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The Right Place at the Right Time

Two recent health care emergencies illustrate the lifesaving role that health care professionals can play outside health care settings.

COURTSIDE HEROICS
During a recent UVM basketball game, David Watson, a spectator, collapsed in the bleachers. A team of health care professionals representing UVM Medical Center, the UVM College of Medicine and UVM Rescue – some of whom just happened to be there watching the game – came together to save his life.

The team orthopedist Jim Slauterbeck, MD, reached the scene shortly after Mr. Watson collapsed and became wedged between two rows of benches.

Dr. Slauterbeck, Jim Lunser, MD, the UVM primary care team physician, and Gay Godfrey, RN, helped free Watson and turn him over. Godfrey grabbed his head and cleared his airway. He was not breathing and didn’t have a pulse.

Cardiologist Joe Winget, MD, helped Dr. Slauterbeck with chest compressions, and Bruce Leavitt, MD, a cardiothoracic surgeon, helped run the resuscitation.

While Joshua Melito, DO, anesthesiology resident, secured Mr. Watson’s airway with a breathing tube, the team adjusted the pads on the defibrillator and with the second shock, his heart rhythm was restored. From there, UVM and Burlington rescue personnel transported him via ambulance to UVM Medical Center, accompanied by Dr. Melito.

Cardiologist Prospero Gogo, MD, performed a cardiac catheterization, which revealed that Mr. Watson would need coronary artery bypass surgery. Dr. Leavitt performed that surgery on Monday, January 29.

This next story shows that not all emergency medical care happens on solid ground.

UP IN THE AIR
On a recent flight, Heather Love, RN, and her husband Robert, one of our interventional radiology fellows, overheard a young woman say “something’s wrong with my grandfather.”

And just like that, they found themselves on the floor of the plane, helping to stabilize a 80-plus-year-old man who was clearly in distress.

Working with the flight attendants and an EMT who also happened to be on board, Heather and Robert kept him safe while the flight was diverted to Spokane, WA.

The flight attendants brought over the plane’s...
emergency equipment – oxygen tanks, an AED, and a medical kit – and even though this was their first time dealing with a flight emergency, they were really helpful.

So helpful, in fact, that Heather and her husband have formed a bond with Crystal Jones, one of the flight attendants who helped coordinate getting the flight on the ground with the pilot. “Crystal said this was her first mid-flight medical emergency,” says Heather, “but she did a great job coordinating emergency care for this man.”

“For someone who doesn’t work in medicine,” she adds, “it gives you peace of mind to know that there are people among you who can help when the unthinkable happens. We were glad to be a part of that.”

Learn All About the Skinny on Fats!

Employee Wellness invites you to join our March campaign, “Know Your Nutrition: The Skinny on Fats.” Learn about dietary fats and how to incorporate them into a healthy, well-balanced diet. Registration began Wednesday, February 21 on the intranet homepage. There will be a weekly email offering information, tips and tricks, a recipe and featured events happening that week. We will be drawing individual winners for small weekly prizes and three grand prize winners at the end of the campaign. Register today!

A Visit to the VNA

John Brumsted, MD, President and CEO, UVM Health Network, CEO, UVM Medical Center, recently visited the VNA, where he spent time learning about their telemonitoring program and accompanied Laura Turner, RN, on some home visits.

The VNA, which recently joined the UVM Health Network, provides the full spectrum of medically-complex home and community-based care to individuals and families throughout Chittenden and Grand Isle counties.
In recognition of Heart Month, which happens each February, we are sharing Lauren Curry’s story, told in her remarks at a January Cardiology Town Hall.

First thing I want to tell you is that I’m healthy. I’ve always been healthy. I’ve been 6 feet tall since the seventh grade. Played sports all my life. Spent seven years living and adventuring at high altitude. I only ever needed medical care for things like broken bones and having babies.

Then in 2010, I got rear-ended on the highway and hurt my back. I went to Milton Family Practice where a nurse taking my pulse said, “Hmm, you’ve got a heart murmur.”

“No, I don’t.”

“Yes, you do.”

Three days after Christmas, I went to Tilley Drive for an echocardiogram and a consult. The first thing I remember my doctor saying is, “I’m really glad you’re here.” There was an issue: an atrial septal defect the size of a silver dollar. I’d had it since birth. Blood was moving the wrong way. My heart was enlarged. They needed to fix it. There were two options: a device closure that could be delivered through a catheter, or a surgical patch.

Looking back, I so admire how my doctor was able to shepherd me gently and efficiently through diagnosis to implications to treatment options and next steps. I trusted him immediately. I went into business mode: Focused, processing information. But for one second I slipped and said, fighting tears, “Wait, are you telling me I have to have heart surgery?!?”

He helped me find my control again. He had a plan. We were in this together. As I was leaving, he said, “You and I are going to be friends for a long time.”

The next week was packed with information, procedures and hours spent neurotically cleaning my house. My defect proved too big for a device. I would need open-heart surgery. My brother-in-law, an anesthesiologist at Mayo Clinic, kept urging me to go there. But my kids were 2 and 4. I needed to be here. It was incredible to be able to say thanks, but we’ve actually got the best in the world here, too.

My surgery was January 11. I took 42 showers as instructed, put up my out-of-office message, packed my pirate socks, and kissed my babies.

The surgical team did an incredible job. In recovery, though, I was overwhelmed by pain. I’d had a 10.5 lb. baby without drugs and thought I had a pretty good handle on pain, but this was a different universe.

During that first night in the ICU, I lost my grip. I couldn’t stop whining. I was annoying. My nurse could have walked away. Instead, at 4 in the morning, she gave me a bath. To this day, that bath is one of the greatest kindnesses I have ever received.

Three days and many kindnesses later, I went home to my kids and my recovery.

Of course, it was hard. And it wasn’t straightforward. I took walks like it was my job, visited with friends, and made myself feel useful by packing the kids’ lunches each day. I had atrial fibrillation that first week that sent me to the ER, and a week later got
Continued from page 3

the stomach flu. I spent a horrible night on the bathroom floor clutching my sternum together while I vomited. But things progressed. In a month I was cleared to drive and could get back to work.

On Valentine’s Day, we had dinner with friends. Something wasn’t right. That night I couldn’t sleep. It hurt to breathe, and I felt dizzy and strangely empty. So much hadn’t been right for so long, though, I’d totally lost my barometer. I watched “West Wing” reruns until morning, and went to work.

It was my first completely insane decision that day. Others followed. Like killing time at Starbucks because I couldn’t walk from my car to my desk, or lying to my best friend – twice – when she made me promise to get help.

By lunch I was having trouble staying conscious. I excused myself and called Tilley. The nurse listened and said, “We think you need to go to the ER in an ambulance.” I thanked her, hung up, and asked my colleague for a ride instead.

At the ER, the attending had a nice face and smiled when he talked to me. I needed a chest x-ray. I had to stand up and hold my breath for the film. I got through one, and then just…couldn’t.

Suddenly there were a lot of people. Someone pulled off my clothes, another put an ultrasound on my chest. My nurse held my shoulder as she worked. The attending promised to stay right there with me. He had my cardiologist on the phone and told him, “She’s got a ton of fluid, what do you want me to do?”

The catheterization lab was cold. Someone wrapped me in warm blankets. A big guy in a camouflage smock recognized me from an earlier visit and said something funny. Another of my docs appeared and tipped his head down next to mine and said, “Hey, what are you doing here?!” I couldn’t talk anymore, but it felt so important to smile. He told me they’d take care of me.

He was right. By the time my husband got there, it was over. A doctor had slid a needle between my pericardium and my heart and I watched as he drained nearly a liter and a half of fluid. I found out later that just a few hundred cc’s can be enough to kill you. My husband never had any idea. Only my extraordinary care team shared that with me.

Now I think of that day as beginning my long process of getting well. Over the next couple of years, my docs supported me as I learned to live with chronic inflammatory cycles, understanding when I needed to ask for help and when to just get Zen – and never made me feel stupid when I got it wrong.

Through the ER visits, hospitalizations and surgeries that followed, my team of doctors, nurses, technicians, nutritional and environmental service workers and so many others modeled what patient- and family-centered care really means. To a person, and at every step, they were with me.

Now, I’m doing great. I still have rough days, but none nearly so bad. Since surgery, I’ve run my first half-marathon, done my first pull-ups and climbed my first ropes. I’ve dared myself to seek out a whole bunch of really scary finish lines, and found every one. With your help, and my family’s, and some really great coaches, I put myself back together and found peace in my breath. Now I get to hang out with my family, do a job I love, and volunteer for the causes I care about – including UVM Medical Center.

Thank you. With my whole heart. For my life, and so much more.

Lauren Curry is one of our Patient/Family Advisors.
Pharmacy Team Tackles Medication Shortage

As staff working on the front lines of patient care are keenly aware, UVM Medical Center is one of many hospitals around the country coping with medication shortages. Currently, over 100 medications are on short or very limited supply.

The shortages relate to a number of factors, including manufacturing disruptions and corporate mergers/acquisitions. The 2017 hurricane in Puerto Rico hit the manufacturing plant for Baxter Pharmaceuticals, which supplies us with fluids and IV bags. In addition, the Pfizer-Hospira merger is one of several factors in the industry contributing to a shortage of injectable pain medications and electrolytes.

Our pharmacy and supply chain teams have been working diligently to address these shortages. Wes McMillian, director of Pharmacy Services, says his team has been using different manufacturers and has had to change their processes depending on what fluids and bag sizes are available.

“The scope of this shortage has been pretty broad,” says McMillian, “and we’re competing with other organizations for these medications.” Fortunately, he points out, many manufacturers have been shipping drugs to hospitals based on their ordering history to keep a small supply of product available locally.

That said, shortages are likely to continue for the foreseeable future, which means that we will need to continue to be vigilant and innovative as we work to address them.

“I’m confident that our pharmacy and supply chain teams will help steer us out of this period. In the meantime, we will continue to do what is necessary to ensure staff receive the medications they need to provide the care our patients expect.”

WES MCMILLIAN, DIRECTOR OF PHARMACY SERVICES

“I’m confident that our pharmacy and supply chain teams will help steer us out of this period,” says McMillian. “In the meantime, we will continue to do what is necessary to ensure staff receive the medications they need to provide the care our patients expect.”

AMY COHEN
PFCC Program Manager
Jeffords Institute for Quality

“Patients and families who are willing to share their experiences, insights and beliefs give us an incredible gift - I love that I have a role in assuring that we use that gift to continually improve the care we provide.”

FACES
of The University of Vermont Medical Center

Mindful Practice for Your Busy Days
Try the “Five Senses” Mindfulness Exercise.
Finding a Home in Vermont

Sometime later in 2018, Thifeen WaheedDeen, Government and Community Relations coordinator, will officially become a United States citizen. Her journey from her family home in the Maldives – a pearl string of islands located in the Indian Ocean – says as much about her adventurous spirit as it does about Vermont and why it became her home.

Many of Thifeen’s 14 siblings work in a hotel run by her father. But Thifeen’s interests and education drew her away from the familiar – from a private school in Sri Lanka to college in Scotland, and then on to the University of Manchester in England, where she earned a PhD in genetics.

At the time, she planned to pursue a career in science, but as funding in that world became more difficult to come by, she reassessed.

All along, she had known about Vermont. She had been here several times, visiting her sister, who at the time lived in the town of Georgia. On one of her visits, the health care management certificate program at UVM caught her eye. As someone who “loves going to school,” she soon found herself doing just that, here in Vermont.

It was through the UVM program that Thifeen became connected to UVM Medical Center. In getting to know her professor, Meg O’Donnell, then director of Government Relations for UVM Medical Center, she learned about a job in that department – and soon after graduation she was officially employed.

Oh, and did we mention? She met her husband, Ben, at UVM. They’ve been married two years.

Today, she says that working with her colleagues in the Government and Community Relations Department feels like family. Further, through several volunteer efforts, she says has found a community that is both welcoming and open to change. “You really feel that you can have an impact here. That is really important to me.”

Further, she feels that her perspective, earned from her background and her years spent defining her place in the world, is something that she wants to share with others. “The way we all choose to make America our home is unique – and there is great value in those differences.”

INTEGRITY & COMPLIANCE INFORMATION

The UVM 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.
Study Demonstrates Hub & Spoke Model Impact on Opioid Addiction

An evaluation of Vermont’s hub-and-spoke system of care for people with opioid addiction shows that those in treatment reported a 96 percent decrease in opioid use and a 100 percent drop in overdose incidences.

The evaluation was led by UVM Professor of Psychiatry Richard Rawson, PhD, for the Vermont Department of Health. It found that, while there is still much more to do to address opioid addiction and substance-use disorder in Vermont, the 4-year-old system has had a significant positive impact, according to numerous personal and public health and safety indicators.

Vermont’s care model focuses on medication-assisted treatment (MAT) – either methadone or buprenorphine – administered at one of the state’s six regional treatment centers (hubs) and in physician offices (spokes). People addicted to opioids suffer painful withdrawal when they stop using the drugs, and powerful cravings after withdrawal has ended.

The report notes that both hub and spoke services are needed in all regions of the state and urges that mental health, employment and housing services be integrated into the system.

For more information, including study methodology:

- Hub and Spoke Evaluation Summary Brief
- Full Report (185 pages)

Key Findings of the Study:

- 96% decrease in opioid use
- 92% drop in injection drug use
- Statistically significant reductions in the use of alcohol and illicit drugs, except cannabis/marijuana, which stayed relatively unchanged. People who were not in treatment reported no significant changes in any measure
- 89% decrease in emergency department visits
- 90% reduction in both illegal activities and police stops/arrests
- Zero participants in treatment had overdosed in the 90 days leading up to the study interview, compared to 25% who had overdosed in the 90 days before entering treatment.
- Family conflict, feelings of depression, anxiety and anger decreased, and participants reported being much more satisfied with their lives.

JENNIFER ROBARE, RN
Nurse Manager
Mother Baby Unit

“One touch, one soothing word, one act of kindness, or one interaction can leave an everlasting impression on our patients.”
PA Finds Rewards at Work and Beyond

A lifelong interest in medicine, fueled by an energy and passion for social justice, steered Abe Sender to a rewarding career as a physician assistant in pulmonary medicine.

Growing up in central New York, Abe Sender knew early on that he would practice medicine – either on animals or humans. Thanks to a high school program that provided him with education in a hospital setting, he decided on humans.

Then he headed to Vermont for college.

Ultimately, Abe’s choice to be a PA says as much about what he wants to accomplish in the field of medicine as what he wants to accomplish outside of it. The flexibility of a PA career, which allows for more options to change specialties, offers a more favorable work-life balance. Further, he wanted to make a difference in the world in equity and diversity. These two goals steered him to the University of New England in Portland, Maine, where he spent an intensive 24 months receiving his medical training.

After graduation, he worked in a Family Medicine clinic, where he saw patients with a wide range of chronic conditions and related health issues.

Today, Abe is a site leader at our pulmonary clinic, where he leads the care team and works closely with patients who have cystic fibrosis, asthma, COPD and other lung conditions. He says he’s always been interested in pulmonary medicine, and he enjoys the variety and autonomy his work provides.

Further, he says, because he cares for cystic fibrosis patients in the hospital and in their homes, he is able to build close relationships with his patients’ families and friends. This part of his work offers deep rewards.

“I absolutely made the right choice,” he says of his decision to be a PA. “I have a rich and rewarding professional life that allows me time to enjoy what is meaningful to me when I’m not with my patients.”

“"I have a rich and rewarding professional life that allows me time to enjoy what is meaningful to me when I’m not with my patients."  ABEB SENDER

While he enjoyed living and working in Portland, the goal was always to return to Vermont.

Safety and Value Grants 2018

The Safety and Value Grant program will award a two-year $50,000 grant to each of three winning proposals to implement innovative concepts designed to enhance safety and value across the Network.

The grants will support multi-disciplinary, cross-departmental or cross-organizational teams that identify areas for health care improvement. Selected proposals will receive project management, analytics and research support and electronic health record informatics support.

Applications for the 2018 Safety and Value grants must be submitted to the Jeffords Institute for Quality by March 30, using the template available on the website. If you have additional questions, please email Allison Holm, Director of Research, Jeffords Institute for Quality, or call her at 802-847-7912.
Pathology & Laboratory Medicine Receives Better Together Award

The High-Value Patient Care Council of the Department of Pathology and Laboratory Medicine has received the Better Together Award. “The HVPCC is leading the Network in building trust, transparency in goals and communications and measurable outcomes of success through their work together,” said the nominators. “Pathology and Laboratory Medicine services are better because of the work the HVPCC is doing.”

Academic Care Award Recipients

The Faculty Practice Division of the UVM Health Network Medical Group presented one of five 2017 Academic Care Awards to Surgical COA Eric Bellew of Gastroenterology. Earning universal respect, Eric mastered a complex critical system quickly and became indispensable. He spent time managing the schedules of four physicians while training new SCOAs (four in a year), while juggling multiple other roles, including his dual role as an OSS.

Round Up Your Change!

The Big Change Roundup For Kids officially kicked off January 21 with nearly 700 attendees! The event was planned in partnership with The Edge Kids and Fitness and 98.9 WOKO.

Gifts to the Big Change Roundup support research for childhood diseases, special pediatric patient programs like Art from the Heart and Child Life and help fund the purchase of life-saving equipment. Donations are also allocated to help offset travel costs for families and help us create child-friendly family-centered spaces. One hundred percent of the funds stay right here at UVM Children’s Hospital, helping kids and families throughout Vermont and northern New York.

You can join us by registering at www.BigChangeRoundup.org.

Departments can also get involved by providing a gift basket for our silent auction. Contact Maureen Leopold for detailed information: Maureen.Leopold@UVMHealth.org.

Be sure to join us at the Main Campus, 3rd floor East Pavilion on March 19, 9 am – 1 pm for the BIG finale!
Working Together, We Improve People’s Lives

Hearing from our Patients

“I honestly cannot say enough positive things about my recent experiences as a patient at UVM Medical Center. The care that I have received has been top-notch! I am so proud to say that I truly do work with the best of the best, who have helped me through what has been the most trying time of my life. My experiences with the Medicine Team, specifically Dr. Rosy Hill, as well as the care that I have received from Dr. Cindy Noyes has been outstanding! Both providers always included me (and my family) in every aspect of my care and I would recommend them to others without any hesitation. I am so thankful to have had such a wonderful team working with me! Thank you so much UVM Medical Center!”

– Mary Castine

April 7 Conference on Non-Drug Pain Management Alternatives

In response to the national opioid crisis, The Joint Commission, CDC, the American College of Physicians and the Vermont Legislature have encouraged medical professionals to make greater use of non-pharmacologic approaches to pain management. The April 7th conference is designed to introduce providers to non-drug alternatives for managing pain that they may not be aware of. The conference features opening remarks by Mark Levine, MD, Commissioner of Health; Katy Hansen, NP, who is leading an Integrative Clinic at Vanderbilt University; and Paula Gardiner, MD, of Boston University Medical Center, who has pioneered the use of integrative medical group visits for low-income patients. Learn more at go.uvm.edu/integrativepain

EFAP Team Helps Bring in the Light

Starting in November, with summer just a wisp of a memory, darkness prevails. You come to work, it’s dark. You leave work, it’s dark. And some of us sit in a windowless office all day, with nary a ray of sunshine to brighten our day.

Nobody likes this. But the winter months are especially difficult for those who suffer from Seasonal Affective Disorder (SAD), a type of depression that’s related to changes in seasons. If you’re like most people with SAD, your symptoms start in the fall and continue into the winter months. You feel tired, moody and, sometimes, depressed.

This fall, Debra Niemasz, LICSW, and the Employee and Family Assistance Program team have offered help in the form of both education and a solution. Visiting departments around the organization, they provide information on winter depression and the importance of vitamin D and related topics. As for the solution, they have donated over 20 light therapy boxes – which provide 10,000 lux, a measure of light intensity, each – to departments around the organization for employees to use while they work.