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Physicians Train with Israeli, Palestinian Team

It’s not every day that Vermont anesthesiologists end up on the national news in Israel. It’s also not every day that Israeli and Palestinian physicians train together. Mark Hamlin and Tim Dominick were two of about 16 U.S. and Israeli doctors to participate in a recent ground-breaking point-of-care ultrasound (US) training program in the Middle East. Sponsored by the Peres Center for Peace in Jaffa, Israel, the program was the first to include physician trainees from both Israel and Palestinian territories.

Their expertise in point-of-care US earned Dominick (US-guided regional anesthesia) and Hamlin (shock) an invitation to teach and travel with a group from Harvard/Beth Israel Deaconess Medical Center (BIDMC) to Soroka Medical Center in Beersheba, Israel. The trip was approved and coordinated through the Israeli government and the Palestinian Authority.

The teaching cadre included about 8 U.S. physicians and an equal number of Israeli physicians.

Hamlin had taught previously in Israel, but his physician trainees were all Israelis. This new teaching opportunity, he said, “was uniquely appealing, because it crosses political lines. It was phenomenal just to go into the West Bank, which (Russians) only see when something negative happens. It wasn’t like that at all.”

But the mental image we may have of the Palestinian territories is hard to shake. At one point, Dominick’s driver took a wrong turn. Navigating back roads in a car with Israeli license plates, “you just imagine if anything went wrong, God forbid, and how that could escalate.” Hamlin says having been there before lessened much of his concern, “but I still felt a little uneasy outside the safe zone (in Hebron). Two friends from BID who were on the trip were Israeli citizens.”

At the end of the two-day course, the group split for additional training at the bedside. Dominick’s group headed to Jerusalem, while Hamlin’s group traveled to Hebron in the West Bank. During those visits, both were actively involved with patient care: Hamlin advised his trainees on how to manage the rhythm of a patient who went into tachycardic arrhythmia, and Dominick was giving blocks for patients headed into surgery.

They were impressed by the hospital. “The medical system there is very sophisticated – their trauma facilities are unbelievable – but that we’re doing innovative work says a lot about us here,” Hamlin said. For Dominick, “It was an honor to relay the most cutting-edge teaching.” Both were impressed by the physicians in the training group, “incredible learners who asked fantastic questions.”

“The medical system there is very sophisticated – their trauma facilities are unbelievable – but that we’re doing innovative work says a lot about us here.”

MARK HAMLIN, MD
Major Agencies Upgrade UVM Health Network to ‘A’ Bond Ratings

Analysts Note Standing as Low-Cost Provider, Progress Toward Health Care Reform and Steady Financial Management as Key Factors

The UVM Health Network’s bond ratings have been upgraded by two of the nation’s leading bond agencies, an affirmation of the health network’s financial stability. S&P Global Ratings again upgraded the network’s bond rating, this time to ‘A’ status. Moody’s Investor’s Service also boosted the network’s rating to ‘A2,’ which is the equivalent of the S&P high mark.

In announcing the upgrades, both firms pointed to the health network’s steady fiscal management as key to their decisions. The UVM Health Network, comprising six hospitals and one home health care affiliate in Vermont and Northern New York, also holds an ‘A-’ rating from a third major agency, Fitch Ratings.

S&P pointed to the UVM Health Network’s “standing as a low-cost provider in Vermont” and highlighted the network’s leadership in the transition from the current “fee for service” model to a system that rewards quality of care, stating that they consider the network to be “advanced on the transformation relative to many organizations.”

Analysts said the shift has been aided by improving coordination of care and increasing access to primary care, as well as efforts to implement a unified electronic health record to improve the patient experience and quality of care.

Moody’s also noted that by having a network of hospitals and other providers already in place, the UVM Health Network has an advantage as it adapts to the changes in how providers are reimbursed for providing care.

Both agencies acknowledged the potential financial risk the network is undertaking in implementing an electronic health record and the additional risks hospitals are taking as part of the move to “value-based care,” where they are paid a lump sum to manage care for patients in a more coordinated way as opposed to being paid for each test or service.

Analysts with both rating agencies concluded that network leadership had adequately planned to mitigate those risks.

This is not the first time rating agencies have cited health care reform efforts as an important indicator of, and component to, achieving greater financial stability in Vermont. Last summer, Agency of Human Services Secretary Al Gobeille joined Governor Phil Scott, State Treasurer Beth Pearce and other leaders for meetings on Wall Street with S&P, Moody’s and Fitch to discuss the state’s rating outlook. At their request, Gobeille presented details of Vermont’s transition to value-based care to all three rating agencies and was encouraged by their interest and focus on health care reform.

“The rating agencies are keenly aware of our health care reform plans in Vermont and view our efforts as necessary if we are going to slow the growth of and ultimately reduce health care costs, and in turn strengthen our state’s economy,” Gobeille said. “Health care spending accounts for nearly 20 percent of our GDP, so achieving greater stability and predictability is essential. We’re very appreciative of the leadership of so many Vermont health organizations, including the UVM Health Network, as we work to transform health care.”

LOWER BORROWING COSTS

One benefit of the improved ratings for UVM Health Network affiliates and their patients will be lower costs for short-term and long-term borrowing. This prospect was especially important for the UVM Health Network-Porter Medical Center in Middlebury when it joined the network in April of 2017.

Continued on page 4
“As we explored affiliation last year, our focus was ensuring we could improve patient care by joining a network that has the strength and leadership required to serve and improve the health of our patients,” said Fred Kniffin, MD, president and CEO of the network’s Porter affiliate. “An important element of that strength is the stable financial management that is reflected in these improved ratings. Today’s news means it will cost us less to complete major projects to serve patients better, such as the medical building we hope to construct. Those savings are really important to our community.”

Borrowing costs will also be lower for other projects designed to improve access, quality and efficiency of care in the network, including a joint effort by the network’s Champlain Valley Physicians Hospital and Hudson Headwaters Health Network in Northern New York to expand primary care services in Plattsburgh, and an initiative with the network’s Elizabethtown Community Hospital to improve access to emergency and outpatient services in Ticonderoga.

Over the last several years, strong credit ratings have lowered borrowing costs by $63 million across the health network through debt consolidation and refinancing. This and other efforts, such as achieving more than $50 million in network supply chain savings, have contributed to the UVM Medical Center’s ability to significantly reduce commercial rate requests.

Fitch’s ‘A’-rating with a stable outlook will not change until it completes an annual review in the fall.

Network EHR Expansion Approved

The Green Mountain Care Board, Vermont’s health care regulator, has approved the UVM Health Network’s Certificate of Need application to replace the patchwork of tools that form the electronic health record systems currently used by four network hospitals – the UVM Medical Center, CVPH, CVMC and Porter – with a single system, Epic.

Although we have made significant strides toward connecting as a network, unifying our electronic health record systems is a crucial step in strengthening our ability to connect and collaborate, so we can provide the best care possible for patients at any site within the UVM Health Network. For our physicians and other clinical teams across the UVM Health Network – and our patients – this is crucial to provide patients with a seamless, quality care experience as close to their homes as possible.

It’s expected that the Network’s other affiliates – Alice Hyde Medical Center, Elizabethtown

Community Hospital and the Visiting Nurse Association of Chittenden and Grand Isle Counties – will participate in the Epic system at a later date.

Read the press release.
Research Finds Stress Management Training Benefits Health Care Professionals

Recent accomplishments for the SMART program:

- A SMART pilot for leaders and health care professionals at the UVM Medical Center, the College of Nursing and Health Sciences and the Larner College of Medicine was completed in 2017. Results indicate that self-care practices help buffer daily stress, making participants less emotionally and physically vulnerable and more resilient.

- There’s been a great response to recruitment for the January 2018 SMART program for patients with chronic conditions. The program received 160 inquiries, with 20 participants ultimately designated as the first group to be trained.

- Three medical center employees are now certified in teaching SMART and will begin offering classes to employees in the fall of 2018.

- The recent Community Integrative Practitioner’s Forum attendees expressed interest in learning how to manage stress and chronic illness using the SMART program and mindfulness techniques.

- Through a Frymoyer scholarship, Nathan, with Nathalie Feldman, MD and Program Director Laura McCay, is introducing SMART to Ob/Gyn and Family Medicine residents.

Mindful Pause Drop-in

Come and learn how to take a mindful pause during the workday. Often we forget to prioritize our own self-care during a busy workday. Taking a pause to recharge our battery and reset our focus is essential. The Mindful Pause Drop-in will be led by Employee and Family Assistance Program, Psychiatry and Vermont Center for Child, Youth & Family. Please join us.

Dates:
Every Thursday, January 18 – April 12, 12:15 – 12:45 pm

Location:
Arnold 6410*

*Exception: February 1 & 15—Arnold 4411
February 8—St. Joseph 5206

No registration; open to all employees

Questions:
Email wellness@uvmhealth.org or call 847-2827
Cushman Presents Study on TV Viewing and Blood Clots
by Jennifer Nachbur, University Communications

The risk of blood clots increases with the amount of time spent watching television, even if people get the recommended amount of physical activity, according to preliminary research presented at the American Heart Association’s Scientific Sessions 2017 in Anaheim, CA. November 11 to 15, 2017.

“Watching TV itself isn’t likely bad, but we tend to snack and sit still for prolonged periods while watching,” said Mary Cushman, MD, MSc, co-author of the study and professor of medicine at the Larner College of Medicine at the University of Vermont in Burlington.

Prolonged TV viewing has already been associated with heart disease involving blocked arteries, but this is the first study in a western population to look at blood clots in veins of the legs, arms, pelvis, and lungs called venous thromboembolism or VTE.

Among 15,158 middle-aged (45 – 64 years) participants in the Atherosclerosis Risk in Communities Study, researchers found that the risk of developing a venous thromboembolism for the first time was:

- 1.7 times higher in those who reported they watch TV “very often” compared with those who watch TV “never or seldom.”
- 1.8 times higher in participants who met recommended guidelines for physical activity and reported watching TV “very often,” compared with those who reported watching TV “never or seldom.”
- Increased with more TV viewing both for life-threatening clots in the extremities and those in the lungs. While obesity was more common in people who watched more TV, the study found that only about 25 percent of the increased risk could be explained by the presence of obesity.

“Think about how you can make the best use of your time to live a fuller and healthier life. You could put a treadmill or stationary bike in front of your TV and move while watching. Or you can delay watching TV by 30 minutes while you take a walk. If you must see your favorite show, tape it while you are out walking so you can watch it later, skipping the ads,” said Cushman, who is also the director of the Thrombosis and Hemostasis Program at the University of Vermont Medical Center.

Besides avoiding prolonged TV watching, you can lower your risk of venous thrombo-embolism by maintaining a healthy weight and staying physically active.

“The health professionals should take the time to ask patients about their fitness and sedentary time, such as prolonged sitting watching TV or at a computer…”

MARY CUSHMAN, MD

“Health professionals should take the time to ask patients about their fitness and sedentary time, such as prolonged sitting watching TV or at a computer,” Cushman said. “If you are at heightened risk of venous thromboembolism due to a recent operation, pregnancy or recent delivery, cancer or a previous clot, your doctor may prescribe blood-thinning medication or advise you to wear compression stockings.”

The National Heart, Lung, and Blood Institute funded the study.
Executive Assistant Publishes Novel

Don’t get us wrong. Kaela Coble enjoys her day job as an executive assistant in Pathology and Laboratory Medicine. She also enjoys the hour that she spends every single day before dinner, working on her novel. That persistence and dedication over eight-plus years landed her a literary agent in New York City, and now, a published novel: Friends and Other Liars.

Kaela says writing is not always easy, but having a consistent routine helps it come more naturally. She writes and edits diligently until she feels that she has a finished product. Her first novel didn’t quite gel, but it’s her second that has found a publisher, here in the United States and in the United Kingdom.

Wasting no time in between having her novel accepted for publication and the actual publication date, she has already finished a third novel and is working on a fourth.

“I give myself a little break between novels and then just start again,” she says. “I’m someone who needs a project, and writing is what I love.”

Friends and Other Liars will be published February 6. Kaela be doing two readings/signings: at Phoenix Books in downtown Burlington on Thursday, February 8 at 6:30 pm, and on Saturday, February 10 at 3 pm at the Eloquent Page in St. Albans.

Absence Management


As part of this change, The Hartford also assumed administration of our Family and Medical Leave Act (FMLA) effective as of January 1, 2018.

If you need to take leave, you should contact The Hartford or the Benefits Department about your leave and your eligibility, or visit the Absence Management section of the Benefits intranet page.

To learn more, please contact your manager.

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Cervical Cancer Blog by Elisabeth Wegner, MD

Cervical cancer kills more than 4,000 women each year in the U.S. Learn more in our blog.
Celebrating the Foundation and Growth of Patient- and Family-Centered Care at UVM Medical Center

By Charlotte Safran, Patient- and Family-Centered Care Coordinator

In the fall of 2009, Inpatient Pediatrics Nurse Manager Lisa Emerson attended a conference hosted by the Institute for Patient- and Family-Centered Care. Armed with an action plan and a heart full of inspiration, Emerson connected with families of pediatric patients directly upon her return. Soon after, this group became the University of Vermont Children’s Hospital Patient/Family Advisory Council. Emerson’s tenacity, commitment and drive to improve the safety, quality and satisfaction of the health care provided on the Inpatient Pediatric Unit quickly gained traction. In 2014, a group of parents, clinical staff and administrative leaders also attended the Institute for Patient- and Family-Centered Care’s intensive seminar.

At UVM Medical Center, patient- and family-centered care has grown from being a pediatric-based initiative to an organization-wide culture change. Our 132 patient/family advisors are actively engaged across the organization on six patient/family advisory councils and 143 quality-improvement projects, committees and workgroups.

Sandy Huber, co-chair of the Type 1 Diabetes Patient/Family Advisory Council and parent of a child who is cared for at our Children’s Specialty Center, says this about the impact of our Patient- and Family-Centered Care Program: “I have witnessed the positive outcomes that have come from empowering families to join in their child’s health care journey.”

The “butterfly effect” theory proposes that a small change at one place in a complex system can have a substantial impact on the entire organization. Emerson’s exploration of, and our leadership’s unwavering dedication to, patient- and family-centered care has launched a “butterfly effect” throughout this health care system. The positive results, for our patients, families and employees, continue to spread.

NEFCU Nursing Scholarships

New England Federal Credit Union (NEFCU) is again offering its Nursing Scholarship Program. Three $3,000 scholarships will be awarded. The NEFCU Nursing Scholarship Program application is available online at nefcu.com, at any NEFCU branch, or by calling (802) 879-8790. Applicants must be members of NEFCU who are applying to or enrolled in an accredited undergraduate or graduate nursing program. Requirements include submission of the application form; high school transcript, college transcript, or General Education Degree; a description of related work experience; and a 250-word essay describing how you will use this degree to contribute to your community success. Applications must be either postmarked or dropped off at any NEFCU branch by February 28, 2018; recipients will be notified by April 20, 2018. The address is: Scholarship Committee, NEFCU, PO Box 527, Williston, VT 05495.
VNA Adds Post-Acute Home Care for Network

January affiliation will help extend reach of physician care.

The Visiting Nurse Association of Chittenden and Grand Isle Counties (VNA) became the newest affiliate in the UVM Health Network on Jan. 1, 2018. The VNA is unique among Network partners in that it adds post-acute, community-based care to the Network’s services.

“Acute-care stays are usually a very small part of a person’s overall health care experience,” says Judy Peterson, RN, VNA President and CEO. “We want to help our acute-care and physician partners expand the reach of their care into patient homes, where real healing and health maintenance happens.”

Tom Peterson, MD, chair of Family Medicine and the UVMHN Medical Group Board of Directors (no relation to Judy), anticipates significant benefits “that will rapidly accrue” from this affiliation:

• **Transitions of care:** These “should be a lot smoother,” he says. One reason: care pathways will be developed together.

• **Aligned incentives:** Alignment should improve processes, including around readmissions, complications and medication differences.

• **Expanded services:** Judy Peterson looks forward to helping expand telemonitoring capability, facilitating in-home telemedicine encounters and promoting innovation in home health clinical and IT operations.

• **Broader value from expertise:** Being on the same team should help physicians take full advantage of the VNA’s expertise and provide common communication channels.

• **Greater trust and collegiality:** Tom Peterson foresees an improved process for decision-making. “That’s a little lopsided right now, and frustrating for the VNA.”

• **Improved communication with primary care:** This could include a physical VNA presence in primary care clinics. The VNA and Vermont’s primary-care-based Community Health Teams (CHT) already refer patients to the other. “We don’t so much overlap as we complement each other,” says UVM Medical Center CHT Clinical Assistant Manager Kerry Sullivan.

Judy Peterson previously led Central Vermont Home Health and Hospice, so she’s familiar with a lot of Vermont communities. “I feel community-based home health care offers great potential to be a bridge between providers and patients across the continuum.”

Having the VNA as a Network partner offers an opportunity for providers to more easily see patients’ home environments, to understand the social determinants of health that affect each patient and family, so that appropriate interventions can happen more seamlessly in support of health, says Tom Peterson, who is a member of the VNA Board. “Interdisciplinary care is the care of the future, and this is a good example of that.”

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.
Lab On-Track with New System

A new modular tracking system in the Lab has eliminated many of the manual steps for staff, increasing efficiency and improving safety.

The robotic tracking system uses a conveyer belt to route specimens to where they need to go, ultimately sending them to a large refrigerator where samples can be racked and stored until they are either tested further or disposed of.

The old system for lab specimens included a front-end processor, but from there everything was done manually – tracking, transporting, storing and discarding. “Relying on staff for these multiple manual steps opened the system up to error,” said Cindy Cruickshank, lab supervisor.

Switching to this new technology has been in the works for nearly two years. According to Technical Specialist Ashley Holtz, there was a lot of background work done to prepare for the installing of the new system. “There was also a lot of redesign work to the core lab area,” she said. “We’re still making some adjustments.”

The move to this technology keeps us apace with high-volume hospital labs around the country. “It’s great to know that this new technology puts us at the forefront of laboratory processing technology,” said Holtz. “Most important, it is safer and more efficient for our patients.”

Living with Your New Years’ Resolutions

Your New Years’ resolutions are now a few weeks old, and, let’s face it, your resolve may be facing some stiff headwinds. Here are some tips to help:

• Make sure you’ve set a motivating resolution. What do YOU want to change? Too often we feel pressure to adapt to what family, society and friends want from us. Focus on what changes matters to YOU.

• Make sure it is realistic. Aim high, but not so high that your resolution becomes unachievable. Think about your previous resolutions and why they either succeeded or failed. If you didn’t achieve it, the goal was probably unrealistic.

• Keep measuring your progress. Break down your goals into manageable segments. Then, keep track of your progress, which will allow you to reflect on how far you’ve come. If you hit a roadblock, measuring your progress will help you readjust your expectations.

• Be patient with yourself. Even in the first few weeks of January, you will experience setbacks. But don’t give up! Acknowledge your frustration and try to move on.
Working Together, We Improve People’s Lives

Hearing from our Patients

“I started going to Dr. Lunardini in August of 2016 for treatment of neck problems. He did a fusion of C3-4, C4-5, C5-6 and C6-7 in November 2016. After lengthy discussion weighing options he determined that to ensure best results he wanted to do all four discs with front and back fusions. He told me up front about any possible short- and long-term issues that may or may not arise. He was spot on with every one of them and I could not have wished for a better outcome. His staff is every bit as top-notch as anyone could ever hope for - from pre-surgical prep to day of, as well as follow-up after coming home. Actually, I healed much sooner than anticipated. At six months, I had nearly 100% fusion. Don’t get me wrong, this surgery is no walk in the park, but if you need it Dr. Lunardini is the man to see. Thank you to Dr. Lunardini and his staff! You are the best.”

—Paul Manchester

AWARDS & RECOGNITION

Ainsley Sherwood Receives DAISY Award

Ainsley Sherwood, LNA/Secretary, has received this month’s DAISY Award. Read the letter below, which shows why Ainsley is so extraordinary:

“Our son Brandon, 19, is a trauma/burn patient. He was admitted to the SICU on November 2. During his stay, Ainsley was a rock in our storm. During each of her overnight shifts she advocated for Brandon. The first night she pushed for the PCA pain control button and a change in pain meds. What a giant leap in his nausea and pain control. The second night, Ainsley made sure Brandon got out of bed and into a chair before she left in the morning. That day it probably would have happened, but he likes the proactive approach. On her third night on, Ainsley really noticed Brandon was gloomy. She talked to him a while and again explained that it’s normal. She contact med psych, clergy (just to listen), and the doctor team about starting antidepressants. Ainsley has been AMAZING for our family and Brandon.”

—Kevin Matt

Employee Discount

Laughing River Yoga
1 Mill Street Suite #126
Burlington, VT 05401

Contact person: Brian Tobin
brian@laughingriveryoga.com

UVM Medical Center employees are invited to benefit from: 10 Class Cards for $99 or monthly unlimited passes for $99. These can be redeemed in person at the studio or online using the following promo codes:

10 class card Promo Code: CORP10
Monthly Unlimited Code: CORPMONTH