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New Patient Bills Introduced

UVM Medical Center patients can expect fresh, newly-designed bills going forward. In a recent conversation, Mike Barewicz, Network VP of Revenue Cycles, explained what prompted the change and why the new design is significantly improved.

Q: Why did we decide to change the design of our patient bills?
A: Until recently, patient bills reflected a version based off of technology from 1995. We heard loud and clear from our patients that the statements they were receiving seemed dated and confusing. And we got many calls from patients to our Customer Service Line that showed we had work to do.

Q: Who was involved in this work?
A: The team spearheading the project utilized different groups in the redesign process. In addition to the Human Design Team, we involved patients, providers, physicians, the Customer Service Team and IT. We ran all potential revisions by the Executive Leadership Board and the Patient and Family Advisory Team. One of our key goals—aside from making a bill that would be easier for our patients to understand—was to reduce the number of calls to our Customer Service team so that they would have more time for patients with special budget plans or questions about the billing process. Our Human Design Team researched best practices, developed a vision for what the bills could look like—and coordinated getting wide-ranging input on the design.

Q: What are some of the biggest changes in the new bills?
A: Overall, the design has been completely refreshed, with a clean front page that clearly summarizes charges, payments, adjustments, and the amount due from the patient. Other features include a revitalized color scheme; updated verbiage; color-coded sections, continued on page 3
and flags to highlight important sections—just to name a few of the features. Another new aspect of the bill is a feature based on the credit card industry that allows for recurring payments via a minimum payment due, replacing the need for a patient to call in to set up a budget plan.

Q: Are the new bills out there yet?
A: The first round was released to patients in January. We are proud of all the work that went into this, and we hope people are pleased with the new look. I mean, as pleased as anyone can ever be about getting a hospital bill!

Facilities Employees Go the Extra Mile  By Danielle Calaway

Our Facilities Management team wears a lot of hats to keep the UVM Medical Center Campus running smoothly. But one frigid January day at lunch time, three Main Campus Facilities employees assumed an unexpected role: car mechanic.

Security contacted Facilities for help with a car that had broken down in the ACC garage. Aaron Fay (Electrical Supervisor), Bruce Talley (Mechanical Lead), and Taylor Mason (Master Plumber) quickly volunteered to assist. “The patient was out there shivering and was late for a radiation therapy appointment,” explained Fay. “We couldn’t not help her.”

The employees checked under the hood of the car and discovered that a serpentine belt—which helps power the car—had broken. “It’s a miracle she made it to the garage,” says Mason.

The patient headed inside for her appointment, expecting she’d need to have her car towed to a garage for repairs. Instead of calling a tow truck, the Facilities employees came up with a new plan: fix the car themselves. They pooled their money, purchased the necessary parts, and—much to the gratitude of the patient and her family—repaired the car themselves. “It was nice to make her day a little better,” says Fay.

Recognizing National Patient Safety Awareness Week
March 11-16

Stay tuned for information on the our National Patient Safety Awareness Week events in March! The theme for this year is caring for our caregivers.
Mapping Our Strategy

ONE will regularly feature stories that showcase the progress we are making—and the challenges we face—as we work towards achieving our objectives in our Strategy FY ‘19.

Interprofessional collaboration is the foundation for high-quality patient care. Here at the UVM Medical Center, a multidisciplinary team is working to implement a collaborative leadership model of care that embraces teamwork with the goal of improving quality and patient outcomes.

Managing patient care in the hospital setting has become more complicated over time, requiring careful planning and greater interdisciplinary collaboration. Since patients are cared for by an interdisciplinary team on acute care units, it follows that the local leadership model should follow this approach. Organizations who have adopted an interprofessional leadership model on patient care units have shown improved outcomes in quality, safety and experience measures.

The development and implementation of a collaborative leadership model (CLM) allows for the development of close working relationships and reduces unnecessary variations in care. It engages front-line leaders more systematically and purposefully, which facilitates significant ownership, accountability and a positive change in quality and safety.

How will it work? Each unit will have a trio of health care professionals—a nurse, a physician and a quality improvement partner—working together as leaders. This “triad” will meet routinely in a structured way (weekly is ideal) and senior leadership will be engaged in helping to view progress through the lens of how the team is driving quality outcomes, improving safety and focusing on patient and staff experience.

The multi-level team laying the groundwork for this model of care is guided by the following principles:

- Interprofessional relationships, collaboration and communication
- Uniform and systematic application of quality processes, roles and responsibilities
- Quality tools, techniques and application
- Data driven decision making and strategic planning
- Meaningful recognition
- Engagement and rounding with leadership
- Hard-wiring best practices, sustaining gains

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ERICA CARLSON, RN
Staff Nurse III, Emergency Room
“I am fortunate to have found a career in emergency nursing. It’s incredibly rewarding to provide compassionate care to our patients and families during a vulnerable time in their lives.”
There are also established measures for success, including alignment of unit performance to organizational quality goals, performance on measures such as patient satisfaction and health care acquired conditions.

The goal is for most inpatient areas to complete the CLM program by the end of this summer. Stay tuned for more updates on this work.

“In my experience at other academic medical centers, adoption of a structure like CLM was a significant factor in improving outcomes for patients and engagement of staff. In addition, this model includes an investment in our front line leaders to build their skill and ability in quality, performance improvement science, and leadership.”

KATE FITZPATRICK, DNP, RN,
CHIEF NURSING OFFICER

“In collaborative leadership at the unit level allows us to build on each other’s strengths and truly work as a team. Having the same leadership structure, same level of expectations and uniform connection with senior leaders across units will position us to be agile and able to adapt quickly to any future change in health care standards.”

ISABELLE DESJARDINS, MD,
CHIEF MEDICAL OFFICER

“CLM is a proactive approach to quality—engaging and supporting nurse and physician leadership at the unit level along with the Jeffords’ Quality Improvement partners. We are committed to providing the tools, data and education to support success and long-term sustainability as we work towards becoming a high-reliability organization: an organization that operates in high complexity for extended periods without serious accidents or catastrophic failures.”

JENNIFER HOULIHAN,
VICE PRESIDENT, QUALITY

Main Campus Food Drives

Main Campus Food Drive—March 25-29 to Benefit Chittenden Emergency Food Shelf

Starting in March, the Nutrition Services Department will be coordinating monthly food drives benefiting various food shelves in our area. Nearly 60,000 Vermonters live in food insecure households and an estimated 20,000 of those live in Chittenden County. Help support our neighbors in need by bringing in a non-perishable item during the last week of every month. High-demand food items include: pasta sauce, peanut butter, jelly, canned tuna & canned hearty soups, though all non-perishable donations are welcome. Donations will be collected in the Frymoyer Community Health Resource Center, Monday through Friday from 8:30am to 5pm.
Heart Failure Education Program Takes Spotlight

Our nurse-driven heart failure education effort has seen impressive results in improving patient engagement and helping to reduce readmission rates since its launch three years ago. In October of 2018, Nurse Clinician Robert Hamble presented information about the program at the annual Vizient Conference in Las Vegas.

Heart failure is one of the biggest reasons for 30-day readmissions nationwide. How well patients with heart failure do in recovery is to a large extent contingent on how invested they are in their health, so education is key to recovery. One study showed that post-discharge only 60% of patients were able to describe their diagnosis accurately. One in five people with heart failure die within one year of diagnosis, and 50% of patients do not survive three years after their first heart failure hospitalization. This acceleration of their disease process is often due to patients not understanding the importance of their medications and fluid and salt restrictions.

To create more opportunities for patients to understand how they can better manage their disease, Robert Hamble led the effort to design a comprehensive inpatient education program. This effort was made possible through the Sandy Felis Nurse Research Program.

The one-hour educational program provides information on key self-care topics such as the diuretic/water pill; the reasons why a patient should weigh themselves daily; symptoms to look for; information on fluid restrictions and foods to avoid.

Further, the program includes a post-discharge follow-up process, with all patients receiving a 48-hour call from our Pharmacy group to ensure they have picked up their medications and are taking them appropriately and a 15-day follow-up call by the Heart Failure clinician to ensure they are still feeling okay.

It's a real team effort. The Heart Failure clinician works with the patient to explore all concepts of heart failure, using techniques like motivational interview or the teach-back method. Other key team members, including a dietitian, a pharmacist and nurses, help Robert reinforce the patient’s understanding of why we are asking them to follow the program. This work is supported by the team at our outpatient Heart Failure Clinic, led by Laura Howland, RN and championed by Peter Van Buren, MD.

RESULTS

In 2015, the first year of the project, we reduced readmission rates to 17.6%—surpassing our goal of reducing readmissions from 20.4% to 19.8%. In FY 2017, we reduced readmissions to 15.3%, again surpassing our goal of 17.3%. Each year we have been able to keep our readmission rates below 17%.

“This work really shows that if you can put the patient at the center of learning and create an environment where the patient can explore how to better manage their diagnosis it can affect change in a positive way that can truly make a difference in a patient’s life and the quality of their life.”  

ROBERT HAMBLE
UVM Children’s Hospital Cleft & Craniofacial Program Opens

The UVM Children’s Hospital Cleft & Craniofacial Program officially opened Wednesday, January 23. The clinic, which had been previously run by the state of Vermont, focuses on treating cleft lip and palate, a separation of the lip and roof of the mouth, and other conditions of the head and face.

The transition to their new home with UVM Children’s Hospital is the result of a unique collaboration between the UVM Medical Center’s Department of Pediatrics and Department of Surgery, the State Department of Health and UVM. Says Jason Revoir, director in the UVM Medical Center Medical Group, “It’s been really rewarding to see these organizations really working together to develop a new structure for a program that will further strengthen the care we provide these children.”

The Cleft & Craniofacial team combines experts from The UVM Children’s Hospital and community practices, making for a multidisciplinary team approach that promotes coordination of care and reduces the number of clinic visits for the patient and family. The team includes Pediatric Plastic Surgeons Thomas Willson, MD and Donald Laub, MD; Clinical Coordinator Kristen Daniels, PA-C; Pediatric Otolaryngologist Heather Herrington, MD; Speech and Language Pathologist Nancy Gauvin, Ed.D, Orthodontists Chris Lundberg, DDS, and Fred Ziegler, DMD, as well as Pediatric Geneticist Leah Burke, MD. Patient and family advisors have been an important—and ongoing—part of building the team.

Cleft lip and palate occurs when the facial structures of the mouth and nose do not fuse during early fetal development. Treatment occurs over a period of years, beginning with surgical correction and followed by comprehensive facial treatment. Currently the program cares for over 200 children.

“Our emphasis is on a team approach to support our patients,” says Dr. Willson. “At the same time, we are expanding the range of procedures we offer, to ensure we are providing state-of-the-art, compassionate care for these kids and their families.”

Am I at risk for heart valve disease?
According to the American Heart Association, about five million Americans are diagnosed with heart valve disease each year. Learn more.
EDI Ambassadors Explore Passion for Work

On Wednesday, January 16, members of the EDI Ambassadors Program, formerly known as EDI Advisory Council, met for their annual Equity, Diversity and Inclusion Retreat.

EDI Ambassadors serve as a conduit between leaders and frontline employees to engage staff in EDI initiatives, offer continuous feedback and recommendations on all EDI-related work, and model respectful, culturally-sensitive behaviors in the workplace and community.

The day-long retreat offered Ambassadors a chance to explore and discover their reasons for being involved in EDI and how to compellingly share their passion for this work with others. Throughout the day, participants crafted and shared personal and professional connections to EDI, learning about themselves and each other. Participants also learned more about what it means to be an Ambassador and reviewed the department’s 2019 goals and initiatives with Executive Sponsor Laurie Gunn and Ryan Polly, Manager of Talent Development & EDI.

Stay tuned for more information about the EDI Ambassadors and other EDI initiatives.

Visit the intranet page to learn more.

“‘It feels good to know that the organization fully supports our efforts and is willing to work alongside us to achieve the highest level of patient care across the various communities, ethnicities and cultures in the ever-growing population we serve.’”

—ALICIA HILL

“‘Hearing another person’s story promotes kindness and extinguishes prejudice. The EDI retreat helped us cultivate skills around how to tell our stories while learning from each other.’”

—TRISTAN MCNAMARA, EDD

Recognizing Black History Month

As we celebrate Black History Month, there are a number of African American medical pioneers and health professionals who advanced medicine and race relations in our country. One of these is Ms. Mary Mahoney, RN, the first black woman awarded a nursing degree. Graduating from Boston-based New England Hospital for Women and Children’s training school for nurses in 1879 and becoming one of the first black members of the American Nurses Association, Ms. Mary Mahoney is recognized as America’s first black professional nurse. In addition to her pioneering efforts in nursing, Mary Mahoney is credited for her role in the women’s suffrage movement. She was among the first females to register to vote in Boston following the ratification of the 19th Amendment on August 26, 1920.

Do you have a culture that you would like to recognize in upcoming issues of ONE? Email Eleanor.osborne@uvmhealth.org.

Want a Sneak Peak of the Miller Building?

Watch our new video, and enjoy an insider’s tour!
This Won’t Hurt

Improving the Needle Experience for our Young Patients

Getting an IV for the first time can be scary for any patient, especially for a child.

After Betsy Austin, RN, CPN, heard parents speak passionately about the need for child-friendly providers, she gathered a team to create the UVM Medical Center’s first pediatric IV training program.

Working with Tracey Wagner, RN, Betsy learned from a survey of our nurses that there was no specific pediatric IV training—so they got to work in creating one. For the first training, Betsy worked with nurse educators Jen Henry, Sara Burton, and Sierra Scheller, a Child Life Specialist in pre-op. “Everyone who attended was really excited. They really want to help the children, so they had some really good questions. Everyone was really engaged in wanting to learn.” The nurses spent four hours in training and will spend two hours shadowing in the Comfort Zone.

Pediatric IV trainings will continue with the goal of improving the patient experience throughout the hospital. “Most of these children have repeated IV sticks,” Betsy explains. “For the nurse, it’s just one stick, but the child and the parent will come back time and time again. Being able to accomplish the IV start using patient- and-family-centered principles in a child-friendly manner is really important.”

Are You At Risk for Vision Loss?
One of the fastest-growing issues in eye health—and health care in general—is age related macular degeneration. Learn more.

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TOBY ROCKWOOD, RN
Clinical Case Manager, Trauma Services
“The strength and resilience I encounter with patients and their families continues to inspire and motivate me to do my best and go beyond each and every day.”
Helping Patients Cope with High Drug Prices by Sydney Sloan

With the high cost of prescription drugs ever-present in the news and in our daily lives, UVM Medical Center staff can help patients who can’t afford the prescription drugs they need.

Damon Lease faced severe challenges in 2018 due to a salary reduction and an ongoing cancer diagnosis. Damon found support through social worker Matthew Mugford, referred to him by his provider when Damon’s prescription drug was denied by his insurance company. Mugford connected Damon with a grant foundation that covered half the denied drug.

Beyond the rewards, it’s clear Damon values something even more out of this experience: Compassion. “In an era where medicine can seem to be highly commodified,” he says, “it’s nice to have that human touch, the feeling that someone is looking out for me.”

Misa Heysler, our specialty pharmacy manager who oversees oncology patients like Damon, outlines the steps our pharmacists take and the resources they provide to patients. Specialty pharmacists like Damon’s often find support through grant foundations which may have funds for oncology needs. Those in the specialty pharmacy make sure a patient can pay for medication before they must purchase it. If a patient cannot afford their medication, the pharmacists go back to the physician, outline barriers, and advocate for the patient’s needs.

The specialty pharmacy of UVMMC believes in going above and beyond. Transparency with patients allows for an honest, one-on-one patient experience where a patient walks away feeling prepared, just like Damon Lease.

Resources for Pharmacy Patients

- Pharmacists embedded in almost all clinics throughout the network to facilitate...
  - Copay Management
  - Medication Education
  - Side Effects Explanations
  - Side Effects Management

- Pharmacists embedded in almost all clinics through the network to provide assistance with...
  - Prior Authorizations
  - Manufacturer Assistance/Coupon Codes
  - UVMMC Health Assistance Program

FACES of The University of Vermont Medical Center

RANDY GORDON
Environmental Services Worker II, Environmental Services

“I do the work I do because that’s what I have trained for and train others to do. The things I’m most proud of would be the skills I have learned over the years. I’m inspired by my co-workers and staff on Shep 6 south.”
“I saw Dr. Maloney for the first time today. I don’t really like speaking of human beings in objective terms, but I would like to do my best here. 5 stars is what I give, as I have no true complaints about himself or any of his staff, whom were all courteous. The moral of this story is, Dr. Maloney spoke to me in a way that I felt was truly respectful and compassionate. He asked questions. This sounds like such a silly, “given” when meeting a new doctor, but…as someone who has struggled with addiction in the past, I can say that despite the constant barrage of “end the stigma”, there is a dearth of medical professionals truly willing to treat those in recovery as peers and not lesser than they. Being spoken to and cared for in such a straightforward manner was both surprising and refreshing. I left this appointment with validation that I was worth treatment. It was just great and I am so thankful.”

—Ryan LeBlanc

“My one small thing was to stop drinking a lot of coffee. It’s made a significant impact on my ability to not be as tired at the end of the day. I have the ability to actually think at 4pm in the afternoon and be able to go home and play with my kids.”

DANIEL HUDSON

“My one small thing is taking the stairs. I’m trying to keep myself motivated by reminding myself that it only takes a couple minutes out of my day and I can go as slowly as I need to.”

JENNIFER PROVOST

“I write down three things that I’m grateful for every day. I take the time every night to write down three things and why I’m grateful for them. Just the benefit of feeling good and reflecting on my day keeps me sticking with it.”

KRISTINA FOREMAN

“I set up a pull up bar on my way to the washing machine downstairs in my basement. Every day as I go down to the laundry, I do one pull up. I started one a day and now I’m able to do ten a day.”

NICHOLAS JOHNSON