Capacity Management Update: Staffing

Since the summer of 2016, we have experienced a sustained surge in inpatient volume. Many teams from across the organization have been working together to understand the causes and to develop a proactive approach in managing times of high census and acuity.

Initial assessment suggests this demand is coming largely from our aging population in Chittenden County with acute medical needs. Additionally, there has been an increase in the duration of inpatient stays, and we have seen an increase in the number of patients seeking mental or behavioral health care.

Staffing has been a key focus. Late in the summer of 2016, with early indications of census increases, we initiated a strategy that involved increasing the number of temporary travelers. We currently have 40-plus travelers on site in nursing and other support areas.

We have also increased 1:1 observation for safety to address the uptick in mental health patient volumes. We have engaged two key strategies to support this level of care:

• Trained 30 UVM College of Nursing and Health Sciences Jr/Sr nursing students to provide constant observation for lower-risk patients, starting February 18 through March, as needed. We have deployed a total of 24 students since the 18th to different inpatient units and are covering almost 25% of our total needs through this new strategy. This short-term strategy is helping us keep valuable clinical team members such as LNAs in direct care, while having student nurses support 1:1 observations for safety. Students have provided feedback and interest in continuing this support, which is something we are developing.

• Contracted with TLC, a local provider for patient attendant-level support, available the second week in March.

We are planning to integrate new video monitoring technology to be a supportive strategy for select cases requiring 1:1 observation for safety, to allow for more effective use of staff. The tentative go-live for this new technology is late June.

We are posting additional new direct care RN and LNA FTEs needed to close the gap created by the sustained patient volumes, including targeted and strategic recruitment and onboarding plans.

While we recruit for and onboard these new FTEs, we continue to provide volunteer opportunities for per diem and part-time worker to sign up for shifts, overtime, and other premium pay for additional time, given the length of the census surge.

Finally, a new LNA council focused on improving our work processes and environment will meet for the first time this month.

Stay tuned for further updates on this work in upcoming issues of ONE.

FLETCHER BUNDY
Mental Health Technician, Resource Staff
“I work to inspire hope and provide encouragement for the patients I care for.”
Collaboration Yields Inpatient Psychiatry Exercise Facility

Thanks to a unique collaborative effort that includes UVM undergraduate students, physicians, nurses and group therapists, our psychiatry inpatients now have a space where they can reap the many benefits of physical exercise.

UVM Medical Center providers and undergraduate students worked together to transform a relatively small space on Shepardson 6 into an exercise facility as part of a quality improvement project whose goal is to increase patient motivation to exercise.

Under the leadership of the Exercise and Movement Science Director Dr. Sue Kasser, undergraduate students who are studying Exercise and Movement Science and Psychology have been instrumental in not only designing the space with the unique needs of this population in mind, but in developing evidence-based programming and patient education materials. Working with group therapists, they also lead twice-weekly exercise groups on Shep 6. UVM student Macie Fletcher says that the students plan ahead of time what they want to do for each exercise session, ranging from the choice of exercises to the duration of each circuit. “Every day is different,” she says, “as we have varying numbers of participants and varying abilities.” The students adapt each class accordingly. Macie adds, “All of the staff have been extremely helpful. The group therapists are amazing and extremely knowledgeable.”

Says Jeremy Sibold, chair of UVM’s Department of Rehabilitation and Movement Science, “This project is a shining example of contemporary inter-professional health education that includes undergraduates and faculty in Exercise Science, the College of Medicine, and a leading academic medical center - all working synergistically on behalf of patients.”

“Is such a great feeling to come into a session and see familiar faces coming back to a program I am part of, and even more so to see so many of the patients improve as much as they have.”

MACIE FLETCHER

Harvest of the Month Recipe
Cider-Braised Cabbage & Apples

2 lbs red cabbage, cored and cut into ½ inch pieces
1 apple, cored and cut into ½ inch pieces
3/4 cup apple cider
1 garlic clove, minced
3 tbsp unsalted butter
1/2 tsp caraway seeds
1 1/2 tbsp apple cider vinegar

Melt butter in a deep skillet over medium heat. Add garlic and cook, stirring, for one minute. Add cabbage, apple, cider, caraway seeds, and a pinch of salt and pepper. Cover and cook, stirring occasionally, until tender (15-20 minutes). Add vinegar and cook, uncovered, for a minutes. Liquid should be evaporated. Season with salt and pepper, to taste, and serve warm.
Genomic Medicine Laboratory Opens

The UVM Medical Center has opened a Genomic Medicine laboratory to expand its use of advanced genetic testing that doctors can use to develop treatments tailored to individual patients.

By pinpointing genetic variations related to a patient’s disease or disease risk, genomic testing leads to a more accurate diagnosis which may allow providers to choose a therapy targeted at the underlying cause of a specific patient’s illness.

Since early 2016, patients of the UVM Health Network with solid cancers - such as lung, colon and melanoma - have benefitted from genomic testing, which is only available at a limited number of academic medical centers in the U.S. The new lab will allow testing of blood cancers, cardiovascular disease and neurological conditions, among other illnesses.

“What was once thought of as lung cancer is now known to be many types of a disease that reacts differently to varying treatments,” said Debra Leonard, MD, PhD, chair of Pathology and Laboratory Medicine at the UVM Health Network and Robert Larner, MD College of Medicine. “With the precision treatments made possible by genome sequencing, some of our patients have had their tumors decrease in size.”

“Personalized therapy and prevention informed by genomics will become a significant part of medical care in the coming years, and we are determined that our patients will fully benefit from the promise of genomic medicine,” said Nikoletta Sidiropoulos, MD, the program’s medical director.

The 5,000 square foot facility consolidates UVM Medical Center’s genomic testing into one clinical laboratory space specifically designed for this purpose. The different steps of genomic testing will be performed across three separate specially designed rooms to meet regulatory requirements.

“I want to congratulate Dr. Leonard and her team for successfully pursuing the goal of offering our patients leading-edge genomic testing. It’s this kind of dedication to improving patient care that has made us one of the top academic medical centers in the nation.”

EILEEN WHALEN, MHA, RN, PRESIDENT AND COO COMMUNITY RELATIONS

David Seward, MD, PhD, Ken Hampel, PhD, Nikoletta Sidiropoulos, MD, Patty Martines, Debra Leonard, MD, PhD, Margaret Cameron, MT, Courtney Scott, MT, Jordan Armstrong, MT. Photo by Hing Kur
Stewardship Program Addresses Antimicrobial Use

Antibiotics, also known as antimicrobials, are drugs that fight infections caused by bacteria. Today, almost all important bacterial infections in the US and around the world are becoming resistant to antibiotics.

In response to this threat, the Joint Commission issued a 2017 standard on medication management. UVM Medical Center is joining hospitals around the country in implementing an antimicrobial stewardship program that ensures that patients receive the correct antibiotic, correct dose at the correct time and the correct duration.

An antimicrobial stewardship team consisting of an infectious disease physician; a clinical pharmacist with infectious disease training; a clinical microbiologist; an infection prevention team and hospital epidemiologist; and an information technology specialist are working together to develop and implement this program.

Accomplishments so far include:

- Creation of an Infectious Disease Practice Committee (IDPC), a subcommittee of the Pharmacy and Therapeutics Committee, which oversees antimicrobial utilization within the institution

  - The IDPC has created a guide to antimicrobial therapy to educate staff around antimicrobial ordering, dispensing and administration that is given to providers at the time of hire

  - Educational information on antimicrobial has been incorporated into the patient handbook, which is distributed to patients during hospital admission

  - Implementation of PRISM and Theradoc clinical decision support software

Work continues in areas such as the reassessment of ongoing antimicrobial therapy, with possibilities such as an antibiotic time-out at 72 hours for high-volume antimicrobials; and a seven-day limit on antimicrobial orders in the hospital.

In addition, tracking of organisms will be an important feature of ongoing effort, including prospective audits of antimicrobial utilization; and the use of an internal metric known as a “resistance index,” used to track colonization and infection with nosocomial microorganisms.

"Our antimicrobial stewardship program follows the CDC core elements of stewardship, which include leadership commitment, accountability, drug expertise, action, tracking, reporting and education."

JOHN AHERN, SUPERVISOR, PHARMACIST CLINICIAN; AND LOUIS POLISH, MD

The North Hero House
Route 2, North Hero Village
802-372-4732 | 888-525-3644

The North Hero House is pleased to offer The University of Vermont Medical Center employees valuable coupons and special savings when you sign up for the UVM Medical Center Club at the North Hero House. Visit our website for more information.

INTEGRITY & COMPLIANCE INFORMATION

The University of Vermont Medical Center has established a confidential disclosure mechanism through its Integrity and Compliance Hot Line, a toll-free telephone line, to enable employees, residents, staff and patients to report instances of noncompliance and/or make inquiries on compliance issues. The Compliance Hot Line can be reached at: (800) 466-7131 or (802) 847-9430.
UVM Medical Center and Rutland Regional Medical Center recently celebrated the 20th anniversary of a collaboration that provides dialysis care at the Rutland Dialysis Unit. The program meets a critical need in the community.

On a Monday morning, staff at the center gathered with volunteers and administrators from both hospitals to mark the occasion, surrounded by patients hooked up to quietly beeping machinery.

Wolfgang Weise, MD, medical director, and Patricia Murray, care coordinator and certified nephrology nurse, have been with the unit since its inception. Over time, the team has expanded to include six nurses, seven nationally certified technicians, one case manager, and recently, Sree Susarla, MD, all employed by UVM Medical Center. The unit has the capacity to treat 54 patients per week.

“"This is a great example of the many ways Vermont’s hospitals work together to improve the lives of our patients, and I am so proud of this collaboration. This long-standing partnership allows patients to receive some of the highest quality dialysis care in the nation close to home.”"
Over the past nine years, more than 250 UVM Medical Center caregivers and support staff have been inspired to test their own ideas for reducing infections by participating in the Infection Prevention Advocate Program. Thanks to the program and other initiatives, hospital-acquired infections and their associated morbidity and mortality has declined.

In January, more than 40 participants from UVM Medical Center, Central Vermont Medical Center – UVM Health Network, Porter Medical Center, CVPH-UVM Health Network and Elizabethtown Community Hospital came together to kick off the year.

They meet in daylong sessions to learn general infection prevention information. Then, they pick a project in an area they would like to improve. This month, they will plan how they will test their idea, often through small “idea loops,” where they will plan, study and act on a project, review the data, and start over again. Projects have included ideas as simple as swabbing patient care equipment to see what kinds of bacteria are present. “It’s empowering clinicians at the bedside to find their voice,” said Carolyn Terhune, manager, Infection Prevention. “If they see something, they ask why we’re doing that.”

While the main focus of infection prevention work is to ensure that patients do not acquire infections while in our health care system, it also means ensuring the safety of caregivers and other staff.

This year, Employee Health RN Bonnie Morin, is an infection prevention advocate working on a big employee issue – needle sticks.

Part of Morin’s work entails reconstructing what happened in an incident in which an employee is potentially exposed to a bloodborne pathogen, both to determine what went wrong and consider whether anyone else may be at risk.

Though the risk of contracting diseases such as Hepatitis C, HIV, or Hepatitis B is relatively low even after a potential exposure, Morin then works with employees to get them treatment.

Terhune added that over the course of a year working on a specific infection prevention project, many teams often identify a project to test the following year, and attend the program again. Some projects have been implemented organization-wide after an advocate tests them through the program.

“Chances are, if one area has an issue, it’s likely that another unit has experienced a similar problem and found a way to address it,” Terhune said. “Bonnie’s project is perfect because exposures can happen anywhere.”

Exactly what form Morin’s needle-stick project will take was unclear as of this writing – that’s what the second session is for – but Morin hopes that it will have a measurable impact. “I’d love to reduce the incidence of exposures,” she added. “I’m very excited about this project.”

While the program is typically attended by bedside care providers, it is not limited to clinicians. Anna Noonan, VP for Quality and Operational Efficiency, noted that any session might see staff from patient support sitting next to staff from environmental services.

“Every member of the health care team is critical to ensuring that patients do not get infections while in our care. We want all of our clinicians and staff to understand how important their role is in preventing infections in our organization.”

ANNA NOONAN
VP FOR QUALITY AND OPERATIONAL EFFICIENCY

“Every member of the health care team is critical to ensuring that patients do not get infections while in our care. We want all of our clinicians and staff to understand how important their role is in preventing infections in our organization.”
A Bend in the Road

When I wrote last summer, I had left behind full-time work in corporate communications, started a position as a Cardiology Technician at UVM Medical Center, and was about to embark on my first semester as a pre-med student at UVM. Somehow, I made it through the fall semester. I took Physics, Biology and Chemistry, while working part-time in Cardiology and Marketing & Communications, and volunteering at Vermont Child Health Improvement Program and Lund Family Center. I also squeezed in the parenting and wife-ing thing too. It was an exhilarating, bewildering, exhausting and ultimately rewarding experience. I managed a very respectable GPA, but it was not quite as high as I’d like it to be. While you don’t need a 4.0 to get into medical school, it certainly helps.

So I was faced with a choice. Continue in a straight line down the path I’ve laid out, or make an adjustment? I’ve had a lot of time to reflect on what being a physician would require of me. The uncertainty of whether I’d get into medical school, whether that medical school would be in Vermont (where my family is happily settled), and how my family would weather a brutal eight or more years of schooling and residency...ultimately became too much uncertainty for me. However, I desperately wanted to practice medicine in my community, to be intellectually challenged, to teach new generations of students, to contribute to health care policy development. Turns out, there is another way!

After discussing with my advisor in the postbac program, I have shifted to the pre-Nurse Practitioner track. In roughly a year I will have taken all the courses needed to fulfill my admission requirements, which will allow me to apply to UVM’s College of Nursing and Health Sciences and other nursing schools. If I am accepted into UVM’s rigorous Direct Entry Program in Nursing, I would engage in an intensive year of pre-RN licensure, followed by three years of Doctor of Nursing Practice studies, ideally in Family Medicine.

While I admittedly have had some mixed feelings about changing course, I am coming to realize what an incredible opportunity I have right in front of me, and what an honor it would be to join the ranks of the fantastic nurses I have come to know and work alongside in providing patient care.

I’m looking forward to the next bend in the road!

"Though we can’t always see it at the time, if we look upon events with some perspective, we see things always happen for our best interests. We are always being guided in a way better than we know ourselves." - SWAMI SATCHIDANANANDA

ELIZABETH MADIGAN
Director, Human Resources
“I love that my job gives me the opportunity to create both small and large ripples of cultural change one person at a time.”
Defining Service, Loyalty and Companionship

When Heather Berg stands at a street corner, waiting for the light to change, she is working very closely with her ever-present canine companion, Cherish. Based on what she hears and what Cherish observes, they cross when it is safe to cross.

“Every bit of what we do is teamwork,” she says.

This defines the extraordinary relationship between Heather and her service dog, a relationship made possible by the skills of these animals, who are individually trained to do work or perform tasks for people with a wide range of disabilities, many of which may not be obvious.

In addition to providing an extra set of eyes for people like Heather, who has been visually impaired since birth, service dogs also do other important work, such as alerting people who are deaf, pulling wheelchairs and alerting and protecting a person who is having a seizure.

Joining Heather in her workdays, Cherish runs errands with her, goes to her meetings, visits the gym and travels with her – on planes, trains and automobiles. Cherish’s specific tasks are to guide Heather around obstacles, to keep her walking in a straight line, and to notice traffic patterns.

But of course that’s not all. Companionship is a huge component to their relationship. “I never have to wait for the bus alone,” she says. “And she can be a very effective social tool.”

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**SERVICE DOGS AT THE UVM MEDICAL CENTER**

Since the UVM Medical Center understands the important role that service dogs perform for people with disabilities, service dogs are welcomed in all areas of our facilities where the public is normally allowed to go – unless patient safety and infection control standards would be compromised by the presence of an animal, such as in operating rooms. When it is not obvious that an animal is a service animal, staff may ask two questions:

- Is the dog a service animal required because of a disability?
- What work or task has the dog been trained to perform?

Service animals are working animals, not pets. A dog whose sole function is to provide comfort or emotional support does not qualify as a service animal. It’s also important to note that service animals in training may be handler trained by the person with disability themselves or accompanied by trainers who do not have any disability at all.

Staff cannot ask about the person’s disability, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task. It is important not to distract the service dog from working and doing their job.

For more information, visit [www.ADA.gov](http://www.ADA.gov).

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**How the UVM Medical Center Will Continue to Work to Improve Health Care and Control Costs – on our Blog**

John Brumsted, MD, President and CEO, UVM Health Network, and CEO, UVM Medical Center, discusses the future of health care.
Speaking Out for Our Immigrants  by Andrea Green, MD

I am writing as an advocate for the refugee community in Vermont and for immigrants in general. As a pediatrician and the director of the Pediatric New American Clinic at the UVM Children’s Hospital, I hear firsthand from refugee families about the fear they have felt during the election season and with the threat of an immigration ban. Former refugees, our newest Americans, have experienced harassment, persecution and violence at the hands of the political leadership in their countries of origin. Some are very scared. Former refugees who thought they had found sanctuary in the US are anxious because they have nowhere else to go. There are over 65 million forcibly displaced people worldwide and over 21 million people who meet the definition of a refugee in that they can verify that they have experienced persecution. 50 percent of refugees are under the age of 18. Only one percent of refugees are resettled. Vermont resettles about 400 refugees annually.

Many of the refugees resettled in Vermont have lived in refugee camps for 8-25 years. Refugees selected by the US for resettlement undergo two years of vetting by numerous US organizations for security and a medical clearance. They enter the country on I-94 visas and are required to pay the US government back for their airline travel to the US. They are expected to be self-sufficient within eight months of arrival. Most refugees find employment within weeks of coming to Vermont.

Just like the French Canadians who settled in Winooski and Burlington years ago, current immigrants and former refugees contribute immensely to our culture, our economy, and our way of life. They are tax payers and contributors, and their children will grow up to do the same. In welcoming and including diversity we are more secure, not less; we are richer, not poorer.

As a pediatrician, I am reminded daily of the powerful love parents have for their children. That immense love is shared regardless of our language, our heritage, our religion, or our politics. It is a gift to practice medicine, to bear witness to suffering and to resilience, to know the power of love that overcomes fear. As a community of healers, we see the shared humanity in our differences. In that spirit, our academic medical center is a place where all are welcome.

Learn more here and here.
Drawing his Passion

What do you do on a break? Some of us read. Some go for a walk. Jake Baggs, Food Service Workers at our Pavilion Café, sits and sketches. And it’s not just your garden variety doodling.

Jake, whose career in food service began at Healthy Living, has had a lifelong interest in graphic design. With the support of his brother Sean, he has turned that interest into a part-time career as a commission illustrator, focusing on fantasy and comic book design.

And it turns out his brother is also helping in the execution of the illustrations - because Jake is severely colorblind. That means red-green, blue-purple and other color combinations look like a dull pastel version of what the world sees. Sean fills in the colors on Jake’s illustrations when needed.

For now, Jake’s day job keeps him pretty busy. But when he’s not working behind the cash register or in the kitchen at The Pavilion Café, he’s drawing on his breaks and after work. “It’s always been my passion,” he says, “and it’s exciting to see it taking off as a business.”

You can view Jake’s portfolio on social media by searching for @JakeBaggsArt

VIDEO FEATURE

Nursing Professional Governance

The University of Vermont Medical Center has launched a new governance structure that gives nurses and other care partners a formal way to contribute their voices to decision-making at every level. Learn more about this effort from Michelle Nadeau, BSN, RN, Nursing Professional Governance Coordinating Council Chair.

February is Heart Month – Keep Your Heart Healthy!

Learn some simple lifestyle habits that can lower your risk of having a heart attack.
AWARDS & RECOGNITION

Katrina Sargent-Seziel Receives Vision Award

Congratulations to Katrina Sargent-Seziel, who has received the Vision Award. Katrina received her award in recognition of the extraordinary lengths she goes to in caring for our patients; and her dedication and work ethic. “I know I am a better doctor and a better person for knowing and working with Katrina, and I believe the Division of Rheumatology and UVM Medical Center also are better because she is here,” said Bonita Libman, MD.

Isabelle Desjardins, MD, Receives Innovation Award for Suicide Risk Assessment Tool

Every other day someone commits suicide in a hospital, and 12 times as many make non-fatal attempts. Isabelle Desjardins, MD, received an Innovation Award at this year’s World Patient Safety, Science & Technology Summit for a network-based decision support tool that replicates the critical thinking of experienced clinicians in weighing risk factors to assess a patient’s risk of suicide in the following 72 hours. “Suicide is a silent killer,” says Dr. Desjardins. “It is easy to feel helpless in the face of suicide. Collectively, we can no longer afford to. We believe suicide is preventable.”

Jennifer Synnott, RN, Receives Good Catch Award

Jennifer Synnot, RN, has received the Good Catch Award. Jennifer was in charge when a coworker asked her help with a new type of insulin called degludec (Tresiba). This new medication had not yet been added to our formulary and as a result, PRISM did not prompt the nurses to perform a dual sign-off on the MAR. Recognizing the threat to patient safety, Jennifer filed a SAFE report to express her concern. Pharmacy leadership acted on this information and within hours made the changes necessary to make the new medication a dual sign-off. Great catch, Jennifer!
Working Together, 
We Improve People’s Lives

I was recently transported by ambulance from a fall off my horse and requested transport to UVM Medical Center. The entire staff, from start to finish, was amazing. I would especially like to thank Dr. Martin Bak and Dr. Robert Herrington for the excellent care and for taking so much time to explain everything that was happening to me. It was an extremely busy night in the ER that night, yet I never felt rushed and they were very thorough. My nurse was wonderful as well. Thank you!

Jane LeGard Ernstof

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AWARDS & RECOGNITION

Employees Recognized by the National Guard

Congratulations to Melissa Petry, Joelyn Niggel, Deborah Smith-McMahon and Kristin Baker, who were recently presented with the Patriot Award, given by the Employer Support of the Guard and Reserve in recognition of support provided to employees who are members of the National Guard. An employee serving in the National Guard or Reserve may nominate individual supervisors and bosses for support provided directly to them and their families.

Bryan Sdankus, Tom Clohessy, Kristin Baker, Deborah Smith-McMahon, Joelyn Niggel, Melissa Petry, and Carl Dudley

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Read Our Highlights of the Year 2016!

Our 2016 Highlights of the Year Report summarizes key accomplishments for the UVM Medical Center over the past year. We hope you’ll take a moment to read about the amazing work of your colleagues!