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Unique Partnership Helps Patients with Hepatitis C

By Gillian English

In a first for Vermont, UVM Medical Center’s Infectious Disease Division has partnered with the Chittenden Clinic to help address the barriers to treatment for patients with Hepatitis C.

Hepatitis C affects an estimated 2.4 million individuals in the U.S. Within the last four years a cure with a 90% success rate has been established, and is available in Vermont for all individuals infected. This cure requires daily treatment for a varied duration, depending on the treatment used.

Many individuals infected with Hepatitis C have struggled with substance abuse and often have unstable living situations or difficulty taking daily medications. A partnership grew between the Infectious Disease Clinic and the Chittenden Clinic that allowed patients who receive daily methadone to also receive their Hepatitis C treatment. Each patient’s administration is monitored on a daily basis, ensuring compliance is 100%.

So far, every patient who has started and received treatment through the Chittenden Clinic has been cured.

“The fact that these patients can get their medicine from the Chittenden Clinic is helpful because many of them are in situations where they have no place to store their own medication. They come here and they’re really grateful.”

LAURA CATOE, APRN
UVM MEDICAL CENTER
INFECTIOUS DISEASE DIVISION

“The partnership evolved naturally,” says Laura Catoe, APRN. “The fact that these patients can get their medicine from the Chittenden Clinic is helpful because many of them are in situations where they have no place to store their own medication. They come here and they’re really grateful. These are patients that don’t always get chances.”

One of the key features of this program is it was created by two nurse practitioners and two nurses from different organizations coming together to better serve the patient. In the Infectious Disease clinic, once Laura has prescribed medicine to the patients, Mary Ann Ray, RN, teaches and follows the patient through the process. “We’d have a huge failure rate if we didn’t take the time to do that,” she says. “A big portion of my job is keeping up with these people and making sure that they get their meds. And that makes a huge difference.” This follow-through can continue even after the patient has been cured.

“We really build relationships with them,” she says. “That helps. The important thing is: there’s no judgement.” It is evident that patients feel safe and well cared for.

Looking forward, Laura sees continued growth for the program. “We’ve sent over at least 20 patients to the Chittenden Clinic,” she says, “and more keep coming. It’s rewarding to be able to provide this level of care with such great results.”

The Chittenden Clinic is an opioid treatment program that provides professional, evidence-based counseling and medication-assisted treatment to people with opioid use disorder.

Everything You Ever Wanted to Know About Kidney Stones
Learn more about the signs and symptoms of this common problem.
Primary Care Effort Key to Network Success

A Conversation with Tom Peterson, MD about the work of the Network Primary Care Council

Q: To start, can you explain the rationale for this work?

A: In order to effectively manage their health, patients need to have access to primary care. They need to be able to readily see their provider in a timely manner when they need care. There’s very strong evidence that a longitudinal relationship with your provider helps reduce health care costs and improve quality and satisfaction — for the patient and the provider. We, in our network, believe patients should have a primary care medical home.

The other underlying rationale for this work is that we need to transform the way we deliver health care, from a reactive to a proactive approach. Gone are the days when we wait for the patient to arrive at an appointment with us with a concern and then we react to it. We need to provide ready access for concerns that come up, and we need to be proactive about those important areas that require regular attention, like chronic disease management, preventive care, wellness and immunizations. This requires a team approach to care.

And a team approach to care is also necessary because there aren’t enough individual primary care providers in the pipeline to meet the emerging primary care and specialty needs of our population. We have an increasing number of aging patients that require greater attention, and a one-on-one model just won’t meet that need alone. It requires a team of people around the physician or provider, to help support her or him in their daily work — and improve the quality of the care.

Finally, we know that within our network there are areas where there are significant access gaps for primary care, resulting in people either not receiving care or using expensive and less than optimal settings to receive their care, such as the emergency department. And often they are showing up in these settings further down the illness pathway. So again, ready access at the primary care level is so important.

Q: What current projects reflect this work?

A: A significant part of our work has focused on developing a greater understanding of what the primary care resources are around the region and whether they’re appropriately matched to the patients in that region. With this knowledge we are now looking closely at where we need to recruit more primary care, improve our facilities and improve our coordination, to provide the patients the care they deserve.

We are also using what we’ve learned to think about improving the resources for the skills and talent to take care of our patients. So recruitment is a key focus. For example, in Plattsburgh a new family medicine residency has become an important pipeline for primary care in Northern New York. In addition, by getting to know our colleagues and working with a primary care council that is represented from around the region, we’ve been able to develop an ideal office staffing model for a comprehensive medical home.

Similarly, we’ve been looking at recruitment strategies for primary care providers and what will make careers sustainable and enjoyable so that professionals will want to continue to be work in their communities.

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Q: Can you talk a little bit about some of the challenges that you’ve faced?

A: The biggest challenge has been electronic medical record platforms. Around the region there are a number of different legacy platforms that primary care is using for their electronic medical records. These EMRs perform inconsistently and do not connect with Epic. The good news is that beginning this year we will have a common platform, Epic, which will not only allow us to have a much better tool for data informed care, documentation and coordination of care in the office — it also allows us to two-way communicate in a much more effective way with those consultants that our patients may need. So the patient experience will be better, and there'll be much more accuracy, safety and reduced risk for overlooking things.

Of course, implementation of Epic will also have learning and adoption challenges. These will be balanced by our current Epic experience and implementation knowledge and ultimately will result in an integrated record that our region will benefit from.

Another big challenge is recruitment. There are variations in the network in terms of our ability to recruit. We’ve started a pilot for centralized recruiting so that not only will candidates see all the opportunities that exist in the network, but we can also share them amongst ourselves so we can avoid overlap and redundancy.

Q: Can you mention a few specific projects that you see as being an integral part of all of these big picture things you’ve mentioned?

A: The biggest project this coming year, without a doubt, is supporting the roll-out and effective use of Epic in primary care around the region. That is a major project. It’s going to be a big change for the majority of the region to adopt something they’ve been looking forward to, but it’s going to be a roll-up-their-sleeves moment for all of us.

I think the continued adoption of common clinical pathways and approaches to patient care will be a focus. Continuous quality improvement, and improving the way that we connect with our specialty colleagues are also areas that are going to be very important.

So this work is really touching so many, and not just medicine specialties, but also education and administrative areas within the network. It’s a journey - and I think we know we’ll continue to see changes in population demographics, resources, health care reform, and data management tools that will influence that journey. But of paramount importance: we’re guided by the principle that we’re going to do whatever’s best for our patients.
New Americans Showcase Skills on the Job  

By Sidney Sloan

Across our organization, employees from other countries bring their skills and perspectives to their work, enriching their lives and the lives of their colleagues, our patients and families.

CHIZA MODELLINA

Chiza Modelina relocated to Burlington in 2005 after living in a camp in Mozambique. She started work here last summer in Housekeeping/Environmental Services, where she helps maintain cleanliness in our patient care and visitor areas. Chiza knew the UVM Medical Center was the place she wanted to work after having a child and working in the restaurant industry.

“My heart pushed me to find a job here. I grew up taking care of my grandmother, so I felt I was meant to work in a hospital.”

ISHWARI RAI

Ishwari Rai was born in Bhutan and lived in a Nepal community for 21 years before landing in Burlington and soon after the UVM Medical Center. Ishwari has a passion for dance and a deep love for her son. As part of her desire to learn English, she applied for work here and was hired in 2017. She has been incredibly pleased with the support she’s received from her supervisors. She takes English classes at the hospital every Monday before her shift starts.

“I feel like everyone here encourages me. Before, I was very shy and afraid to make mistakes when I talked. Now, when I understand, I’m excited.” Ishwari hopes improving her English will allow her to progress in her current position in Housekeeping.

StorySlam Rx
Storytelling Workshop with Susanne Schmidt

Tuesday, April 30
5:30–8:30 pm
The Larner Classroom

The UVM Larner College of Medicine will be hosting a Moth-style StorySlam for all members of the UVM Medical Center community on May 16, 2019.

In preparation for this event, we are hosting a storytelling workshop with Moth producer and StorySlam winner, Susanne Schmidt. In this workshop, you will learn how to take your story from the page, to the stage.

The theme is resilience. We want you to tell us about a time when you understood what it meant to struggle and prevail, went the distance to strive for the impossible, or bounced back after a fall.

For more information, visit: storyslamrxworkshop.eventbrite.com.
A Lifetime Devoted to Improving Our Communities

*Sister Pat McKittrick believes that true well-being extends beyond hospital walls.*

Her work in the Health Ministries Program — a part of Community Health Improvement — is in many respects a precursor to the concepts behind population health, and unquestionably an invaluable source of support for many in our communities.

Sister Pat started the Health Ministries/Faith in Action Program in 1994. Her work, which has taken on many forms over the years, is focused on improving people’s physical, social, emotional, spiritual and psychological health by strengthening existing community partnerships and making them self-sustaining, both in Winooski and surrounding areas.

Much of that work has been carried out by what is now called the Winooski Peace Initiative, a group of organizations including UVM Medical Center departments, local churches, businesses, schools, other city agencies and more to work together to make improvements in the lives of our community members. Work made possible by this group includes:

- Ensuring that people have access to healthy foods through programs like the Summer Lunch and Activity Program, which provides food and activities for school children whose families might not otherwise be able to afford them.

Sister Pat McKittrick Receives UVM Social Justice Activist Award

Sister Pat will receive this year’s Outstanding Social Justice Activist Award from the University of Vermont, in recognition of her lifetime devoted to serving the underserved, and the many programs aimed at ending oppression which she has helped bring to fruition. The award is given to a person who has worked in anti-sexist endeavors and who has drawn connections between various communities to end multiple forms of oppression. This award recognizes that various forms of oppression (e.g. sexism, ableism, racism, classism, heterosexism, religious discrimination) are connected and support one another.

Says Jennifer Houlihan, Network Vice President, Quality, “I am grateful for Sr. Pat’s 25-year career building coalitions and championing the most vulnerable in Vermont. Her dedication to raising awareness about human trafficking is a testament to her support of community members without a voice.”

DEBORAH ROONEY
Audiologist-Clinical Lead, Audiology

“Given that hearing loss can be isolating for people of all ages, it’s so rewarding when a patient tells you that you’ve helped them reconnect with family and friends. How can you not feel good about improving someone’s quality of life?”

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Sister Pat says she comes by this work naturally through a blend of nature and nurture: raised in Jersey City, her father was social justice-minded, and she saw in her neighborhood plenty of people who had less. Through her training as a nurse, then joining a convent in Montreal, she traveled to places around the world where, again, she gained a perspective on what it means to “have” — and “have not.”

“That perspective has fueled my work,” she says. “I’ve seen firsthand how, even though there’s a scale of 1–12, not everything is a 12. But we have to come together to do something when the scale starts tipping towards a 12.”

She’s always looking for ways to be creative in addressing the needs of our community. She serves on the Board of the Winooski Food Shelf. She has been involved in implementing innovative programs like “soul collage,” an exercise in which individuals can post images that they find meaningful to share as they feel comfortable. “It helps people forget the problems of everyday life,” she says, “and reconnects us all to what’s important.”

And for Sister Pat, what’s most important is our community. “That’s what drives everything,” she says. “How can we come together as a community to be our best?”

Sister Pat McKittrick

Got a Nutrition Question?

Are you wondering why broccoli is good for you? Or what a healthy lunch looks like? Call the Nutrition Services Diet Line (802) 847-DIET (3438) for answers to your basic nutrition questions. Please leave your name, phone number and nutrition question. A registered dietician will return your phone call during regular business hours.

Employee Discount

Orangetheory Fitness
580 Shelburne Road Burlington, VT 05401
Phone: (802) 444-0181

- Complimentary first class
- $10 off Premier (unlimited) and Elite (8 sessions per month) membership packages

Want a Sneak Peak of the Miller Building?

Watch our new video, and enjoy an insider’s tour!
Outpatient Laboratory Services/Phlebotomy Reopens with Major Upgrades  
By Sidney Sloan

Just shy of a month ago Susan Antell and the rest of her team of phlebotomists on the Main campus were working in a small space with a waiting room located in a main hallway. Since 2012 the team has been working to improve the space. In February of this year, the new lab site opened with a more private general waiting room along with a specially designed children’s waiting room. What was once three phlebotomy draw chairs and two computers has been transformed to six phlebotomy draw chairs and six computers, dramatically improving the patient and phlebotomist experience. The new site is open, clean, adorned with murals and offers our patients and their families’ privacy and a more efficient care experience.

Susan recalled the many challenges leading up to the move, noting the old space had become very unsafe due to its cramped layout. The space also contributed to inefficient work flows and long wait times.

As part of a joint project with the UVM Children’s Hospital, the new lab space now offers a private waiting area for families with children, and two pediatric-friendly draw rooms. The children’s rooms are lined with light-hearted murals and a variety of toys specific for the area.

The new space also reinstates a missing component that’s been absent since the former phlebotomy space was downsized as part of the Breast Care Center expansion in 2012: a process for real-time registration. Though this is new for many who grew accustomed to having their registration done for them, phlebotomists can now spend their time focusing on patient orders without the disruption of being handed paperwork by the patient along with being asked questions that in general did not refer to phlebotomy. Staff also benefit from this renovation, with locker space now available and a supply closet to eliminate ordering supplies 2–3 times a week.

Beyond the upgrades for Phlebotomy, says Susan, this story has a worthwhile message: support and collaboration. In creating the new space, Susan and her phlebotomy team collaborated with Facilities Management, Lab Services, Registration, nurses representing the Comfort Zone, members of the Quality Council, and patient and family advisors. This collaboration continues as this team works towards developing a pediatric program that addresses the needs of this patient population.

Susan believes that this collaboration was vital. “We were brought in at the very beginning of the design project. Everyone who needed to be at the table was there, so this space was designed with everyone’s needs involved.”

Susan describes the improved process as “breaking down the silos between all parties to produce the best patient experience they can have.”

Overall, Susan feels this space is representative of a broader message about health care professionals: “If you can provide a safe and efficient workspace for anyone, they will do their job better.”
ED Nurse Fellowship Program Introduced
By Sidney Sloan

An ICU-turned-ED nurse has established a fellowship program to promote acute trauma care training for emergency nurses.

When Travis Beebe-Woodard first moved to the ED, he saw opportunities for improvement in training and workflow and set about creating a Trauma Improving Task Force. From there, with the support of ED leadership and funding from a two-year Frymoyer Grant, he created a 10-week, 40-hour Emergency Trauma Nursing Fellowship Program.

The goal of the program is to provide nurses with the knowledge and skills they need to offer our patients the highest level of care, which includes tending to their holistic needs. His program uses methods he believes are critical to nurse-led change, where there is a focus on dedicated time away from the beside/clinical setting to access educational and research information to bring back to patient care.

Nurses who complete the fellowship earn an Advanced Trauma Care (ATCN) certificate and a Trauma Certified Registered Nurse (TCRN) certificate.

In addition to providing our nurses with an opportunity to further their education, this program could be an effective recruiting tool and a model of advancement opportunity for other areas within our medical center. “I believe in the resilience and excellence of our nurses,” says Travis. “I hope programs like this can continue to build on their strengths, while offering them the professional advancement that is the hallmark of a strong nursing workforce.”

“I believe in the resilience and excellence of our nurses,” says Travis. “I hope programs like this can continue to build on their strengths...”

TRAVIS BEEBE-WOODARD

Supporting the Miller Building

“As an oncology nurse, I saw firsthand how patient- and family-centered care is integral to a positive care experience. I believe in the power of philanthropy, and I am proud to support the Miller Building, which will provide our patients with a beautiful, functional setting in which to heal.”

JENNA PAGE, MSN, RN, ONCOLOGY NURSE

FACES
of The University of Vermont Medical Center

Kristi Bogner
Facility Planner, Facility Planning & Development
“I take pride in creating comfortable spaces using colors, fabrics and artwork which help reduce anxiety for our patients, families & staff. It’s important everyone knows they will be well taken care of from the moment they walk through our doors.”
“My son was in the NICU, and I was in an office job at the time. I was really impacted by the NICU experience and how the nurses were, and how their jobs were, and I had a hard time after I had my son thinking about going back to an office job. I never thought about nursing, but it was the perfect fit. You’re right in the middle of someone’s life. You’re using science and technology. It’s the perfect blend of using your mind, and also being close to people and caring for them, and being in the thick of their lives. So, I went to nursing school, and that’s where I met Kelly.”

— SHARON SCHROEDER, RN

“I was in a car accident and broke my back and had spinal surgery and was a patient for several days. I saw what the nurses did for me, and how they made me feel, and that did it for me. That’s what I want to do — make people feel like that all the time. So, that’s why I went back to nursing school.

Sharon and I lead a safe sleep project on our unit and throughout the hospital. Over the years, we’ve had several patients who haven’t had a safe place to put their baby to sleep. One day Sharon and I said: ‘Okay, this is going to be our project. We’re going to make sure every baby has a safe place to sleep.’ So, with a lot of work and some grants, we have been able to give all families in need a pack-and-play. The patients are very grateful, and the babies are safe. And we are now designated as an official ‘Safe Sleep’ Champion Hospital, the highest designation.”

— KELLY BORCH, RN

Women Making History

#WomenMakingHistory is a UVM Medical Center social media campaign featuring women at the UVM Medical Center who are working to transform the future of medicine through research, service, patient care, and more. Content was shared on our social media channels — Facebook, LinkedIn, Twitter, Instagram — during March, also Women's History Month.

Adding More Fruits and Veggies to Your Diet

We know it’s important — but it’s not always easy! Here are some tips.
Pharmacist Dorothy Boutin Receives Good Catch Grand Prize

An uncommon medication was ordered for a patient. Dorothy Boutin, Pharmacist, was persistent in questioning the order, taking multiple steps beyond conferring with the ordering provider. Eventually she discovered the ordering physician believed that this drug had been recommended by a consulting team. However, the consulting specialist had recommended a different medication with a somewhat similar name. Dorothy’s vigilance and persistence prevented a potentially serious medication error. Her SAFE report led to changes in the order entry questions for the uncommonly ordered medication, and provided an opportunity for team review, with focus on team-based care and communications. Good Catch, Dorothy!

Daniel Thiefels Receives Good Catch Award

As new Pharmacy Tech Trainee Dan Thiefels was stocking an unused but expired code cart, he noticed that the cart had been incorrectly stocked with two “Drawer 3” trays, and no “Drawer 2 trays.” If the code cart had been needed in an emergency, necessary drugs and supplies would not have been immediately available to the team. As a result of Dan’s observation, our pharmacy team began working with the KITCHECK vendor and they developed an automated daily report to identify potential misloaded carts. This event has been submitted to the worldwide Institute for Safe Medication Practices so that other health care groups can learn from our experience. Good Catch, Dan!

Laura Catoe Receives Academic Care Award

Laura Catoe, a nurse practitioner in our Infectious Diseases clinic, has received the Academic Care Award in recognition of her dedication to her patients and colleagues. Laura was honored for stepping in to fill a void when a staff person left her position, and for her behind-the-scenes work to help us provide the best possible care for our refugee population. Congratulations, Laura!
AWARDS & RECOGNITION

Julie Hart, RN, Receives DAISY Award

Congratulations to Julie Hart, who has received the DAISY Award. Hear from one of her patients in Radiation Oncology:

“I had such a very good experience with Julia. She was very experienced and helpful going through my Radiation, guiding me, answering any questions I had...I couldn’t ask for a better nurse, really experienced and helpful...she was very calming, went on the computer teaching me and showing me how I was being treated...she is patient, encouraging and a gentle, loving nurse.”
—Dorothy Woodrum

Pulmonary Fibrosis Support Group Recognizes Milestone

The Breathe Vermont Pulmonary Fibrosis Support Group, which recently celebrated its one-year anniversary, meets monthly and is open to all Pulmonary Fibrosis patients, family members, caregivers, and medical professionals.

FACES

of The University of Vermont Medical Center

SANDRA KLIMA
Senior Project Manager, Network Supply Chain

“I love meeting people and learning about their role at the hospital. It gives me great pleasure to provide solutions that improve the daily work experience.”

Left: Julie, center, receives her DAISY Award.