figure 6: Average number of positions reported over the last three periods by all healthcare organizations. (The average represents a two-year forecast.)

VIII. Employer's Key Reflections

Healthcare Employers included the following key reflections regarding the resulting forecast:

- Registered Nurses continue to be pivotal in addressing healthcare needs. The shortage of RNs is due primarily to the increase in patients and care needs, and the expanding number of jobs within the healthcare sector.
- The shortage of skilled nursing in home health and residential care has increased the need for custodial care in hospitals., leading to prolonged hospital stays for some individuals who have no place to recover.
- There is a notable increase in burnout among nurses, prompting a focus on work-life balance. Employers are responding with incentives beyond salary, such as flexible scheduling and nursing team approaches.
- To maximize staffing efficiency, there is a trend toward innovations that ensure nurses work at the top of their licensure. This includes increased utilization of LPNs to support RNs in a team-based approach to care.
- To address workforce shortages, providers are offering support services, education pathways, and sign-on bonuses to attract new workers to the industry.
- In some regions, the average 2023 expense for LNA Travelers surpasses that of RN Travelers, indicating shifts in demand and resource allocation.

A. Registered Nurses (RNs)

Registered Nurses (RNs) make up the largest demand statewide, with over 2400 registered nursing jobs needed between January 2024-26 (45% of the total). The demand has decreased 9% annually compared to 2021 forecasts. While the number of RNs leaving the role has dropped by 11% since 2021, there has been a significant increase in the number of new/additional RNs needed. Providers indicate this increase is due to an aging population, delayed access to care, more illness, a higher hospital census, and an increased need for custodial care.
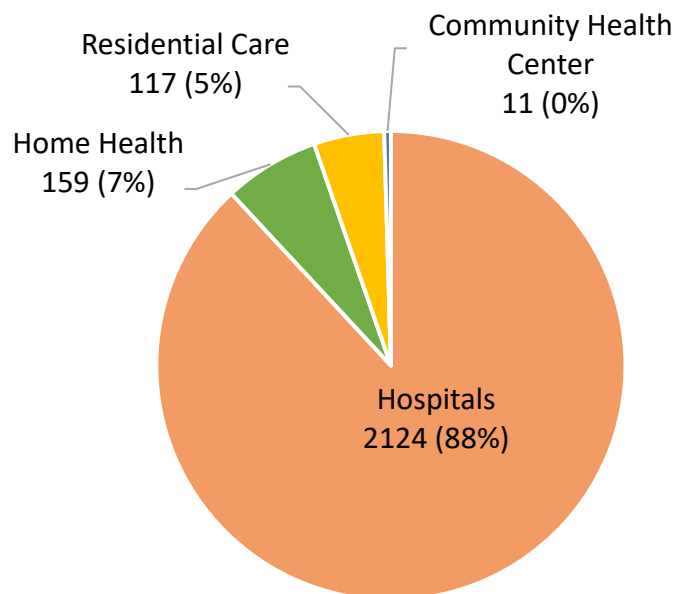

Figure 7: Total Number of RN Positions by Provider Type

Since pre-pandemic times, many hospitals report a patient census of double, or more. The addition of more RNs is, in part, due to increasing support needed at the provider levels. Hospitals report being busier, yet more efficient at staff planning. During the pandemic, some patients could not, or did not access needed care. This resulted in more ill patients and a higher census at hospitals. The biggest RN hospital need is reported in medical/surgical and acute care. More specialty units are developing RN skills to stabilize the workforce.
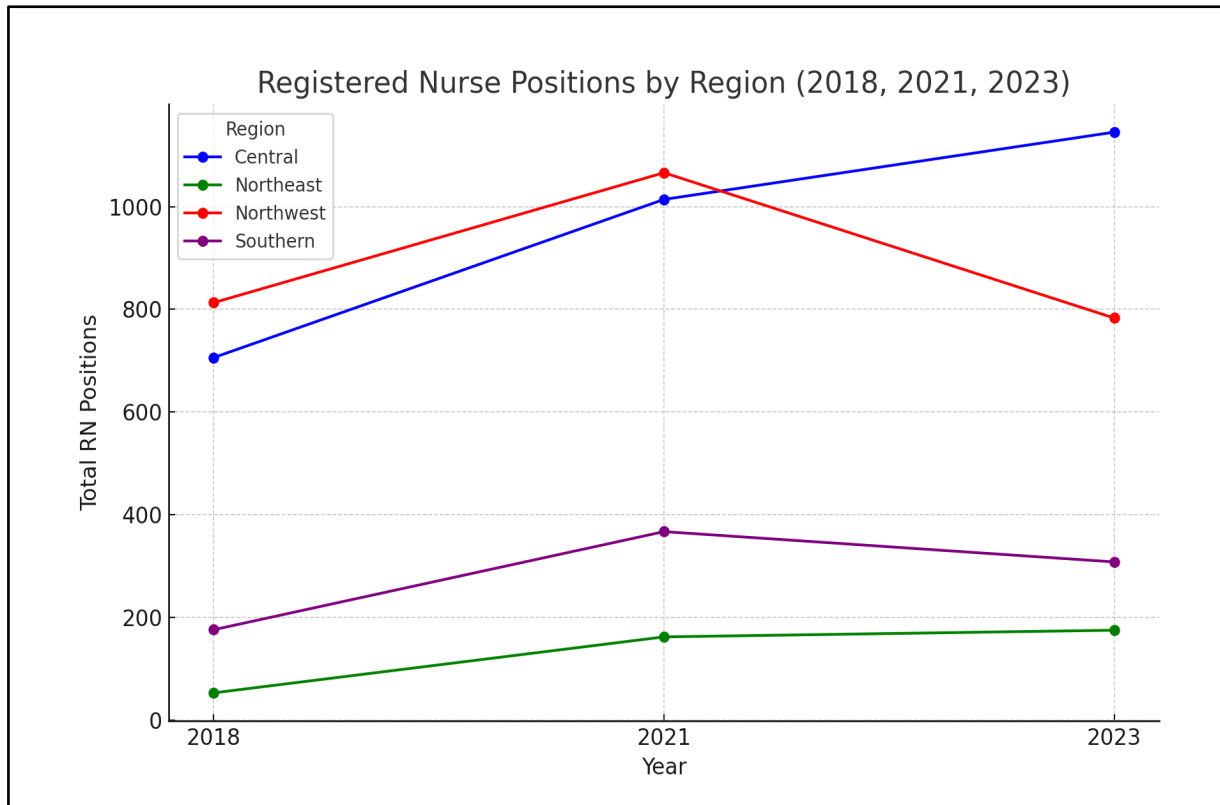
Figure 8: RN Forecast by region for each period, 2018, 2021, 2023

1. Education Requirements

All collaborative responders indicate that a staff RN is required to possess at least an associate degree in nursing. Upon meeting degree requirements, Vermont RNs obtain licensure through the Vermont Board of Nursing by successfully passing the NCLEX-RN exam and completing a criminal background check. Vermont is recognized as a Nursing Compact Licensure State, enabling RNs from 40 other US States[2] without re-testing.

- 100% require a minimum of associate degree in nursing.
- 78% prefer a bachelor's degree (BSN).
- 70% provide a professional RN pathway for employees to advance to RN status.
- 77% provide tuition assistance for RNs, with an average of $3700 per year.
- 74% are aware of staff pursuing an RN; with at least 212 FTE currently working in Vermont healthcare, at an average rate of 9 per reporting organization.
- The primary retention challenges appear to be related to work/life balance for RNs working 36 hours per week. Some rural hospitals note a trend where RNs opt to retain benefits but reduce their work hours to 30 per week to achieve better work/life balance.

---

[2] Nurse.Org

2. Use of Travelers

- An average of 32 FTE RN Travelers is reported from just 21 Healthcare respondents, a total of 676 FTE in 2023.
- In Vermont's Hospitals, an average of **40 FTE RN Travelers** was reported for 2023.

3. Recruitment Strategies

Employers of the collaborative share ideas and discuss solutions, helping each other learn and leverage opportunities. A few strategies were discussed in a recent collaborative meeting:

a. Developing an employer-sponsored professional nursing pathway in partnership with education providers helps support the regional community and economy. These program helps local hospital employees who meet readiness qualifications achieve career advancement while they work, providing them with a paycheck, benefits, education, and wraparound support.

b. Promotion of Vermont as a good place for work/life balance and acceptance among a more liberal population. Encouraging HR campaigns in FL and TX focus on less conservative healthcare rules and a growing LGBTQ community.

c. Enticing travelers to stay on as staff RNs by showing a total compensation comparison.

d. Placing and converting foreign BSN students, with student visas to work visas, which can be extended for up to six years.

e. Following evidence presented by the National Nursing Quality Indicators on outcomes of the LPN team approach and reporting structure. For example, up to 60% of behavioral health RNs are travelers. Experienced staff LPNs are seemingly more prepared and valuable in a behavioral health nursing role.

B. Clinical Nurse Educators

The national recognition of a nurse faculty shortage is identified as the primary bottleneck for educational access. The shortage is influenced by factors such as pay inequity, clinical ratio requirements (1:10 faculty to student), and faculty qualifications for accrediting institutions. Accredited education providers typically mandate a master's degree or higher, for faculty, despite the role often paying less than a practicing RN with an associate or bachelor's degree.
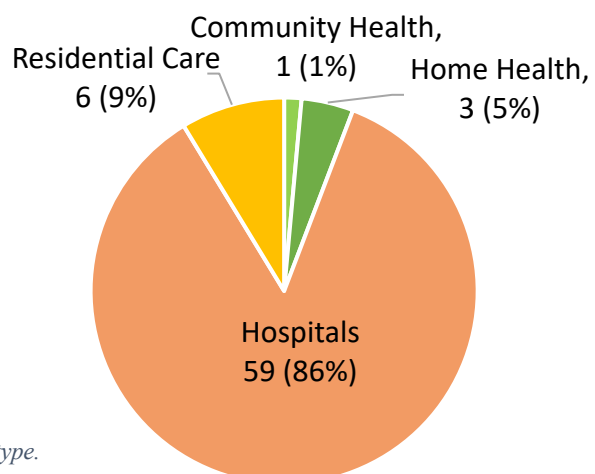

Figure 9: Clinical Nurse Educator forecast by provider type.

1. Education Partnerships

To address the challenges posed by pay inequity, employers have partnered with higher education institutions to develop innovative clinical training solutions. One example utilizes practicing clinical educators to teach in a part-time joint appointment. This joint appointment involves a contract agreement between the employer and higher education institution to enhance educational capacity and quality. Master's prepared practicing clinical educators maintain full-time employment with their healthcare organization while working part-time under a teaching contract. These clinical educators are paid at their normal employment rate, regardless of the contracted rate with higher education. The education provider reimburses the employer, and the employer covers the difference and provides benefits, viewing it as an investment in a sustainable nursing pipeline infrastructure.

2. Expanding Capacity for Education

Some hospitals offer 24/7 clinical experiences for teaching practicum, demonstrating a commitment to education. Employers are also investing in upskilling RNs to MSN for capacity building clinical education purposes. Best practice employer educational investments include upskilling at every level of nurse, including:

- Providing essential LPN support for RNs to practice at the top of their licensure.

- Transitioning LPNs to ADN/RNs is crucial gaps in RN workforce.

- Upgrading ADN/RNs to BSNs to enable them to take on roles of preceptors and clinical leaders.

- Offering an Accelerated Bachelor of Science in Nursing (ABSN) programs to swiftly transition post-baccalaureate individuals to RNs.

- Advancing BSN to Master of Science in Nursing (MSN) prepares nurses to teach clinical courses, leadership roles, and providing APRN primary care skills.

C. Nurse Practitioners

Nurse Practitioners (NPs) are highly skilled and credentialed professionals with either a master's or a doctorate degree in a specialty area. NP demand correlates to the shortage of primary care in Vermont and the need to increase access for patients in rural areas. NPs have a broad range of skills to support clinics, acting as a provider of choice, diagnosing, and treating illness, and prescribing medications. Vermont's focus on population health and preventative care makes the NP role even more vital in delivering accessible, high-quality cost-effective treatment.
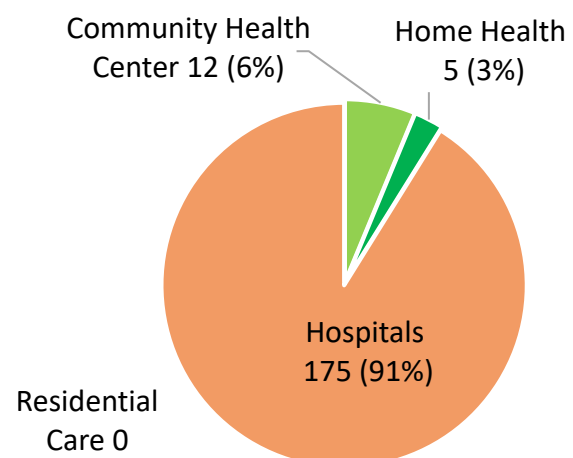

Figure 10: Total Nurse Practitioner Forecast by employer type.

D. Licensed Practical Nurses

According to collaborative members, LPNs are providing high value to a care team. LPNs work primarily in clinics and in the inpatient setting. Utilization of LPNs has increased the efficiencies in nursing care teams by creating a full complement of care. Care teams consist of LNAs (Licensed Nursing Assistant), LPNs, and Registered Nurses (RNs), all working at the top of their licensure. The forecasted need for LPNs continues to rise at clinics and in hospitals with the increase in custodial care requirements resulting from a shortage of long-term care availability.
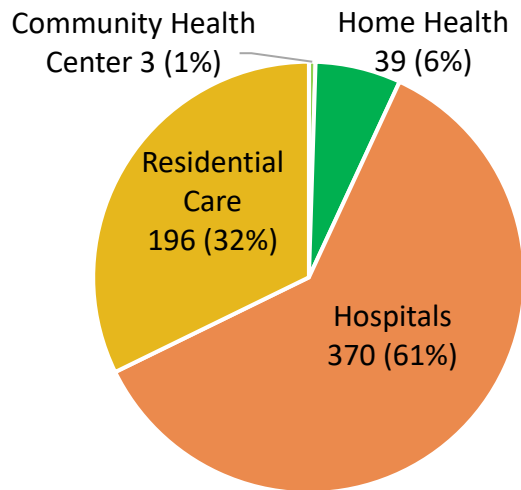

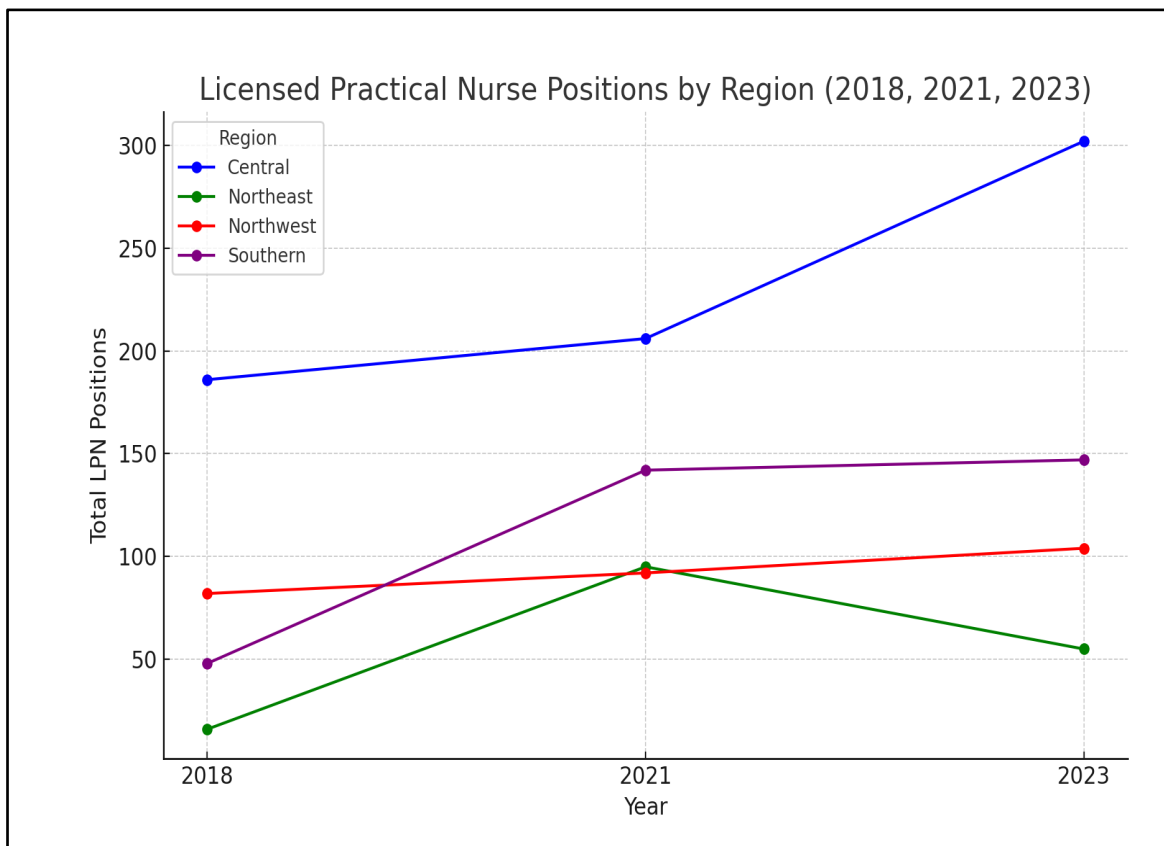*Figure 11:Total LPN Forecast by Provider Type.*

Figure 12: LPN forecast by region for each period, 2018, 2021, 2023.

E. Licensed Nurse Assistants

About half of the healthcare collaborative offer paid in-house LNA training to support the continuing need for care at basic levels. LNAs are a critical part of the nursing career ladder as they provide a first line of support to a continuum of care. Having a pipeline of semi-skilled employees offers an opportunity for educational upskilling in all critical healthcare roles, including the RN. Organizations without a pathway for LNAs to advance report having a higher turnover for this role.

While the forecast for LNAs has largely stayed the same in certain regions, the number needed in Central Vermont has increased substantially since 2021, and is estimated at more than 700 within the next two years.
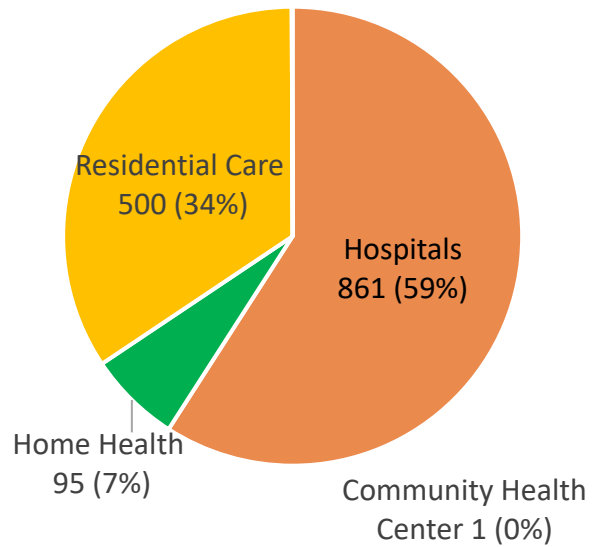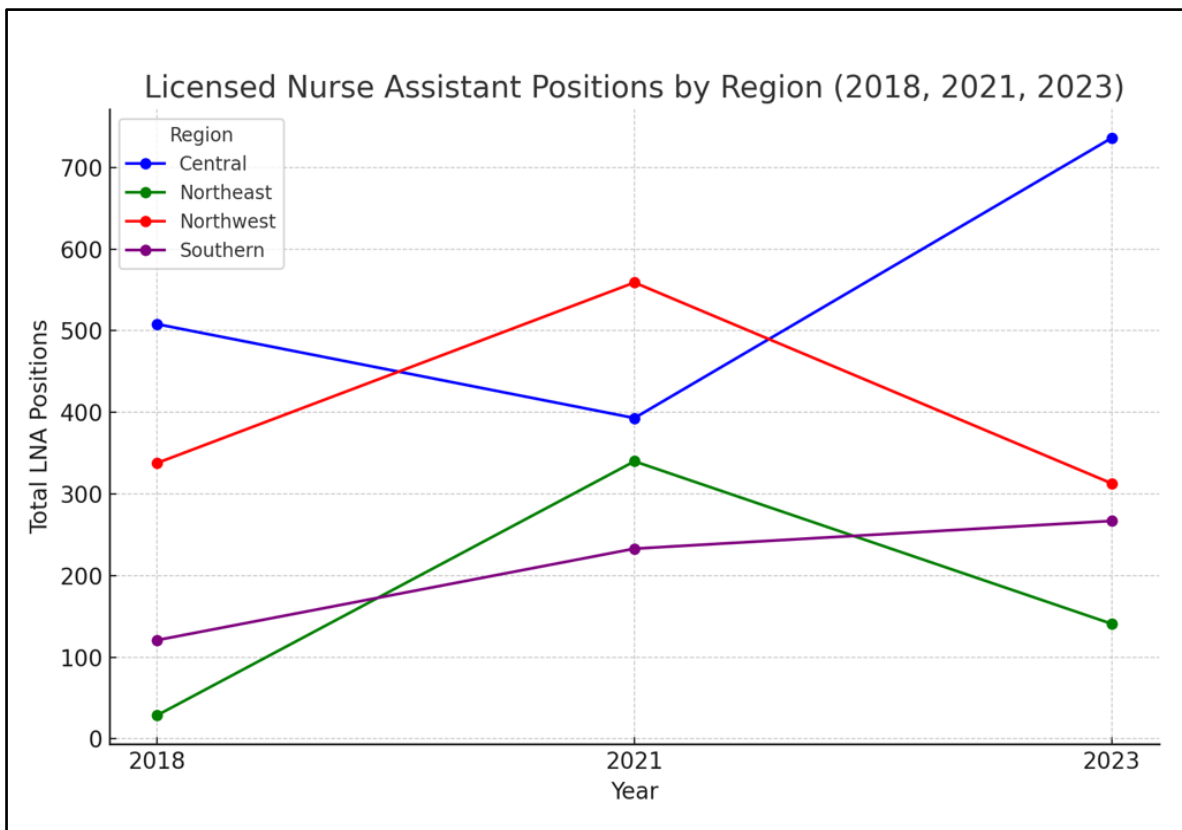

Figure 13: Total LNA forecast by provider type.

Figure 14: LNA forecast for each period, 2018, 2021, 2023.

VBR Research and Education Foundation
Nursing Needs Assessment 2024-2026

F. Medical Assistants

Medical Assistants (MAs) are reportedly utilized most often in the clinical or administrative setting (or both), and do not require credentialing. MAs are typically paid more than other healthcare assistant roles like the LNA (Licensed Nursing Assistant). However, MAs must have direct provider supervision to perform clinical and/or administrative tasks, each of which are determined by the clinic and the provider oversight available within it.
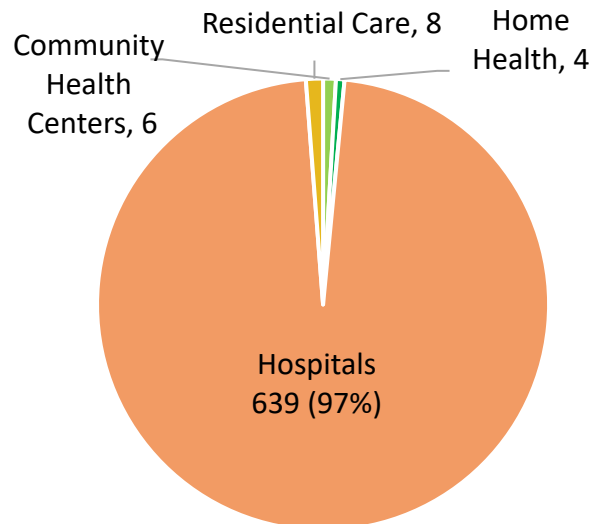

Figure 15: Total Medical Assistant forecast by provider type.

IX. Limitations of Research

The Nursing Needs Assessment forecast is limited by participation. We partner with Vermont Association of Hospitals and Health Systems, Bi-state Healthcare, VNAs of Vermont, and the Vermont Health Care Association to encourage employer participation.

We expect the number of nurses needed in Vermont for each role could be higher. An example below shows the number of potential nurses needed in Residential Care Facilities. This chart represents the number of residential care beds in Vermont, as compared to the residential care survey respondent's bed availability.
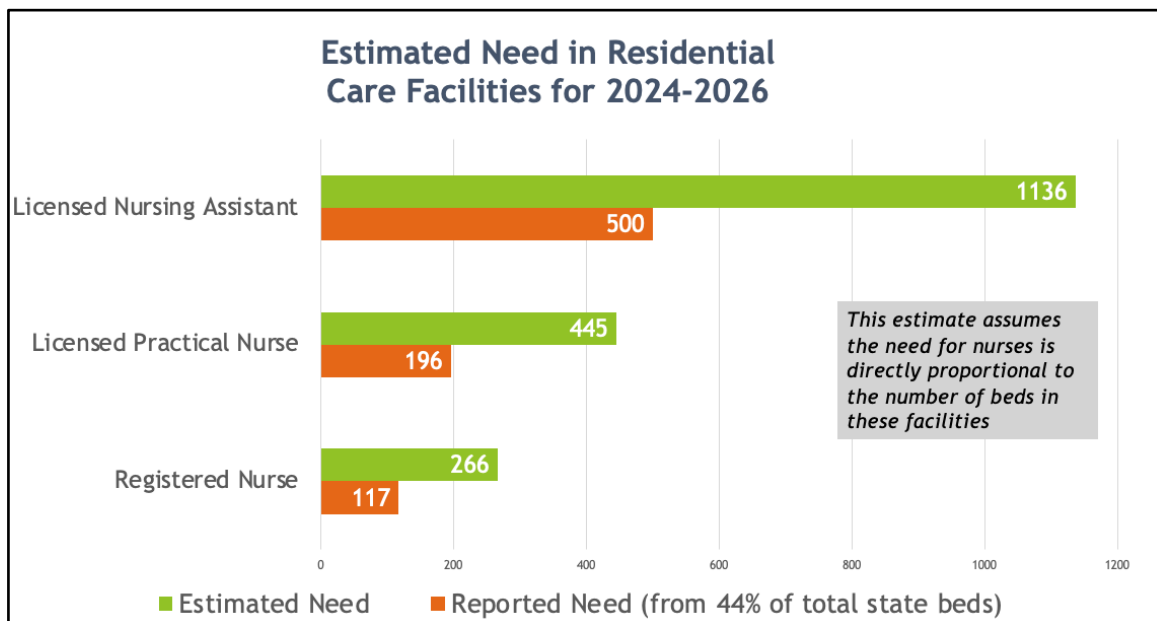

Figure 16: Potential Forecasted Demand from Residential Care Facilities. The estimate uses the total # of beds determined by the Vermont Association of Hospitals, with the Vermont Health Care Association.

The VBR Research and Education Foundation has a consistent year-over-year job forecast data set for analysis. We can use the data to determine averages and trends by region, employer type, and critical role. If there are questions not answered fully, we encourage you to contact us and will do our best to accommodate your request.

X. Investing in Education

An investment in Nursing education can yield a significant return compared to the expense of hiring travelers. By supporting the training and development of existing staff members, employers may establish a long-term strategy to build and maintain a robust nursing pipeline. The benefits of this investment extend beyond the employer and employee, positively impacting the entire community.

ROLE	% Reporting Tuition Assistance Available	AVG annual Tuition Assistance per FTE	Estimated annual Tuition & Fees at VTSU	% of Responses Reporting Travelers for 2023	AVG # Travelers 2023	Estimated annual salary per FTE Staff	Estimated* annual salary per Traveler[3] @240%
LNA	62%	(fully paid)	$1,200	23%	5	$37,500	$90,000
Healthcare Certificate Core Prep			$4,700				
LPN Certificate	72%	$3587	$24,282	83%	4	$57,000	$137,000
RN Degree	77%	$3715	$18,751	44%	32	$78,000	$187,000

Table 2: A comparison of the estimated annual investment in nursing education against the cost of employing traveler nursing roles in 2023. The estimated salaries are based on 2022 average pay rates from the bureau of Labor Statistics, compared to traveler nurse counterparts. The data highlights a significant cost differential when compared to traveler nurses, showing the financial advantages in investing in a permanent nursing workforce to reduce reliance on the more expensive traveler nurse staffing.

Investing in the education and professional development of the nursing staff not only has the potential to reduce the need for expensive traveler nurses but also to improve the quality of patient care, leading to better patient outcomes and potentially lower overall healthcare costs. Given the high cost of traveler nurses, healthcare organizations could focus on strategies to attract, develop, and retain their workforce by enhancing tuition assistance, offering more opportunities for career advancement, and improving working conditions to increase job satisfaction and decrease turnover.

---

[3] The Advisory
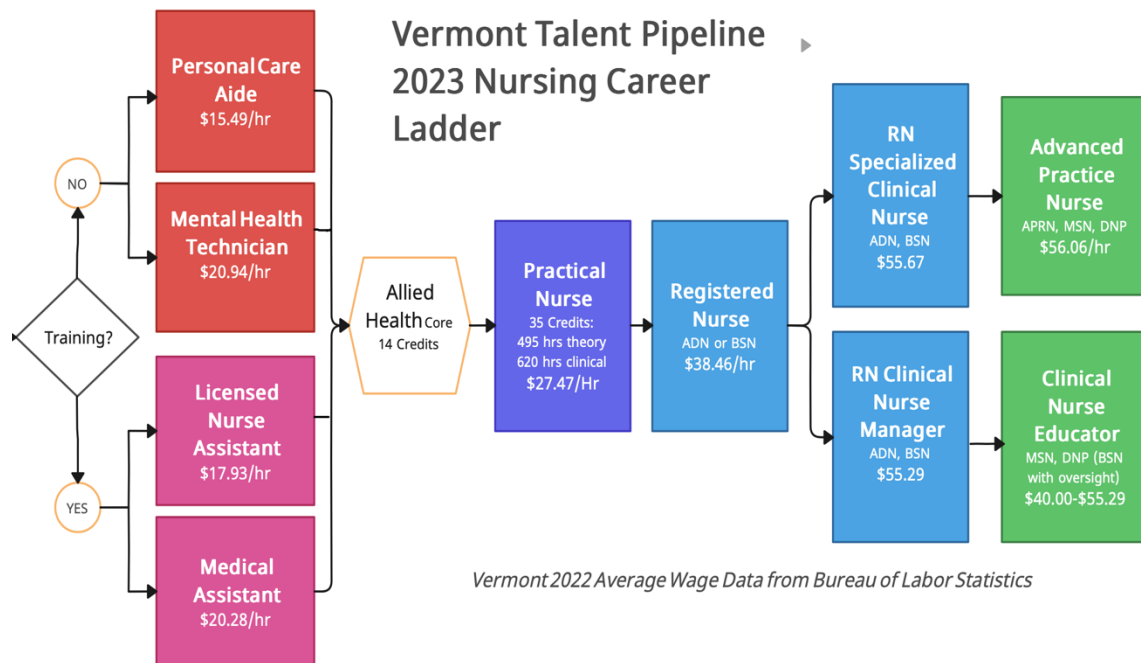
XI. Sustainable Nursing Career Pathways

Figure 17: Vermont Talent Pipeline's 2023 Nursing Career Ladder. Vermont average wages and credential requirements reported by the Bureau of Labor Statistics.

There are plans for Vermont hospitals to cultivate their own nurses through an employer-sponsored RN pathway. Starting such a pathway requires leadership support, financial planning, operational and administrative coordination, and the establishment of educational partnerships. The VBR Foundation, funded by the US Education and Training Administration, assists healthcare providers in establishing employer-sponsored pathways for nursing. Financial planning demonstrates a Return on Investment (ROI), preparing employees to achieve stackable nursing credentials. Four best practices are recommended to ensure qualified candidates can achieve RN licensure while continuing to work:

1. **Service Agreement**: sponsoring nursing education and career advancement use an employment agreement for a term of service to match the educational term. The agreement, signed between employer and employee, reduces risk, and promotes career advancement.

2. **Education Funding Resources**: The provision of loan repayment, as opposed to Tuition Assistance, reduces risk for both parties in the event of a separation prior to the agreement term. Most employers have utilized tuition assistance at an average of $3700 per year, affecting both completion and retention rates.

3. **Wrap around Services:** Services that support workers in their education pathway and career are essential to successful completion. Socio-economic needs such as housing, childcare, and transportation; financial aid; academic support; and mentoring are just a few strategies for support

4. **Clinical Education Support:** Healthcare providers with joint clinical educators will help to expand access for educational clinical experiences pre- and post-licensure.

XII. Other Hiring Questions

ROLE	Question	YES	NO
Medical Assistant	Does your organization provide an educational pathway for Medical Assistants to become LPNs or RNs?	48%	52%
	Does your organization's Medical Assistant role require a credential of any kind?	48%	52%
	If yes, are there credit-bearing course requirements?	17%	83%
Licensed Nurse Assistant	Does your organization provide in-house training for Licensed Nurse Assistants?	38%	62%
	Does your organization sponsor an educational pathway from LNA to skilled nursing (LPN or RN)?	62%	38%
	Does your organization educate and support underserved populations with career advancement? Examples: College preparation, wrap around supports, or English Language Learning	34%	66%
	Do you expect the need and cost for LNA Travelers to increase in the next two years?	34%	66%
Licensed Practical Nurse	Does your organization utilize LPNs to support RNs, so RNs can operate at the top of their licensure?	83%	17%
	Is your organization interested in sponsoring an apprenticeship to "upskill" Licensed Practical Nurses to RNs?	72%	28%
	Do you expect the need and cost for LPN Travelers to increase in the next two years?	31%	69%
	Does your organization provide Tuition Assistance for Practical Nurse Licensure Preparation?	64%	36%
Registered Nurse	Does your organization provide an RN professional pathway for employees interested in RN licensure??	61%	39%
	Do you expect the need and cost for RN Travelers to increase in the next two years?	36%	64%
	Does your organization provide Tuition Assistance for RN licensure Preparation?	69%	31%
	Are you aware of staff members pursuing RN education?	67%	33%
Clinical Nurse Educator	Does your organization provide Tuition Assistance for Clinical Instruction/Education Preparation?	65%	35%
	As the growth of the nursing profession depends on access to education, will your organization provide part-time pre-licensure clinical instruction, paid for by higher education, to help expand nursing student capacity and your organization's hiring pipeline?	46%	54%
Nurse Practitioner	Does your organization provide Tuition Assistance for APRN Licensure Preparation?	69%	31%

Table 3: Healthcare Provider responses for each nursing pathway role.

XIII. Collaborative Participant List

- Battenkill Valley Health Center
- BAYADA Home Health Care
- Bel-Aire Center
- Bennington Health & Rehabilitation
- Berlin Health and Rehab Center
- Brattleboro Memorial Hospital
- Brattleboro Retreat
- Burlington Health & Rehabilitation Center
- Cedar Hill Continuing Care Community
- Central Vermont Home Health & Hospice
- Central Vermont Medical Center, UVMHN
- Community Health of Rutland
- Converse Home
- Copley Hospital
- Dartmouth Hitchcock Medical Center, Dartmouth Health
- Equinox Terrace
- Franklin County Rehab Center LLC
- Genesis Healthcare- Mountain View Center
- Gifford Medical Center
- Gill Odd Fellows Home
- Grace Cottage Hospital
- Howard Center
- Lamoille Health Partners
- Menig Nursing Home
- Mertens House
- Mt. Ascutney Hospital and Health Center – Dartmouth Health
- North Country Hospital
- Northeastern Vermont Regional Hospital
- Northern Counties Health Care
- Northern Tier Center for Health (NOTCH)
- Northwestern Medical Center
- Orleans Essex Visiting Nurse Association and Hospice
- Our Lady of Providence
- Porter Medical Center, UVMHN
- Rutland Healthcare & Rehabilitation Center
- Rutland Regional Medical Center
- Saint Albans Healthcare & Rehabilitation Center
- Southwestern Vermont Healthcare and Medical Center, Dartmouth Health
- Springfield Hospital
- Springfield Rivers Nursing and Rehabilitation
- St. Johnsbury Health and Rehabilitation Center
- UVM Health Network Home Health and Hospice, UVMHN
- UVM Medical Center, UVMHN
- Valley Cares Inc
- Visiting Nurse and Hospice for VT and NH
- VNA & Hospice of the Southwest Region
- White River Junction VA Medical Center