Bell Ringing for My Little Boy Celebrating a Young Leukemia Patient’s First Steps into Remission

by Nicole LaBonte

Bell Ringing. Those words sound so simple, yet mean so much. To most, a bell-ringing sounds like nothing special, but to my family it was everything. Hosting a bell ringing meant that my son Spencer did it—he beat leukemia! He completed 3 ½ years of treatments—half his life, including years of oral chemotherapy, chemotherapy pumped into his tiny body, multiple surgeries, over 25 spinal taps, physical therapy, weekly appointments with specialists, random hospital admissions and much more.

Spencer’s bell ringing was everything you could possibly imagine. It was 3 ½ years of fear being lifted from my shoulders. I was left with a sense of relief. I’ll never forget the looks on everyone’s faces as we walked down that hall for the bell ringing ceremony. Spencer deserved to see how proud we all are of him and his accomplishments.

Our journey with UVM Children’s Hospital started back in June of 2016, and our care team has only evolved and become a stronger unit. A memory I’ll never forget was his diagnosis day—the phlebotomist assured me we were in great hands. He said he’d do everything he could, and he kept his word. Though I was no stranger to the hospital, he walked me to the Harvest Café and continued to reassure us.

Thinking back to all of the nights we spent with Spencer as an inpatient, I’d lie awake and question if this day would come. From the beginning, we were told his odds weren’t ideal and that he may not see kindergarten, but now he’s halfway through second grade. Spencer has had many bumps in his road, but somehow he always overcame them with a smile and such an amazing attitude.

Watch Spencer celebrate at his bell-ringing ceremony here.

continued on page 4
A Conversation with Steve Leffler, MD

One sat down with our president, Steve Leffler, MD, to hear his thoughts on our priorities for the coming year—and to learn a few things you may not know about him.

Q: You’ve said that improving our culture is one of your top priorities for 2020. Can you elaborate?

A: We’ve been so busy over the last few years—building a network, building a building, adding big updates to our electronic medical record... we haven’t really been able to spend much time focused on each other. This really shows in how people are feeling. And while having a strong network, having a beautiful space like the Miller building and having a consistent electronic medical record across our network are all really important for the care we deliver, now is the time to focus on how we treat each other and what we expect of each other.

While I was interim, I took advantage of the time to go around and talk to a lot of our employees. It was really important for me to hear your thoughts on where we are, how we got here, and what we can do to improve. As part of those conversations, we spent a lot of time talking to you about what you value. And what we heard back was that people really want what relates back to some of the values of UVM Medical Center: respecting everyone, treating people compassionately, and communicating openly and honestly. So many of you are committed to making things better—that makes me really hopeful.

We’re in the process of figuring out how we’re going to tackle this—it has a lot of pieces. I’ll have more to report on this soon.

Q: In your view, what are some of the big challenges of the year?

A: We still have a really high census. This puts a stress on the whole hospital and our system. We’re working on managing it in a number of ways—but it really takes a toll on everyone, especially when there’s no relief, day after day.

We also have access issues, which is equally complicated, so having the space and the people and the time to care for our patients who need us is critically important. Again, this work is underway, but I see it as an ongoing challenge.

It’s really important that we continue to strengthen Epic—that’s key to our ability to deliver optimal health care across the system. The first wave of Epic was a huge lift for us—it was amazing to see how everyone came together to make that happen and to support each other through the bumps. But there’s still a tremendous amount of work to do.

continued on page 3
Finally, meeting our budget is critically important—it allows us to have a margin, and our margin is how we reinvest in our people, our workspace and the equipment we need to best serve our patients. It’s the key to our strength and our stability.

Q: What keeps you up at night?
A: The high census is a big concern to me. In an ideal situation, we’d have a little bit of capacity to deal with surges, and there would be times when it would ease up a bit, but we really haven’t had those breathers—we’ve been full pretty much all the time. I know people are really struggling with it.

As part of that, I’m also really concerned in general about how hard everyone’s working. We need to build a little space for people, so they can take a moment and recharge. It’s so important.

Q: What are you most excited about for 2020?
A: I’m very excited about the culture work. That is a big part of my goal: to make this the best place to work. I know we’ll get there, and I’m excited about how we’ll get there.

I’m also very excited about tackling the work to stabilize and build on what we’ve accomplished over the past year. It feels right—it’s what we need to do for now, and I know from my conversations with many of our people that I have your support in making this happen.

Q: Now, for some easier questions. If you could have lunch with one person, dead or alive, who would it be?
A: I’m a history buff, and I’m really interested in Abe Lincoln. He was someone who did what was right at great political and personal risk. He had the vision for what was right and stood by it no matter what.

Q: Do you have any guilty pleasures?
A: Chocolate. It’s hard for me to walk by if there’s chocolate available.

Q: What’s the first thing you notice about someone?
A: How they treat others. I’m a big believer that you can teach someone the knowledge they need to do their jobs, but you can’t teach them to be kind.

“’I’m a big believer that you can teach someone the knowledge they need to do their jobs, but you can’t teach them to be kind.’

Q: One final question: do you believe in luck?
A: I’ve told my kids this so many times: I believe you make your own luck. Your attitude is one of the few things you have complete control over. A positive attitude, a willingness to take on difficult tasks and do your very best—these things create luck.

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On the Move

The Metabolic Bone Program has moved to the Endocrinology office at 62 Tilley Drive in South Burlington, Suite 2020.

The Office of Patient and Family Advocacy has a new, centrally located meeting space in the Frymoyer Library where patients and families will be able to meet privately with an advocate to address care concerns. The office is open Mon-Fri, 8 am-4:30 pm and walk-ins are welcome. Please direct people who have appointments or who express a need to speak with someone about a complaint to the Frymoyer, and ask them to check in at the library desk. For more information, contact PatientandFamilyAdvocacy@UVMHealth.org

The Transgender Youth Program can now be found in the Pediatric Primary Care office at 1 South Prospect. All calls regarding the Transgender Youth Program should be directed to (802) 847-3811.
I’d like to think Spencer’s success is thanks to me and my husband, but I know we couldn’t have done it without the help of his amazing care team. This hospital has supported us through the unimaginable in so many ways—staff being my stand-in when I was working overnight, a nurse going to the store on her break to find Spencer’s favorite snacks, or the time that so many departments came together and reminded us we were never alone through this journey, and any future ones we may endure.

This hospital is more than doctors and doors to us; it’s a second home. I know when I walk in that we have support and love from many, and I feel so incredibly blessed to also be able to call such a wonderful establishment my workplace. I’m proud to be a part of this team, and I’m hopeful we’ll be able to spread the word and allow everyone to experience the joyous occasion that is a bell-ringing.

In addition to being Spencer’s mom, Nicole is a Patient and Family Ambassador at UVM Medical Center.

Spotlight on Opioid Treatment During Pregnancy

**Governor recognizes Marjorie Meyer, MD, in State of the State address**

Governor Phil Scott recognized the work of Marjorie Meyer, MD, in the treatment of women with opioid dependence during pregnancy in his State of the State address on January 9 in Montpelier.

The governor described Dr. Meyer, chief of maternal-fetal medicine, as a “world-class innovator.” She began prescribing buprenorphine in 2006 with a focus on treating pregnant women with opioid dependence. It didn’t take long for her to recognize that her patients not only needed her empathy but a lot of additional support within an environment of recovery, rather than judgement.

Working with state agencies and community organizations, she collaborated with clinical colleagues to create a program to improve access and quality of care for mothers and their newborns. Jerilyn Metayer, RN, and Anne Johnston, MD, were key partners and John Brooklyn, MD, a pioneer in medication-assisted treatment (MAT) in Vermont, helped her get started. The program has succeeded in making MAT available in smaller communities, developing protocols for office-based therapy with buprenorphine and training provider groups.

Dr. Meyer continues to be inspired by the positive outcomes she sees for babies whose mothers are in treatment. And the approximate 100 pregnant women around the state who access treatment each year now do so within their own communities, thanks in large part to Dr. Meyer’s efforts.

“The state of the state, our values and identity, are guided by—but have never been defined by—what happens in this building. It’s the people of Vermont, doing all they can to lift each other up, who will shape our future. They define who we are and all we can be.”

—GOVERNOR PHIL SCOTT

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OR Closure Helps Make Network Connections

Soon after learning about the temporary closure of Fanny Allen operating rooms, affiliate partners Central Vermont Medical Center (CVMC) and Porter Medical Center began welcoming our surgeons to their ORs to help offset the backlog of cases.

“We knew we had some capacity in our ORs and wanted to find ways to take care of patients who were originally scheduled for surgeries in Burlington,” says Anna Benvenuto, MD, Porter’s chief medical officer.

“This was a really exciting opportunity to create some new relationships across the Network and to take care of people in our broader community beyond our historical geographic boundaries. After all, these are all our patients.”

On Dec. 27, the first podiatry surgeries originally scheduled at Fanny Allen were performed at Porter. University of Vermont Medical Center Podiatrists Stephen Merena, DPM, and Lara Stone, DPM, had already gained privileges at Porter after helping to cover for a provider there last year who was out on leave, so many logistics were in place, Dr. Benvenuto says.

At CVMC, orthopedic surgeon Michel Benoit, MD, had privileges, but credentials for orthopedic surgeon Seth Frenzen, MD, had to be expedited. Chief Medical Officer Patti Fisher says there were some other hurdles too. For example, surgeons do their documentation in Epic here at UVM Medical Center, but not at CVMC, so a work-around was needed. Both hand surgeons, Drs. Frenzen and Benoit require specific surgical tools that had to be sent down from UVM Medical Center in advance so they could be sterilized and ready to go. And a UVM Medical Center anesthesiologist was also needed to staff the surgeries since CVMC didn’t have a provider available.

After ironing out the wrinkles, collaborations between staffs have gone exceedingly well, Fisher says, and both CVMC and Porter look forward to finding new ways to help alleviate case backlogs even after Fanny Allen reopens. “It’s a win-win because we have OR capacity that we don’t have enough surgeons to fill and UVM Medical Center needs OR space,” Fisher says. “We are thinking more broadly about how to build on this momentum we’ve got going.”

Reopening of Fanny Allen ORs to Begin

Earlier this month Steve Leffler, MD, announced that plans are in place to begin reoccupancy of the Fanny Allen Campus ORs, starting the week of January 27. On Friday, January 24, Fanny Allen employees learned more at an open forum with Occupational Health Expert Robert McClellan, MD and Dawn LeBaron, vice president, Hospital Services.
I Was Wrong About Pulse Checks

Steven Grant, MD, spoke recently about the daily pulse checks, describing his initial hesitation and how he feels about them now. Here are those remarks.

I have a confession to make. When I first heard about the concept of pulse check—that we were going to get 70+ people together in one room at the same time, every day, for a meeting—I was just little bit skeptical that it would happen.

But it did happen. And what may seem like in some ways a small meeting has actually had a huge impact on how we function.

So first, let’s just take a moment to marvel at the logistics here: 70+ people, across leadership levels, across disciplines, meeting at the same time, every day? That’s incredible. Really, I’m tempted to call it a miracle, but I know what Steve Leffler would say: It’s not a miracle. It’s a testament to our hard work, our commitment to each other, and the patients we care for. It doesn’t happen unless we care.

Now, when it comes to the content, I can’t say that every report-out is a revelation, but I can honestly say that we always walk away from the meeting having learned something important. The best example lately is the struggles the lab went through—and is actually still going through—after the EPIC upgrade. Maybe without pulse check we could have learned about those struggles from all the EPIC emails we get, but that’s not the same thing. Because at pulse check we feel it. We can watch Andy Goodwin stand up and tell us about the specific problems they’re facing. We can see the exhaustion on his face from working days without rest. We can empathize with his frustration and will share in the joy when things get better. And they will get better. I think the bottom line is that with pulse check we gain a much better understanding of how important each of us is to the very complex task of running a hospital. That doesn’t happen without this meeting.

Finally, maybe my favorite thing about the pulse check is how it connects us to solve problems. I’m going to credit Tim Lahey here who once said the most important part of the pulse check is the 10 minutes after, because multiple groups get together to brainstorm. It’s when case management, Ethics, and Miller 6 meet to talk about a challenging patient situation. And it’s when Baird 3, the hospitalists and the chief medical residents talk about night coverage. Before the pulse checks, getting that many people together would have required who knows how many emails, Outlook planners and Doodle polls—just to meet. We don’t have to do that anymore, because now we know where everyone will be every day and we can just say, “Let’s connect after pulse check.” It’s way more efficient and it works.

So, what do we have here? With pulse check we’ve demonstrated our commitment to each other, gained a way better understanding of how important each of us is to running the hospital, and created a venue to solve problems that’s way more efficient and effective—70+ people, same time, every day...across leadership levels, across disciplines. If you attended any of the ETCH presentations, you know that’s at least part of what we were missing in our culture. Not anymore. It’s a little meeting that’s had a really huge impact. And I’m really happy to have been wrong about it.

NEFCU Nursing Education Scholarships Available

New England Federal Credit Union (NEFCU) is again offering its Nursing Scholarship Program. Three scholarships will be awarded in the amounts of $3,000 each. 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. Applications must be either postmarked or dropped off at any NEFCU branch by February 29, 2020; recipients will be notified by April 17, 2020.
A Joint Effort

Health Coaches Help Prepare Patients for Orthopedic Surgery

Michael Blankstein, MD, beams when he talks about the addition of certified health coach Amy Robbins to the team at the Orthopedic Total Joint clinic on Tilley Drive in South Burlington. Thanks to a nine-month pilot project spearheaded along with Quality Improvement Partner Chris Lewis from The Jeffords Institute for Quality, the orthopedic surgeon and his colleague Nathaniel Nelms, MD, now have someone in-house who will work with patients needing to lose weight, quit smoking or improve their diabetic control so they can safely undergo knee- or hip-replacement surgery.

Research shows that patients with a body mass index (BMI) of 35 or higher and those with poorly controlled diabetes experience significantly higher infection rates, as well as increased length of stay in the hospital. Meanwhile, tobacco smoking substantially increases the risk of developing systemic perioperative complications.

“Probably the saddest thing I’ve had to do in my job is tell people who have really severe, debilitating pain due to end-stage arthritis that ‘I’m sorry, I can’t perform this operation on you because you’re not healthy enough,’” says Dr. Blankstein, who is also an assistant professor at UVM Larner College of Medicine. “With this pilot we’re taking a personal approach to helping optimize our patients for surgery instead of sending them away to do it on their own. Amy is right here to help them and I think she’s going to make a big difference.”

Just a week and a half after the pilot officially launched Jan. 6, Robbins had already met with a dozen patients who were deemed poor candidates for surgery. During the initial consultation, she helps them set goals and connects them with a range of resources the UVM Medical Center offers, including smoking cessation programs, physical therapy, chronic conditions workshops and group exercise classes. She will also refer patients to endocrinologists, dieticians, social workers or the bariatrics team, if needed. These services are mostly covered by the patient visit and part of the service UVM Medical Center provides as part of its efforts to improve population health.

“I find it incredibly rewarding to help people and to see them grow not just healthier, but also happier,” says Robbins, who has worked in the primary care setting as a member of the community health team for eight years. “But it is hard, hard work for people to make changes that are long-lasting.”

A central hypothesis of the pilot is that the incentive of qualifying for a life-changing joint surgery will provide crucial motivation for patients to persist in achieving their health goals. “This is an opportunity for orthopedic surgeons to intervene and actually improve people’s overall health,” Dr. Blankstein says.

Robbins will follow up with patients every two weeks to offer support and give them a sense of accountability toward achieving their goals. She also charts all of her work with patients in Epic, so primary care providers are kept in the loop. This Quality Improvement initiative will include data collection to track outcomes. If the pilot is as successful as it’s expected to be, the program may be replicated to other practices in the network.

The New GPS Bus Monitors are Here!

Employees waiting for the bus in McClure check out the new GPS bus monitors, which provide them with real-time information on when their bus will arrive.
Why Pronouns Matter: A Patient’s Perspective

Ciaran Gilmore, 35, is a patient and family advisor at The University of Vermont Medical Center. He shares his perspective as a transgender man about why collecting gender identity information from our patients as part of the EPIC upgrade is an important step to ensuring that everyone is treated with respect, dignity and compassion.

Q: Describe your experience as a transgender patient at UVM Medical Center.

A: It’s been mixed. I’ve had some really wonderful experiences and some experiences that were not as great.

Q: Can you describe an interaction that might have gone better if your gender identity had been included in the electronic health record at the time?

A: There were a few, but the particular one that comes to mind is going through the registration process prior to a surgery. The person at the desk insisted on using “she” pronouns for me. I’m sitting there with my mom on one side and my girlfriend on the other side. My mom is referring to me as “he” and my girlfriend is saying “he.” I had a full beard. But the person at registration just kept looking at my medical record and saying “she” and “miss” in reference to me. She refused to be corrected and insisted on going by what the record showed.

Q: Have you had other experiences that made you feel uncomfortable?

A: Another time, I came into the Emergency Department with two fractured feet after I was injured competing in an obstacle course race in New Hampshire. I made the decision to drive three hours back to Vermont so I could come to UVM Medical Center, in part because I felt like I would have a better experience in Burlington. After I established with the triage nurse that I was transgender and didn’t identify with the gender that was on my medical record at the time, she veered off into well-intentioned but uncomfortable territory. She seemed to think of my gender identity as an inside secret between us, almost like a game, and said something like, “Don’t tell the others—they’ll never know!” It was 11:30 at night and I was in pain and just trying to get medical care for my foot, so the last thing I wanted to do was have another conversation about my gender identity. It had nothing to do with why I was there.

Q: How does this initiative make you feel as a member of the LGBTQ+ community?

A: First, just hearing that UVM has a strategic mission and vision around patient- and family-centered care and improving health equity and awareness throughout the organization is really wonderful and reassuring. More important, being able to have my preferred name as well as the proper pronoun for me on my record takes the pressure off of me having to correct or clarify every time. This information gives providers some direction in how to interact respectfully with me—and that’s really validating.

Q: You point out that there is a safety aspect to having pronoun information in the electronic health record. Can you explain?

A: There’s an extra layer of stress coming into a medical situation, so when I know my medical provider will see in my chart that I’m trans and just roll with it, it takes that stress level down and makes me feel safe.” —CIARAN GILMORE
Organization Food Drives Yield Big Results

Did you know that nearly 60,000 Vermonters live in food insecure households? An estimated 20,000 of those live in Chittenden County.

Employees around UVM Medical Center are doing what they can to help out by participating in monthly food drives. Here’s a round-up of what we collected last year for our friends and neighbors:

- Main Campus employees started week-long food drives in March of 2019 and have collected a total of 1,159 pounds of food.
- Tilley Drive started their monthly food drive in November of 2019—by year’s end they’d collected 40 pounds of food, donated to the new South Burlington Food Shelf.
- The Financial Clearance Center at Tech Park joined the effort in December and collected 126 pounds—they’ve also committed to monthly food drives in 2020.
- Fanny Allen, now in their 4th year, collected 285 pounds of non-perishables in 2019 and 170 pounds of fresh produce grown in the garden.

The grand total for 2019 was over 1,655 pounds of fresh and non-perishable food donated by UVM Medical Center employees to local area food shelves.

Want to help? Sign-up to collect at your location or to help deliver donations. Contact lisa.hoare@uvmhealth.org

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Flu Season is Here!

Learn more about what you can do to protect yourselves and our patients.
AWARDS & RECOGNITION

Ashlee Abair Receives Good Catch Grand Prize

Congratulations to Ashlee Abair, who was recently honored with the Good Catch Grand Prize. While preparing to administer an IV medication, Ashlee noticed that the Alaris pump default infusion time was incorrect. She stopped the preparation and alerted her nurse educator, who contacted pharmacy. The pharmacist conducted further investigation with IS, which determined that an electronic error had caused the error. Good catch, Ashlee!

Lori Preston and Miriam Sheehey Earn Accreditations

Congratulations to Lori Preston and Miriam Sheehey of the Accreditation and Regulatory Affairs team: they have been certified through The Healthcare Accreditation Certification Program—this is the only national professional credential solely dedicated to demonstrating competency in the CMS survey and certification process.

Regulatory Readiness Team Members are Accredited

Kelly Laporte and Lauren Church have been certified under the Vizient Analyst Certification.

Caitlin Gasser, RN, Receives Good Catch Award

Caitlin received a chart labelled for a patient room that included the full patient’s name and MRN. When she went to the patient’s room and read the patient’s band she saw that the band read the same first name and middle initial but a different last name and MRN. She went to the unit secretary to confirm that there was another patient with the same first name and middle initial in Preop—it turns out the patients were put in the wrong rooms. Luckily, no nursing care had begun on either patient at the time of discovery. Good catch, Caitlin!

Ashlee Abair Receives Good Catch Grand Prize

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DO GOOD. SHOP AT REPLAYS.

Shop or donate clothing and household items at Replays, the UVM Medical Center’s quality resale shop. Proceeds benefit patient programs.

Mon 10am-4pm
Tues-Sat 10am-5:30pm

Blue Mall,
Dorset Street
South Burlington

The Role of the Health Coach

What does a health coach really do? Employee Wellness Health Coach Corey Cenate explains.
Text Messaging

Text messaging has become a common way to communicate because it is quick, easy, and brief; and while it can be an effective tool for communication, there are many instances when using texts messaging is inappropriate.

Messages for Work

Work-related text messages containing PHI should always be sent via Cortext (the UVMMC secure texting tool) and may only be sent to recipients who need to know the information to do their job. Remember to apply the “minimum necessary” rule whenever you send PHI.

Messages of Concern, Curiosity, or Personal Interest

You may feel compelled to share information via text with colleagues, a patient’s family members, mutual friends, or someone else out of genuine concern—but communicating about a patient for purposes unrelated to our work is prohibited. We should never reach out to patients or family members for personal purposes, regardless of the method used. Refer to our Principles for Protection of Patient Privacy policy.

Social Media

We often connect with our patients though the conversations we have during the course of their care, but we should remember to maintain a level of professionalism during and after these interactions. You should not reach out to patients via social media unless the patient initiates the connection. Using a patient’s name, which is PHI, to make a connection for personal purposes is a violation of our UVMMC policies and HIPAA. If a patient initiates the connection, remain professional and do not extend your care relationship to the platform.

When our patients trust us to protect their personal information, they feel safe providing a complete and accurate history to inform their care. By maintaining professional and appropriate communication with patients via text messaging or social media, we ensure the continued confidentiality and availability of their protected information. We also maintain our patients’ trust in us and in our organization.

HIPAA MATTERS—PROTECTING PATIENT PRIVACY

Bourne’s Energy Standard

Employee Discount

Propane: $0.25 per gallon
Prompt Pay Discount off the regular posted price

Heating Oil: $0.20 per gallon
Prompt Pay Discount off the regular posted price

Deliveries must be paid within 10 days to receive the Prompt Pay Discount

If you are interested in learning more about becoming a Bourne’s Energy customer, please call us at 800-326-8763 or visit our website at www.bournesenergy.com

COMPLIANCE & PRIVACY DEPARTMENT INFORMATION

The UVM Medical Center has established a confidential disclosure mechanism through its Compliance and Privacy 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, or via email at ComplianceOfficer@uvmhealth.org.