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Trauma Surgeon Visits Post-Hurricane Virgin Islands

After Hurricane Irma hit the Virgin Islands in September, Trauma Surgeon Gino Trevisani, MD, State Surgeon with the Vermont Guard, was one of a team of 20 health care professionals called down to St. Croix to help.

The mission as originally envisioned was to support the 1,700 soldiers who were sent down to be a calming influence in the area. Dr. Trevisani imagined that the medical team would be providing help for minor injuries.

However, it soon became apparent that the armed forces were not needed, so Dr. Trevisani and his team were left with orders to follow that were no longer appropriate. Added to this was the wild card thrown at them by Mother Nature: the moment they touched down in St. Thomas, on September 15, they were told to evacuate to St. Croix, as Hurricane Maria was bearing down on the islands.

Once in St. Croix, they hunkered down on the first floor of a three-story building and rode out the storm. After 16 hours of 155 mph winds, darkness and rain, they emerged, safe, to see massive destruction across the island.

And then it was back to St. Thomas, where, because their original orders were still in place, they found that they were limited in the help that they could provide. They did what they could, setting up medical stations, working with the Red Cross to hand out food and water and helping families understand what had happened to their loved ones.

The infrastructure in St. Thomas was itself on life support. Power was out everywhere. The hospital had been totally destroyed and could only hold eight patients per day. Gas stations were down, grocery stores were only open for a few hours a day, and cash was the only way to pay for anything.

Once the team’s orders were changed to reflect the need, they began to provide direct care to people in the community. Dr. Trevisani and the team mostly did wound repair and management – working with people who were suffering from diabetes and gangrene. Dr. Trevisani ended up performing several leg amputations.

In all, the team spent 31 days in the area.

Back in Vermont, Dr. Trevisani hopes that things will continue to improve in the Virgin Islands. He knows the going will be slow - they don’t expect to have power until after Christmas and most schools aren’t open yet. Life, as these people have known it, is crawling back to normal – but people are coping as best they can.

In spite of it all, says Dr. Trevisani, the people he encountered were a bright spot. “They were just so thoughtful and respectful of each other,” he says, “under the most trying of circumstances. It was really inspiring to see.”
Supporting Women and Families

This is part of a series of stories showcasing the work of our Advance Practice Providers.

Marti Churchill still remembers the first time she “caught” a baby. It was a bit of a surprise, as the baby was coming faster than the physician on call. But from day one, she was hooked…and, nearly 2,100 babies later, the experience is still one that provides her with deep personal and professional satisfaction.

Growing up in Connecticut, Marti began thinking about nursing in high school. During her senior year at Georgetown University School of Nursing, she worked alongside midwives at a city clinic. That’s where she fell in love with what is at the crux of childbirth: the birth of a new family.

“It’s a calling. I can’t imagine doing anything else. I’m passionate about women, families and babies.”

MARTI CHURCHILL

Pennsylvania, she worked first in a small community hospital in Reading, PA, then at a Seattle, WA birth center. A few years later, marriage to Vermont-born cardiologist Peter van Buren, MD, brought her back to the Green Mountain State.

Since then, Marti has had a rich and full career as a nurse-midwife at the UVM Medical Center. During her very busy days – and nights – she assists women through the birth process, provides prenatal care, and prescribes medication. She also does well woman gynecological care.

She credits the midwifery team for the level of care they provide across the spectrum. “It’s an amazing, cohesive team,” she says. “We are all united in our passion for supporting women during this incredible time in their lives.” The team consists of six nurse-midwives who take call for patients. Sandy Wood, CNM, is also a Mental Health Nurse Practitioner; she provides patients access to extra mental health support for women and families who need it.

In addition to seeing patients in the clinic 1-2 days a week, Marti, who leads the midwife team, directs all operational aspects of the Midwifery program. The Midwifery team works collaboratively with the MDs in Women’s, which allows for a very fluid transfer of patient care to a higher level as needed. Marti and the midwife team also teach residents and medical students from the Larner College of Medicine and the College of Nursing and Health Sciences.

How she fits all this in is unclear, but she does say that she naps easily – and that she’s driven by doing what she loves. “It’s a calling,” she says. “I can’t imagine doing anything else. I’m passionate about women, families and babies.”
Why I Give to the United Way

“We are all part of a larger community – a community which we care for daily at the University of Vermont Health Network. Volunteering and supporting the United Way allows me the opportunity to positively impact and learn about other parts of our community that I might not normally come into contact with.”

ALLEN MEAD, DIRECTOR, MEDICAL GROUP

“I volunteer because this community is my home and the place I want to be. It is important to me that all individuals in our community have opportunities to thrive and meet their fullest potential. The United Way is the organization that comprehensively works to help meet the needs for people in our community.”

ELIZABETH STECKEL, QUALITY IMPROVEMENT PARTNER RN

“A Sweet Surprise on Thanksgiving Day

On Thanksgiving Day a generous family came by the hospital to donate Costco pies that had not sold before they closed for the holiday. They asked Brenda Naurcki, supervisor, Nutrition Services, if she and her colleagues would help distribute them to employees who were working that day. Together they delivered 128 pies around the hospital.

Riding the Smoothie Bike for the United Way

The United Way Smoothie Bike fundraiser was a success! Nearly $500 was raised, with about 15 batches of the Energy Smoothie and 7 batches of the Carrot Mango Ginger Smoothie. A delicious way to support our community!
A Father Shares His Story

A father’s heartbreak took center stage in Davis Auditorium on November 1, as Ciaran Staunton spoke eloquently about the entirely preventable death of his 12-year-old son Rory due to a tardy diagnosis of sepsis.

Speaking with an occasional tremble in his voice, Ciaran described how health care professionals in New York City missed the signs of sepsis until it was too late. Within just one week of sustaining a mild cut on his elbow, Rory Staunton died.

Mourning their son but determined that this would not happen to another family, Ciaran and his wife Orlaith have taken it upon themselves to ensure that hospitals across the country adopt sepsis protocols known as “Rory’s Rules.” He pointed out that, with Rory’s Rules in place in New York State hospitals, 5,000 lives have been saved so far.

At the close of the presentation, Ciaran’s dreams took flight in the form of paper airplanes, inscribed with “Fly to Fight Sepsis.” The crowd threw them to the front of the room, where they landed, amid applause, at Ciaran Staunton’s feet. He thanked the audience and urged the UVM Medical Center – and all Vermont hospitals – to adopt “Rory’s Rules.”

TASHI CHOEZOM, NA
Unit Secretary/LNA, Inpatient Rehabilitation
“You must have love, care, and compassion for all your patients. I strongly believe this is the way to help them heal quickly.”
DayOne Celebrates 30 Years of Service by Denis Dees, MA

This year, DayOne, the substance abuse disorder clinic at the University of Vermont Medical Center, turns 30 years old. On November 13, we celebrated the past three decades with an Open House.

WHERE IT ALL STARTED
DayOne started in 1987 when we noticed patients coming to the hospital with substance-related problems. As a result, Dick Casey, the first director of DayOne, got a Certificate of Need from the State of Vermont. In the summer of that year, the program started accepting patients.

We were originally located at 56 West Twin Oaks Terrace, South Burlington, Vermont. In order to be closer to psychiatric services and research opportunities, DayOne relocated to its current location at 1 South Prospect Street in 2006.

WHAT HAS CHANGED IN 30 YEARS
Initially, DayOne was a 25-day intensive program. We met with patients in the evening for five days a week for four hours. One of the five weeks included family members.

Over time, the program changed to meet the needs of patients and family members — and what was being reimbursed by insurance carriers. DayOne is now in a daytime format, which allows for the inclusion of psychiatric care.

THE RISE OF CO-OCCURRING DISORDERS
Over time, we noticed that our patients have co-occurring disorders. For example, a patient may have a substance abuse problem as well as depression. The treatment of co-occurring substance use and mental health disorders was expanded to include a diagnostic evaluation and medication management. It also includes follow-up care by a psychiatrist who works as part of the clinical team.

DayOne worked cooperatively with the Howard Center to co-facilitate the area’s first co-occurring disorders Intensive Outpatient Program (IOP) until 2009. This began the dismantling of silos that separated substance use disorders and mental health issues. DayOne currently has two IOPs that treat substance use disorders and co-occurring disorders in one setting instead of sending patients to different locations.

TREATMENT NOW, AND WHERE WE MUST GO
I am a witness to the development of the addiction treatment field. Thirty years ago, addiction treatment had little credibility. Many good hearted and well-intentioned people entered the field after Continued on page 7
they successfully became sober. They did not necessarily have the licenses or degrees to treat patients. They wanted to help others achieve what they had — a clean and sober life.

**MUCH HAS CHANGED**

In these more advanced times, substance use disorders have gained parity with mental health issues as a public health issue. Insurance companies may no longer discriminate between these health conditions. Additionally, colleges and universities offer degrees in treating addictive disorders and mental health issues.

I have seen the benefits of recovery in patients and families for nearly 40 years. It is a joy to see people reconnect with themselves, their families, their communities, and sometimes their God.

Denis Dees, MA, LADC, NCACII, is a mental health clinician at the University of Vermont Medical Center. He has been a part of DayOne’s evolution for the past 28 years.

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**FACES of The University of Vermont Medical Center**

**JOAN VINCELETTE**

Entrance Assistant, Security

“Patients often come in stressed or upset and I try to connect with them on a personal level so they feel more comfortable. A lot of my patients just need someone to talk to.”

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**Buzz Day Draws Staff**

On October 31st a group of IT professionals pulled themselves away from their computer screens to share information with staff about Microsoft Office 2016 and Office 365, which will be rolled out across the UVM Medical Center. The event provided drop-in training sessions, and those who signed up for a training portal account were automatically entered into a drawing to win an Xbox One or Bluetooth speaker. The winners are: Betsy Cutler, RN, from Patient-Oriented Research and Jessica Archambault, Dosimetrist, from Radiation Oncology.
INTEGRITY & COMPLIANCE INFORMATION

The University of Vermont Medical Center has established a confidential disclosure mechanism through its Integrity and Compliance Hot Line, a toll-free telephone line, to enable employees, residents, staff and patients to report instances of noncompliance and/or make inquiries on compliance issues. The Compliance Hot Line can be reached at: (800) 466-7131 or (802) 847-9430.
A Journey to Acceptance

The very last thing Orthopedic Surgeon Elise Ames, MD, remembers from Memorial Day, 2013 is driving out of her driveway, headed for a ride on her horse. In late June, the first day she is aware of after that, she woke up in Rehab at Fanny Allen.

The story that has unfolded since is one of courage, persistence, wonder and acceptance.

What happened to Elise on her horse is still somewhat of a mystery. A skilled rider, she was found on the side of the road, lying in the rocks, helmet still on, her horse Willi standing with her.

In some respects, luck was on her side: an EMT happened to live nearby and was soon on the scene. Shortly thereafter, Charlotte Rescue arrived.

She came into our Emergency Department with a traumatic brain injury, extensive damage to her left side, including left facial nerve damage, lots of severe bumps and bruises, and some orthopedic injuries.

Today, she expresses gratitude for her many caregivers, led by the Neurosurgery team and Michael Horgan, MD, the Surgical ICU staff, and residents and attendings in multiple specialties. From the ED to the inpatient staff on M6, it took the care, skill and dedication of many. She is mindful of what it must have been like for her colleagues to see her in a non-responsive, non-verbal state. “In the ED, you have a process,” she says, “but I imagine that there is a whole other level when you are trying to save someone you know.” She is grateful for the support given to John Lettieri, her husband – who is not a fan of hospitals.

In the ICU, Ryan Jewell, MD, spent some time trying to, as she describes it, “see if someone was home.” He poked her and asked her what sport he had played in college, knowing that he had shared this with her. “Lacrosse,” Elise said.

“That,” says Dr. Jewell, “is when I knew she was going to be okay.”

Fast forward to late June and the first time Elise has any memory of events. She opened her eyes and saw her husband sitting by her side. She could tell that she was in a hospital setting, but she knew that it wasn’t the Medical Center inpatient area.

John explained that she was in rehab and then a physical therapist came in. As she talked to her husband, she wondered why he wasn’t addressing her and she decided that since she needed PT, she might as well get up and get her shoes on. She pushed back her covers and tried to find them.

At that point, she says, “You could have heard a pin drop.”

Since then, Elise has had countless hours of physical, speech and occupational therapy. Fanny Allen Rehab staff provided it all, every day, for a long time - nursing, reinforcement, relearning home skills, and therapy. Psychiatry attendings and a neuropsychiatrist helped monitor her neurocognitive function, testing her memory, and helping her with her emotions. With no balance and a left side that didn’t work well, she had to relearn basic living skills, accompanied by the psychological trauma of realizing that her life had been forever altered. Her physical therapists had to deal with an impaired but stubborn surgeon personality, and their creativity will not be forgotten.

By December, she was home and beginning to talk to Vermont colleagues about returning to work. By the spring of 2014 she had begun to reconnect with her colleagues on the national level about resuming some of those responsibilities. Gradually, she explored returning to work, supervised by other physicians and relearning skills through the Clinical Simulation Lab. She was

Continued on page 10
Nurse, Infection Prevention Advocate, Focuses on Employee Health

Starting in fourth grade, Bonnie Morin, RN, BSN, greeted the dawn at her family’s farm in Glover milking cows. When it came time to pick a career, she felt that her choices were nurse or teacher. She chose nursing.

After nursing school at UVM, she took her first job at what was then the Mary Hitchcock Hospital in Hanover, New Hampshire, working in a 50-bed surgical unit. A year later, she returned to Vermont to what was then Mary Fletcher Hospital to work in a coronary care step-down unit on Shep 4.

Over the years, like many nurses, Bonnie found ways to make the most of the flexibility of her degree, working around the demands of family while still being stimulated and challenged by her work. Ultimately, she found her home in Employee Health, where she also works as an Infection Prevention Advocate.

She enjoys working with new employees, helping them understand what they need to do to be as healthy as possible. This includes making sure they are up-to-date on their vaccinations – but also providing education on the importance of getting your flu shot, smoking cessation, weight loss and our Wellness incentive program.

“I always say I have 8,000 patients,” she says. “I really enjoy helping people understand what it means to be healthy, and all the resources we have here.”

As an Infection Prevention Advocate, Bonnie has focused much of her work on needle sticks and sharps, working on a project whose goal was to decrease the incidence of needle sticks and sharps incidents in the populations where these are most common.

Her project focused on our GME trainees – residents and fellows – and measured the numbers of incidents and the potential benefits of increased education. In the process, the project determined that GME bloodborne pathogen exposures cost Employee Health upwards of $35,000 a year.

“It’s an important issue. Working on this project really helped me see clearly just how significant it is – and that there are things we can do about it.”
VNA to Join UVM Health Network

The Visiting Nurse Association of Chittenden and Grand Isle Counties (VNA) Board of Directors voted unanimously on Thursday, November 9, to affiliate with the University of Vermont Health Network.

The partnership, which takes effect on January 1, 2018, recognizes the importance of greater integration and collaboration among health care providers across the full continuum of care, and will benefit patients by responding to the increasing demand for home health and hospice services. The VNA will be the first affiliate to provide post-acute, community-based care.

The innovative partnership is the result of discussions about ways to strengthen efforts to improve the health of the community is the result of discussions.

The VNA will remain a non-profit organization with its own Board of Directors, responsible for its own balance sheet and fundraising efforts.

“This partnership perfectly captures Vermont’s approach to health care reform: bringing providers of all types together in new ways to deliver better, more efficient care. Better coordination between our organizations will enhance the excellent care the VNA is known for, and provide patients with a smoother transition back home when they have had a hospital stay.”

JOHN BRUMSTED, MD
PRESIDENT AND CEO
UVM HEALTH NETWORK
CEO, UVM MEDICAL CENTERS

EILEEN WHALEN SHARES END-OF-YEAR THOUGHTS

Eileen Whalen, UVM Medical Center President, shares her end-of-year thoughts on the accomplishments and challenges of 2017.

Note: This video is designed for use in Internet Explorer.

It’s Flu Season

Chief Nursing Officer Kate FitzPatrick gets her flu shot at a recent immunization clinic.
Alice Hyde Medical Center Reduces C-Sections

To reduce the percentage of cesarean section births from among the worst in New York State to among the best, University of Vermont Health Network – Alice Hyde Medical Center had to make one big shift.

“We had to change the culture,” said obstetrician and gynecologist John Lovier, MD, medical director for Alice Hyde’s Women’s Health Department. “Providers like c-sections because they’re quicker and can be scheduled. Patients like to pick their dates and plan it all out. From a health standpoint, though, c-sections increase risk for the mother, and it’s both a state and federal focus to reduce c-section rates.”

To move the needle, Lovier and the provider team in Women’s Health, including Stephen Kessler, MD and certified nurse midwives Tina Colwell and Ash Draper, have worked to educate Women’s Health and Family Maternity Services staff and patients about the benefits of natural delivery, the options for women who have already had c-sections and the criteria for determining when a c-section is necessary.

The results are showing. Alice Hyde’s first-time c-section rate has decreased from a high of 26.6 percent in 2015 to its current rate of 6.7 percent, compared with a regional average of 17.8 percent. Similarly, Alice Hyde’s total c-section rate reached 48.6 percent at its peak in 2015, with the percentage exceeding 60 percent in a couple of months that year. As of the end of the second quarter, the rate for 2017 is 30.1 percent, better than the national average of 32 percent and regional average of 32.8 percent.

Additionally, Alice Hyde’s vaginal birth after cesarean (VBAC) rate is 5.8 percent year-to-date. Alice Hyde is one of the only facilities in the region to offer the VBAC option.

“Now, we’re proud of our c-section rate,” Lovier said. “Right after I joined the practice here, I attended a conference in New York City. At that conference, we were on the radar. They pointed to our c-section rate as the worst in the state. I sort of shrank in my chair. I went from that to extremely proud of the work we’ve done to improve our current rates.”

Lovier attributed some of their progress to the experience of physicians who staff the practice and the involvement of midwives.

“The ability to have a VBAC and the emphasis on minimally invasive births was really important to me,” said Ashley O’Connor, who recently delivered her second child at Alice Hyde. “I didn’t want the risks and recovery that go with a c-section if it wasn’t necessary. I had a phenomenal experience. I felt informed, and I felt like everyone wanted to help me have the delivery I wanted.”

“We seem to be getting an influx of patients who are interested in our services because we have a reputation for being less invasive,” Lovier said. “They feel like they’ll get what they call a ‘fair chance’ to deliver naturally.”
AWARDS & RECOGNITION

Joan Walker Receives DAISY Award

Congratulations to Joan Walker, RN, who has received the DAISY Award for Extraordinary Nurses. Here’s a letter from one of Joan’s patients:

“I have postpartum psychosis. It’s been the hardest and scariest thing I’ve ever gone through. On Shep 3 I came across one of the most caring, beautiful souls I’ve ever met: my nurse, Joan! Joan made me feel so comforted and gave me hope that I was where I needed to be. Her words and all her kindness meant the world to me. To have such an amazing, inspiring person to work with so far from home has been a blessing. She has pushed me to do better and given me credit for my progress and healing. She has gone above and beyond her job as a nurse to make me feel better and help me heal faster. I’m blessed to know her.

Rachel Bouvier Receives Leadership Award

Congratulations to Rachel Bouvier, nurse manager of our Resource and Vascular Access departments, on receiving the Living the Leadership Philosophy Award. Here is a comment from her nomination form:

“Rachel is amazing at recognizing her staff, and empowering them to create a healthy work environment through building relationships.”

Paula Gonyea Receives Leadership Award

Congratulations to Paula Gonyea, director, Radiology, who has received the Living the Leadership Philosophy Award. Paula was recognized for her work in pursuing patient- and family-centered care and mindfulness initiatives; her professional achievements, which include completing her Master’s Degree; and the recognition she has received nationally for her work in building teamwork and cross-disciplinary interaction.

Saint Albans and Rutland Dialysis Teams Receive Quality Recognition

Congratulations to the Saint Albans and Rutland Dialysis teams, who recently received the 2017 PRO ESRD Quality Award for maintaining a prevalent AV Fistula rate of greater than 68% between July 2016 and April 2017.
Conor Nulty, RN, Christine Sheehey, Receive Good Catch Award

Conor Nulty, a MICU RN, noticed that a Methemoglobin lab specimen he had collected had not been processed as expected. After speaking with the lab, he also filed a SAFE report. Lab quality and safety leadership read the SAFE report and initiated an investigation. In doing so, they realized that this particular lab specimen was essentially invisible in the Lab Information System. Lab IT then corrected the problem so that future specimens would be reliably processed.

Christine Sheehey, a Medical Lab Scientist II in Immunology Laboratory, recently made note of a very subtle movement in a tubing on a blood analyzer which she had never noticed before. She brought this to the attention of the vendor, who indicated the equipment was operating appropriately. Christine insisted that the vendor investigate further as she believed the analyzer was inappropriately “washing” slides with deionized water. A full investigation determined that the analyzer was not operating correctly due to a manufacturer programming error. This caused many previously reported lab results to be invalid. The manufacturer corrected the programming issue, appropriate clinical follow-up was initiated, and a recommendation was made that the manufacturer investigate programming of other analyzers nationwide. Christine’s attention to detail, commitment to patient safety and request for a deeper investigation despite an initial review by the vendor had significant impact!

Specialty Clinics Receive Partnership Award

The UVM Medical Center Specialty Clinics recently received the Community Health Centers of Burlington Community Partnership Award for providing long-term, monthly services at no cost to CHCB patients.

Dr. Stephen Leffler, Chief Population Health and Quality Officer with the University of Vermont Health Network accepted the award at CHCB’s 2017 Annual Meeting.

“The specialty providers from UVM Medical Center have been of tremendous help to our patients through the free specialty clinics they run at CHCB,” said Dr. Peter Gunther, CHCB’s Chief Medical Officer. “The clinics are in the evening at our Riverside Health Center and provide incredible care that is accessible and affordable. We’d like to say ‘thank you’ to Peter Cataldo, Matt Gilbert, Seth Frenzen, Seth Bourn, Glenn David Goldman, Joe Pierson and all the staff working with them to provide these valuable clinics to our patients.”
Triage Team Receives Better Together Award

The Triage Team has received the Better Together Award for its work in expanding services and support for people with substance abuse disorder. As of July 20, 2017, the waiting list for Howard Center Hub services had been reduced from the 2015 high of over 400 to about 70. And thanks to the support of the UVM Medical Group, the number of our prescribers grew from the 2015 number of 10 to the current number of 60, serving 650 patients. Reducing the waitlist for the Hub was a result of the hard work and collaboration of the Triage team. Together, they got us to where we – as a community – are today while they continue to believe that “together, we can get this thing done.”

Congratulations to the Triage Team!

Penrose Jackson, Community Health Improvement Director at the UVM Medical Center, accepted the honor at the Root Cause Coalition’s second annual National Summit on the Social Determinants of Health.

Partnership to Lower Costs of Care Provided to Homeless Wins National Praise

The UVM Medical Center has received the Future of Population Health Award from the Public Health Foundation (PHF) for its support of an innovative community partnership that lowered the cost of care and improved services for the homeless and housing-insecure population.

Deb Hebert, MSN, RN, Julie Morse, BSN, RN and Jenn Robare, MSN, RN

Nurse Leaders Accepted into National Fellowship Program

Three of our nurse leaders – Julie Morse, BSN, RN, director of Cardiovascular and Neuroscience Nursing; Deb Hebert, MSN, RN, MICU nurse manager; and Jenn Robare, MSN, RN, Mother-Baby unit nurse manager were accepted into the prestigious fellowship programs sponsored by the American Organization of Nurse Executives (AONE).

These programs are comprised of small cohorts of leaders selected from across the nation who will participate in education and development experiences over a one-year period. A key part of the experience is working on a local initiative that improves nurse practice and patient outcomes, enhances financial stewardship and aligns with the organizational strategic efforts.
Working Together, We Improve People’s Lives

“We can’t say enough about UVM Medical Center and the doctors and nurses there. If it wasn’t for them my husband wouldn’t be alive today. Dr. Leffler and his staff are truly the best. We are lucky to have such a wonderful hospital in our area. Thanks to all you for being so professional and caring during Ed’s stay there.”

Dorothy Bird

Team to Train Prescribers of Medication-Assisted Treatment

State contract aims to expand access to treatment for opioid use disorder

The State of Vermont and University of Vermont Medical Center recently announced that Sanchit Maruti, MD, MS, and the Addiction Treatment Program (ATP) have been selected to play a central role in training health care providers in the State of Vermont to help patients with opioid use disorder. The purpose is to improve care and expand access to Medication Assisted Treatment (MAT) to Vermonters with this condition.

“Providers throughout the State want to help their patients who are struggling with substance use disorders, and on a wider scale they want to help combat the opioid epidemic,” said Dr. Maruti. “It is important that providers have the training and support to confidently and effectively prescribe Medication Assisted Treatment, and help patients get into recovery.”

Under the State-awarded contract, the ATP team will offer a combination of in-person and virtual trainings emphasizing the practical application of concepts, logistics and clinical decision-making. One set of in-person trainings will be geared toward experienced MAT practitioners and staff, and the other will be designed specifically for advanced practice providers (nurse practitioners and physician assistants) who are newly waivered to prescribe buprenorphine under the federal Comprehensive Addiction and Recovery Act.

“We are excited to work with an in-state faculty leadership team and deeply appreciate the commitment and support that the UVM Medical Center is providing to support Medication-Assisted Treatment in Vermont,” said Beth Tanzman, Executive Director at the Blueprint for Health.

Burlington Mayor Miro Weinberger, who signed a letter in support of the team’s application, said that the City of Burlington enjoys a “highly collaborative relationship on many of our most important issues” with leaders at the UVM Medical Center, “in particular with regards to our shared desire to address the opioid crisis.”

The ATP is part of the UVM Department of Psychiatry. It was created to expand treatment capacity and increase access to high-quality, evidence-based treatment for individuals with opioid use disorder in Vermont.

Fall Town Halls Continue in December

On December 6 and December 18 we will be hosting town hall meetings open to all employees. All meetings will include UVM Medical Center President Eileen Whalen; a few will include UVM Health Network President and CEO John Brumsted, MD, and UVM Health Network Medical Group President and CEO Claude Deschamps, MD:

Wednesday, December 6, 12-1 pm
Davis Auditorium – ASL-Interpreted for Deaf employees

Monday, December 18, 8-9 am
40 IDX Drive – Red Clover South

While it is not required, we encourage you to sign up for one of these town halls through eLearn. We will be live streaming the December 6 town hall for those of you who are unable to attend. To view the town hall by live streaming from a UVM Medical Center computer, visit videostream.uvmmedcenter.org.