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Miller Work Continues

The move into the Miller Building is just one step in our ongoing efforts to transform patient care. In this and upcoming issues of ONE we will tell the story of Miller’s impact on care across the organization.

ONE: The Miller Move-in Day was very successful. Now, over a month out, what is happening?

Brianna Kim: There are two main categories of work. One bucket includes things that we couldn’t really work on until we were in the space and the other one includes things that we need to optimize now that we’re in the space, such as “we want the printer moved up from this desk to another desk, or, we need a clock in this area.”

ONE: How is this work going?

Brianna Kim: The majority of the items that we’re following through with now came up in the first two weeks that we opened. We started holding daily meetings with facilities, and IT, all the other groups involved in this work, and we had placed logbooks at each of the units, so that people who are working there can just e-mail or write down something that they felt wasn’t working that well so that we could look at it and then correct if possible.

ONE: Were there any surprises?

Brianna Kim: Yeah. There were a ton of little surprises, nothing was really a game-changer at all—things like ring tones for the phones.

ONE: Who is leading this work?

Brianna Kim: It’s me, Peg Gagne and Dawn LeBaron. At first we were holding daily meetings. As the meetings got shorter and questions and topics became more about preference versus necessities, we sort of read the room and transitioned to fewer meetings. We got to the point where we’ve addressed the issues that have bubbled up and anything going forward would be our normal operations, with requests for follow-up addressed as needed. We were very proactive initially because we wanted to have the least amount of stress for our staff as possible.

ONE: Looking ahead, what do you see as upcoming challenges?

Brianna Kim: I’m hoping that fairly quickly we’ll be winding down the hot-spot issues, and focus more on the reinforcement work. There are a few big things that are new for the space, like the nurse-call system, so we are optimizing how that works for people. The monitors are also new for a lot of staff so there is some opportunity to make sure that people are using them to their full advantage.

And finally, one of the big goals we had with the project was creating an environment that is centered on the needs of our patients and families. I think there is more opportunity to continue to collaborate with our patients and their families, and to build the care model from there.

Brianna Kim is Miller Transition Operations Program Manager

Kelly Brush Ride—September 7

The Kelly Brush Foundation aims to inspire and empower people with spinal cord injuries to live active and engaged lives. On September 7, cyclists will take to the roads of our beautiful state to support that mission. The event’s namesake, Kelly Brush, is an athlete, pediatric nurse practitioner, wife and mother. UVM Health Network is one of many local organizations that has partnered to sponsor this event.

This year’s ride includes routes of varying lengths – 10, 20, 50 or 100 miles.

To register or learn more, visit https://kbf.akaraisin.com/ui/kellybrushride2019
Volunteer Doulas Fill Special Role

Valerie Wood-Lewis had a traumatic first birth. For her second, she hired a doula—and it was a transformative experience. So when she saw that UVM Medical Center had started a volunteer doula program, she was all in. “I just never thought that I would be able to do this kind of work as a lay person,” she says today. “It’s an amazing privilege.”

Doulas have been around for years, but their work has more recently become increasingly common as data shows that a doula can significantly improve a woman’s birth experience. They provide support to mothers throughout pregnancy and birth. In the case of the volunteer doulas at the UVM Medical Center, the doulas are there only for the labor and birth—requiring the volunteers to establish rapport quickly. “There’s this very primal woman-to-woman connection that happens,” says Wood-Lewis.

Valerie has so far attended several laboring women and three births. The first time, she was nervous. The nurse told her that the woman wanted “a massage, and nothing else.” Valerie came in and did the massage—when she left, she overheard the woman say “I want that doula woman back!” After that, her nerves dissipated.

“It’s such a unique role, playing such an intimate part in a family’s life,” she says. “For many of us, it speaks to social justice and health equity issues. But it’s also personally deeply satisfying.”

Emily Andrulet, medical assistant, Dermatology, has never given birth herself. But, with a degree from UVM in biology with a minor in global health and a focus on women’s health, she was drawn to the idea of supporting women through the birth experience.

Having no personal experience, she found the hands-on approach to the training particularly instructive. “They actually wheeled abed in, and showed us all the monitors and IVs that can be a part of the birth experience,” she says. “That was really helpful because we could visualize what it is like for women in labor.”

For her first birth, Emily came on after another doula had left her shift. “Walking in on such an intimate moment is always a bit awkward,” she says. “But you learn how to connect with the patient and family members.”

Seeing a birth for the first time was “an absolutely incredible, emotional experience,” she says. “Just seeing how happy the parents were made such an

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The Climb to $15

Effective July 29, UVM Medical Center increased its current wage floor from $13.00 per hour to $14.00 per hour (the Vermont minimum wage is $10.78 per hour). This increase is another step forward in our organizational goal to reach $15.00 per hour as our wage floor in 2020.

In the fall of 2006, our organization implemented a wage floor for our entry-level positions, to be a leader in starting wages, and to pay above the state and federal minimum wages.

We see our wage floor as an opportunity to benefit our colleagues in entry-level roles who help us achieve our mission of high-quality, patient and family-focused care. It also enhances our ability to recruit and retain the best candidates for these jobs.

“Our entry-level staff are a vital part of our efforts to provide our patients and families with the highest quality care. We are proud to be a leader among Vermont employers in reaching our goal of $15/hour by 2020—and we hope this conveys how much we value our staff for their many contributions to those we care for in our community.”

Laurie Gunn, Chief Administrative and Experience Officer
impression. And when I told them it was the first birth I had ever seen, they were so excited! They said I'd never forget their little boy.”

An Option for our Mothers-to-Be

“Research definitively shows that women who have the support of a doula during labor have more positive birth experiences with improved outcomes,” says Marti Churchill. “And the reality is, nurses have a lot of responsibility and things they must pay attention to, so doulas play an important role. Many women can’t afford a private doula—this program offers them that option.”

The new volunteer doula program has been a dream of Marti’s for years, and she’s thrilled to have led it to fruition, thanks in part to a grant from the UVM Medical Center Auxiliary and the support of the local birthing community. The two-day instruction, led by a Childbirth and Postpartum Professional Association trainer, is offered at no charge twice a year, and volunteers are expected to commit to two 12-hour shifts in Labor & Delivery per month.

From Marti’s perspective, the program is an all-around win for the women who benefit from the skills of the doulas and the volunteer doulas themselves. “It’s a tremendous privilege to support women through this amazing passage in their lives,” she says. “I’m so proud that we’re able to offer this service to our patients and we’re immensely grateful to our very special group of volunteers.”

If you would like to become a volunteer, please contact the Volunteer Doula Coordinator: Haley Parizo at Haley.Parizo@uvmhealth.org. If you would like a Volunteer Doula to attend your birth, please let your prenatal care provider know and they will flag your chart so when you come into the hospital in labor, a doula can be assigned to you. You may also ask your nurse on labor and delivery if there is a volunteer doula available.

**Confronting the Opioid Crisis**

With the opioid crisis devastating communities across our region, our network and our community partners are making significant progress in this fight. Together, we are expanding treatment and reducing death from overdose, researching new alternatives and continuing to help those struggling with substance use disorder find a healthier path forward. To tell the story of this progress, we have created a new site that gives voice to our collective stories of hope, challenge and promise. Learn more here.

**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.
For Shep 4 Team, Patients are Family

Every Thursday morning at 9, Barbara Black visits Shep 4 for the weekly infusion treatments that have been a part of her treatment through cancer and autoimmune disease. Her days are long, ending after dinner, but she is sustained by the skill and camaraderie of the nurses working this unit. She is one of many for whom a health care routine has become a reflection of the extraordinary people who find a way to make it special.

Patients like Barbara requiring regular infusions sometimes spend up to 10 hours a day in our infusion center. During these visits, as the conversation waxes and wanes, they form special bonds with their caregivers. “It’s those daily conversations,” says Dianna Palmer, RN. “We talk about kids, grandkids, pets, gardening…it’s incredibly meaningful.”

Barbara Black has carefully followed—and contributed to—the evolution of the new space, advocating as a Patient Advisor that staff be included in the planning, and, as a patient, experiencing the many benefits of this approach firsthand. “They are exceptional nurses,” she says. “And they really practice anticipatory care—they minister to us before we even ask. That’s how good they are!”

The birth of the new infusion unit on Shep 4 has been a true team effort. “This transformation has truly been a nurse-led endeavor,” says Barbara. The result is a team of nurses experienced in infusion care working closely with a well-trained team of nurses new to this field. “It’s been amazing,” says Dianna, “to see how nurses from our preoperative areas and from Shepardson 4 have come together to make a great experience for our patients.”

Dianna and Lorie Marriott, RN, worked with these patients in preoperative and oversaw the initial move to Shep 4. “They really are my family,” Dianna says. “I want them to be treated the way my family would be treated.”

That desire drives her efforts to play an integral role in building the new unit. “It’s great, because our input is encouraged,” she says. “We can focus on things that work great for patients and for our people.”

Colleen Roach, RN, had been an oncology nurse for years before switching to infusion. “It wasn’t something on my radar—oncology was my passion—but I’ve found that I just love it.” Ironically, what drew her to oncology is what she also likes about working with infusion patients: the relationships with her patients. “We become an important part of each other’s lives,” she says. “That’s what makes this work so rewarding.”

Further, says Colleen, she finds the work itself interesting and challenging. “There’s a lot to learn, a lot of care coordination and other complex issues.”

Barbara, Dianna, Lorie and Colleen are also working with the team that will be building Shep 4 into a full infusion unit. “I’m really excited about creating space that these patients deserve. I’ve been listening to what they say they would like, and it’s been really great to share this with the team,” says Colleen.

From Nurse Manager Bethany Palmer’s perspective, the collaborative effort that is making this project so successful illustrates what teamwork and transparency are all about. “We’re creating something from the ground up, looking at how we want to build the team so that we have a strong foundation for this new ambulatory clinic. Everyone is incredibly engaged in this work.”
Hippocrates wrote: “Wherever the art of medicine is loved, there is also a love of humanity.”

That sentiment aptly describes the ways in which providers, patients, families and staff work together to make the UVM Medical Center a safe, inclusive and affirming organization for all, including our LGBTQ+ community.

For well over two years, we have worked on updating our electronic health record system. A critical component to this upgrade is a feature that allows patients to select a preferred name, gender identity and affirming pronouns.

Throughout the development process, we worked in collaboration with our Transgender Youth Program Advisory Council, providers, staff and community partners at Outright Vermont.

We are thrilled to announce this upgrade goes live in the fall of 2019. We trust that it is another critical step in creating an affirming health care environment.

On Sept. 8, staff, patients, families, and friends of UVM Medical Center will once again celebrate with our community by marching in the PRIDE parade. This marks our fourth year of presence at the event! If you’re interested in joining us, please sign up here.

We consulted with Rachel Inker, MD, and Leo Kline, AGNP, from the Community Health Centers of Burlington, and Samuel Lurie from Transgender Awareness Training and Advocacy to help us in this endeavor.

One of our Patient/Family Advisors who works in active partnership with our Transgender Youth Program at the UVM Children’s Hospital points out that as the Transgender Youth Program grows, so does our invitation to include diverse voices and varied ways of participating in the work we do to support gender variant youth and their families, both in clinic and in the context of the larger community.

For example, our Trans Youth Program Advisory Council partners with Outright Vermont as support for families beyond those in clinic, and we participate in the Translating Identity Conference at the University of Vermont. We have been partnering on a variety of projects including presenting at staff trainings, Pediatric Grand Rounds, updating informational material for patients, and creating social media forums for caregivers.

We look forward to finding more ways to embrace our pride all year, and are grateful to the continued commitment of our care teams, staff, patients and families in building a loving, inclusive, care environment for all.
LEWIS FIRST, MD
Chief of Pediatrics, University of Vermont Children’s Hospital
“Being able to help teach and lead others in the delivery of the highest quality family-centered pediatric care possible to ensure the health and wellbeing of children is what makes what I do so meaningful.”

Winning Teams Celebrate National Hospital Week Photos

“I’m having a cookie before lunch! It’s not like my mom’s here!” said dental hygienist Dana Sicard as she walked into the break room to enjoy a congratulatory lunch hosted by Interim President Steve Leffler. The participating teams who led in votes are celebrating their creativity with a series of lunches over the summer.

UVM Dental and Oral Health’s winning photo features wide toothy grins thanks to the clever use of cheek retractors. Dental assistant Britannie Lucia came up with the pose.

When asked if it was hard to recruit the rest of the team for the shot, the group snickered with a collective “No!”

Physical therapists at the Fanny Allen Campus, whose group shot received the highest number of votes, enjoyed their lunch on a warm summer day. Chicken salad and cookies were among the favorites, with a gluten-free option delivered by Steve Leffler. Hillary Rentz, PT, was widely credited with providing the inspiration for the image. They all agreed that it was a spontaneous, and serendipitous, moment.
WORKFLOW WALKTHROUGHS PROVIDE A SNEAK PEEK INTO EPIC

In late May, employees took part in workflow walkthroughs in which they watched a demo of the system—a sort of “day in the life” of a patient. Epic experts also led breakout sessions in the McClure conference room, giving users a closer look at individual applications.

Thanks to all who participated and those who provided input. The feedback we received will help make the sessions even better for waves 2 and 3.

New Feature: Sexual Orientation & Gender Identity

As part of the Network Rollout, we will begin collecting sexual orientation and gender identity (SOGI) information from patients. This is essential to identifying and reducing potential health disparities among our lesbian, gay, bisexual, transgender, and genderqueer and/or questioning (LGBTQ+) patient population. This topic will be covered in training.

STAY INFORMED

Visit the Team Epic Intranet to learn more.

AUGUST UPGRADE

There is an upgrade taking place on August 11 to prepare our systems for the November 1 rollout. This will require a short self-paced training for current users. Trainings are now available in Cornerstone.

“Scheduling in Cadence is like upgrading from a Model T to a Lamborghini—it’s so sleek and intuitive! I love it!”

BROOK HOYT, PRACTICE SUPERVISOR

“Rover is an exciting technological advancement. This will allow nurses to spend more time with a patient and less time behind the screen charting. I am really excited about being able to use rover in my daily practice.”

Colleen Roach, RN
Nurse Cultural Engagement Summit Emphasizes Transparency and Empowerment

Earlier this month, nurse and LNA representatives gathered with nursing leadership at the Davis Center for a day centered on creating a healthy work environment and improving the culture in nursing.

The day kicked off with a welcome from Kate Fitzpatrick and introductions by UVM Medical Center’s senior leadership team, who shared their personal perspectives and ideas about how they, in their roles, can contribute to this important work.

Topics and presenters included:

- Chief Nursing Officer Kate FitzPatrick set the foundation for the day by linking the historical work on the Future of Nursing at UVMMC, the Etch cultural findings and the most recent NDNQI Nurse Satisfaction data. She underscored that the path forward can only be determined together and, as was shared in the introductions, starting with assuming positive intent is an important first step.

- Magnet Program Manager Travis Beebe-Woodard, RN, discussed how our efforts to embed the evidence-based Magnet standards will support the strengthening of the culture in nursing and be a transformative step for nursing. Magnet Recognition® from the American Nurses Credentialing Center is the highest and most prestigious distinction a health care organization can receive for nursing excellence and high-quality patient care.

- Tim Lahey, MD, gave a presentation in which he emphasized the professional values of nurses that have inspired him and how we can all move forward together.

- Travis also led an engagement activity in which the participants talked about projects that they worked on that they were proud of.

- Sue Murdock, Nursing Director, Outcomes/Practice, led the group through an exercise to determine the group’s core values and aspects of culture.

- The group brainstormed ideas about how they can have a positive impact on culture and nursing practice.

At the end of the summit, participants agreed that we need to develop specific plans to improve nursing culture and practice. A follow-up summit is planned for August to begin that work. In the meantime, nursing directors will be meeting with their teams to schedule times to discuss changes that would be meaningful to them. We hope to use this information as a starting point for the conversations we will be having at the August meeting.

"I am so excited to be a part of the Healthy Work Environment initiative at UVMMC. There were representatives from so many different areas and everyone is focused on how we can achieve our goals. I truly appreciate the time that our senior leadership team gave to the group. It is clear to me that they believe in our mission. The work we have begun will take time, but it will foster a culture of excellence by ensuring the appropriate supportive structures are in place to achieve it!"

KATE SOONS, RN

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“My overall impression of the event was that it was a good opportunity to interface with senior leadership and get to know the different members as individuals first, and then as professionals and the values that they hold. It was nice to hear an unbiased presentation of the HealthLinx results and to hear a summary of how different groups within our profession feel. I felt encouraged and empowered during the final hours of the Nurse Culture Summit… and I’m excited to see the work that comes from this day.”

JESSICA CHARBONNEAU, MSN, RN

“I went into the summit with the feeling of being a little skeptical about what was being presented, and what good may come of it. During the summit, I was encouraged when I realized that both management and nurses were very motivated to improve the culture here. I think it was a great starting point for all of us to come together to set the groundwork for building a nursing culture where we feel that we are considered important and respected members of the health care team.”

CHERYL BODGE, RN

“I felt very hopeful attending the Cultural Engagement Summit and honestly was very appreciative of the time, effort and energy that was put in to planning the event. I was impressed that the VP team represented themselves at the summit and shared with us their hopes for moving forward and improving the culture as a whole organization. I was encouraged about the work we completed as a group that focused on what we can do to improve the culture of UVMMC, but also the nursing practice environment, which I believe are heavily tied together. In addition, by engaging frontline staff, the senior Leadership team is giving us a platform to be true partners in improving our organization for all of those who work and are cared for here.”

REBECCA WILSON, RN

“‘We are all acting in good faith, on difficult problems. We need to understand that complex problems in a big system take time. That there are no easy fixes. We need patience. But this shouldn’t lead to complacency—we need to have the moral courage to speak up, productively, so that constructive change happens.’”

TIM LAHEY, MD

“This was overall a positive experience. It was encouraging to learn that the hospital has heard our voices and is looking to take the steps to create positive change. While we still have a long way to go, the journey to healing has started. I look forward to seeing what the next steps will bring.”

MELISSA ADAMS, BSN, RN

“It was not surprising that currently there are feelings of frustration, distrust and lack of support. However, when we started talking about where we want to be it was fair to say that generally everyone wanted the same thing—a professional, respectful and nurturing work environment—so we can provide the best possible care for our patients and families, collaborate productively with our colleagues and have supportive leadership role models. Now is the challenge to construct the bridge to get there. We took the first great step in the journey by identifying the destination, and getting the right builders at the table. There is more work to be done, but I am optimistic that collectively we can get there.”

LAUREN ROLANDINI, RN
Across our organization, our people work together to improve the quality and safety of the care we provide—both within our walls, around the Network, and in our communities. Starting now, ONE will regularly publish stories about quality initiatives underway.

From Farm to Patient

Blood pressure? Check. Cholesterol? Check. For most of us, the first two are what we expect from a visit to our primary care doctor’s office but here in Vermont, on any given day, you might just find a farmer’s market outside your primary care medical home.

When Fairfax resident Julie Mesick visits her team of providers at Milton Family Medicine, she comes home with a reusable bag of fresh vegetables and a nutrition book with recipes showing her how to sneak vegetables into her family meals. Along the way, she has taken a liking to a few new vegetables, like kohlrabi.

Julie’s is one of more than 400 families or nearly 1,000 Vermonters who benefit from the Health Care Share (HCS), a nationally award winning project of the Farm at the Vermont Youth Conservation Corps (VYCC). The HCS offers improved access to healthy food for patients through UVM Medical Center family medicine practices and other independent hospitals and providers across the state. A visit to the primary care team includes a weekly free farm share, a nutrition program notebook and vegetable preparation demonstrations. Participants are identified by their health care providers, based on need, chronic diet-related illness and/or children in the home.

“The doctors and other providers help enroll patients and find it a meaningful way to support patients and change a person’s arc toward wellness through access to healthy food.”

ALICIA JACOBS, MD
PROFESSOR AND VICE CHAIR, FAMILY MEDICINE

Pasture-raised chicken? UVM Medical Center and Central Vermont Medical Center together have 6 of the 14 total HCS drop off sites in the state, each staffed by a location’s Practice Supervisor and a dedicated group of volunteers. UVM Medical Center currently coordinates at four primary care sites—Milton Family Medicine, Colchester Family Medicine, Hinesburg Family Medicine and Winooski Family Health.

The HCS runs from early July until November, but the work to grow the produce occurs all year. Led by the hard work of 50 youth and young adult VYCC Corps Members on crews, the Farm program at VYCC also puts 920 volunteers to work alongside VYCC’s talented farming staff. Says Lisa Hoare, UVM Medical Center program coordinator, “The food distributed to participating families is grown, harvested and packaged by Vermont young people, ages 15-26 years old, who are employed by the VYCC. These youth and young adults receive a share as well along with farm education and important leadership training. This program supports youth on both the giving and receiving end and

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promotes health improvement not only nutritionally but as a community connection.”

“We believe great things happen when young people team up on projects that matter here in Vermont,” says Breck Knauf, VYCC’s Executive Director. “Young people consistently rise to the occasion of not only improving their lives, but the lives of their neighbors. The Health Care Share project is a terrific example of this.”

This effort reflects a shift to primary prevention of disease by prescribing and supporting a healthier diet. Data results from the Health Care Share are promising—in 2018, nearly half the participants reported a change from food-insecure to food-secure at the end of the program. Participants also reported reduced intake of energy drinks or sports drinks, soft drinks or soda, as well as more episodes of eating green leafy vegetables at the end of the program.

Emily Clairmont, registered dietitian at the UVM Medical Center, says, “improving your nutrition will affect your health from your mind to your heart. The Health Care Share project effectively reduces the barrier to access to healthy foods to allow individuals to increase intake of vegetables that provide essential vitamins, minerals, fiber, and phytonutrients. And the data show this is happening.”

To learn more, contact lisa.hoare@uvmhealth.org

Registered Dietitians Expand Expertise

Twenty to 60 percent of patients in the acute care setting have some degree of malnutrition, which correlates to poor quality of life and increased falls, pressure ulcers, length of stay, and readmissions. Recently, 38 UVM Health Network registered dietitians received training to enhance their skills in determining if a patient has or is at risk for malnutrition.

In an initiative led by Shey Schnell, Matt Miller and Eric Gadway at Champlain Valley Physicians Hospital, the nutrition-focused physical exam (NFPE) significantly lowered readmission rates and length of stay. The exam focuses on characteristics such as muscle wasting, subcutaneous fat loss and edema.

Stephanie Gall, RD, Clinical Nutrition manager, UVM Medical Center, emphasizes the importance of this information. “Intervening early is an important step in preventing falls and other issues that are contributing factors in readmissions and length of stay. Adding these skills to the RD toolbox sets a new standard in our efforts to providing patient-focused care.”

NFPE documentation and the nutrition plan of care is located in the dietitian’s chart notes in Epic for the inpatient and outpatient setting. Looking forward, NPFE training will be offered around the Network.
In November, Michelle Greeson RN, a critical care transport nurse, returned from a conference convened by the National Ebola Training and Education Center with a suggestion to update and test the plan for safely moving a potentially infected patient between hospitals for treatment.

“We had our original plan in 2014–15 when we had the big Ebola scare but never really practiced it thoroughly again,” says Michelle. She envisioned doing a small exercise with just her transport department practicing the basics, like donning and doffing the personal protective equipment known as PPE.

As colleagues from other departments and medical centers heard about Michelle’s “little drill,” they wanted to be included. Soon, she found herself coordinating a full-scale training exercise involving the Vermont Department of Health, the UVM Medical Center, Central Vermont Medical Center, Dartmouth-Hitchcock Medical Center and Massachusetts General Hospital to evaluate our region’s ability to respond to the potential threat of Ebola or other diseases of high consequence.

The drill began the morning of June 18, when a patient-actor arrived at CVMC’s Emergency Department describing symptoms of suspected Ebola virus. The UVM Health Network’s critical care transport service moved the patient to be assessed at the Medical Center, Vermont’s only Level I Trauma Center and the state’s designated assessment hospital. The patient was cared for in a suite of rooms created using a new wall system and air filtration unit on the MICU. Nurses who volunteered were specially trained for the drill. The next day, the patient was taken to Massachusetts General Hospital in Boston, with a change of crew at Dartmouth-Hitchcock.

“I call this project my seven-month Ebola baby that came to fruition at the end,” Michelle says with a laugh. “I was learning on the fly—I didn’t even know how to send a meeting planner through email when I started this.”

Her supervisor, Transport Team Manager Michael Conti, encouraged Michelle to keep going. “He was such a good mentor all along the way,” she says. And each time she reached out to colleagues at this and other hospitals to ask for help, she heard a resounding “yes.”

“This organization is phenomenal—there were so many people who were really motivated and invested in this drill,” Michelle says. Many were behind the scenes. “We asked a lot of people to really go further—and no one complained.”

Nurse educator Caitlin Guilbert, RN, led trainings in advance for day and night nurses in the MICU, where four rooms were blocked off for use during 24 hours of the drill. They practiced routine tasks while wearing the heavy PPE gear and three layers of gloves. “Doing basic nursing functions is a challenge in those suits. The more repetition you have, the easier it becomes,” says Caitlin. The biggest takeaway: “We are equipped. We could handle this.”

Kate Hammond, emergency management coordinator, agrees—in fact, it’s her job to document the lessons learned, develop action steps and create an updated comprehensive plan, “So that next time we do it even better.”
‘Mama Bear’ Marks Milestone Moments for her Residents

June saw the arrival of 82 first-year residents to our Graduate Medical Education program and the graduation of 80 residents bound for specialty fellowships and jobs. Diantha Langmaid was there for the milestone moments, as she has been for the past 15 years.

First came the fittings for the interns’ all-important white coat. Although Diantha’s formal job title is program administrator specifically for general surgery, she helps new residents in more than 17 specialties get their official garb. “It’s very moving to watch them trying on the coats and wanting to make sure they have the right fit,” said Diantha as she handed family medicine intern Tahlia Wolfgang, MD, a different size to try. “They’re so excited because they’ve spent four years in medical school and this new white coat is symbolic of their progress—especially when the coats come back embroidered with their name and their specialty.”

In general surgery, Diantha helps manage the schedules and behind-the-scenes logistics for physicians training to become general surgeons. Most go on to fellowships in specialties such as vascular, colorectal, oncology, cardiothoracic, plastic, critical care and trauma surgery. The six-year program includes five clinical years and one year of research and employs 24 residents (4 slots open up each year). Diantha literally takes extra steps to help her residents stay on top of training requirements—such as case logs and duty-hour logging—and walks from her out-of-the-way office in Fletcher to find them wherever they are in the hospital to personally facilitate tasks needing their attention.

“I do what I can to make it easier for my residents to concentrate on their patients and the operating room,” she said, explaining that the personal approach accomplishes more than email or texting ever could. “That’s how I feel I am helping with patient care.”

Diantha’s dedication earned a special term of endearment for the way she nurtures and fiercely protects her residents.

“She’s Mama Bear,” said Alita Perez-Tamayo, MD, who was in Diantha’s office late in June to return her pager and pick up her diploma before departing for Chicago, where she has a fellowship in colorectal surgery. “We come down here and cry. I steal a Diet Coke from her fridge every Friday. When she was on vacation, I would text her about paperwork I needed for my fellowship and she had it to me within two seconds. She makes sure we’re in places we’re supposed to be and that we’re not missing meetings, because she knows our schedules are terrible and we otherwise would miss them.”

“She takes care of us,” said Candace Leach, MD, who has a plastic surgery fellowship at Boston’s Lahey Hospital & Medical Center.

Diantha handed the surgeons scanned copies of their diplomas and reminded each to keep them handy for future job applications. “I just hate this day,” she said as she hugged them goodbye.

Although she receives holiday cards, birth announcements and the occasional email, “I don’t normally see them again.”

At the going-away banquet, Diantha’s residents conveyed how much they will miss her. Said Alita: “We essentially said we didn’t know how we would function in a world without her.”
Network Teams Paddle for a Cause

On August 4, for the third year in a row, Kelly Fridinger, RN, picked up her paddle and raced in the Lake Champlain Dragon Boat Festival. But this year was especially meaningful—both professionally and personally—for the clinical manager of the community hospice team at UVM Health Network Home Health & Hospice because the McClure Miller Respite House is the festival’s 2019 official pledge partner. Dollars raised from the charity event will establish a “Care Fund” to help ensure Respite House care is available to all who need it, regardless of ability to pay.

A total of nine teams representing UVM Health Network raced this year to advance the Festival’s mission of teamwork and community giving to benefit cancer support in our state. The Respite House, represented by team Graceful Passage, is Vermont’s only Medicare-certified hospice residence, where the majority of patients served in 2018 had a primary diagnosis of cancer.

Kelly gained a new perspective on hospice care a year and a half ago when her mother was a patient with Central Vermont Hospice at the end of her life. “It was a huge relief for me to step aside from my role as a nurse and allow someone to answer questions and provide support for my family and for me,” she says. “And there was also relief in knowing my mother could transition to the McClure Miller Respite House if needed.”

Respite House volunteer Chris Carpenter, whose wife died a year ago, marked his third time racing but his first time with Graceful Passage. “My wife never made it to the Respite House, but I now appreciate even more the importance of supporting people and their families at the end of their lives,” he says.

Kelly, who is team captain, looked forward to racing alongside co-workers and volunteers like Chris in an event that is more about fun than competition. Like most of the participants, she is not an experienced paddler and says she’s not especially athletic. No matter: “It’s a sport that even if you’re not in tip-top shape you can still participate and enjoy it.” Several medical center groups chose colorful names like The Stream Team (UVM Urology) and Cancer Avengers (UVM Oncology Medical Center) to represent that spirit.

Anne Campbell, project manager with medical group operations, became a paddler in 2016 to celebrate her mother’s recovery from breast cancer. This year, as a fairly new employee to the Medical Center, she joined the Make Waves for Wellness employee wellness team because she’s grateful for the care her mom received here while being treated.

Laurie Gunn, chief administrative & experience officer, was also drawn to the event to honor loved ones who are survivors of breast cancer. And she wanted to support Dragonheart Vermont, which has done so much to help cancer patients and survivors, including fundraising for programs at the Medical Center and within our Network.

“I learned quickly last year that this event takes incredible teamwork to row synchronously to our destination,” Laurie says. “It’s like so much of what we do every day at UVM Medical Center—working together for our patients, families and with each other!”

Learn more about supporting the Lake Champlain Dragon Boat Festival here.