Showing our PRIDE

Wearing custom-designed T-shirts declaring, “We take pride in your health,” colleagues came together from the UVM Medical Center, the UVM Children’s Hospital, the College of Medicine and the College of Nursing and Health Sciences to celebrate the LGBTQ+ community at the Sept. 8 Pride Parade & Festival. Interim President Stephen Leffler, MD, and other leaders were among the group marching to show their commitment to creating a community that makes all of our patients, employees and neighbors feel included, respected and valued.

Sherri Bushee, pathology and laboratory medicine, marched with Jane, her wife of 22 years, who is also a UVM Medical Center employee: She said: “I’ve worked here for 12 years and the hospital has always been a very open and inviting place where you’re human first. It’s a place where I want to be a patient and where you want to work.”

For information about how to get involved in future Pride-related activities, email Program Manager of Equity, Diversity & Inclusion Stephen Graves.

“I’ve worked here for 12 years and the hospital has always been a very open and inviting place where you’re human first. It’s a place where I want to be a patient and where you want to work.”

SHERRI BUSHEE
PATHOLOGY AND LABORATORY MEDICINE
12 Minutes: Daily Pulse Check Addresses Issues in Real Time

“Miller 5?” says Lauren Rolandini, RN, regional transfer center manager, as she reads down the list of UVM Medical Center departments in alphabetical order. “We started off with a code eight this morning and a patient trying to elope,” says Ann Adsem, nurse manager Miller 5. “I’d say we’re at a stress level two.” About 50 leaders from across the hospital gathered at Davis Auditorium to report any issues occurring within their department and address them in real-time. In just 12 minutes, UVM Medical Center’s first-ever Daily Pulse Check was complete.

The Daily Pulse Check aims to improve patient experience and safety by fixing known or anticipated quality, safety or operational problems in real time. It is an evidence-based forum that promotes organization-wide communication, awareness and cultural cohesion.

“There is a general feeling of silos in the hospital creating a lack of connection. We’ve needed a more immediate response to concerns raised by staff and patients, and the Daily Pulse Check is our opportunity to check in with the entire organization every morning,” says Patrick Bender, MD, Interim Vice President of Quality and Operational Effectiveness.

Before the daily meeting, leaders speak with their staff to gauge the department’s needs and issues, such as bed availability, injuries, IT downtimes, equipment problems or any barriers to providing exceptional patient care. This information helps leaders determine the department stress level, rated one through four:

1. Unit feels good and is managing well
2. Unit is ok, but having a few problems we can deal with on our own.
3. We need help and things are feeling a little out of control. Senior leader needs to visit unit.
4. We are feeling out of control and unsafe. Senior leader needs to visit unit.

At the first Daily Pulse Check, Wes McMillian, director of pharmacy services, reported: “We have one major drug shortage—gel foam powder—it’s not looking good so we’re very cautious. We’re at a stress level two.”

Daily huddles are essential at many leading hospitals. To better understand how one would operate here, Bender and a team visited nearby Dartmouth Hitchcock Medical Center to observe their system. “The efficiency was incredible. By the time we left their 30-minute meeting, we knew how Dartmouth was doing that day, and we don’t even work there,” says Bender. Immediately following the meeting, Bender witnessed small circles of people resolving issues and making decisions on-the-spot.

Weeks later at UVM Medical Center’s first Daily Pulse Check, staff had a similar reaction. “Everyone came together with a quick synopsis of what’s happening in their department,” says Bethany Palmer, RN. “It felt really organized and my question was addressed quickly. It was exciting to be a part of it.”

Bender is happy to report that he has received overwhelming positive feedback from both clinical leaders and front-line staff. After a month of Daily Pulse Checks, Bender believes the new communication structure can positively impact the hospital’s culture of patient safety, staff support and leadership engagement.
Here’s an update from Dr. Leffler on our response to the action taken by the US Department of Health and Human Services, Office for Civil Rights, Conscience and Religious Freedom Division.

In the weeks that have passed since I shared with you my perspective on HHS’ notice of violation to UVM Medical Center, I’ve had the great opportunity to hear from many of you. As expected with a team as large as ours, thoughts and opinions varied, but I have to say, I was impressed with every response I received and every conversation I had. Because regardless of the point of view, to a person, you expressed it with respect and acknowledged the tension that can exist between our personal beliefs and the obligation we have to our patients as caregivers. Above all else, those conversations reaffirmed my belief in how strong we are as a group of professionals who make up this organization. So I’d like to express my heartfelt thanks to all of you.

I also want to provide you with an update as to the steps we’ve taken so far in this matter.

Earlier today, UVM Medical Center sent an official letter to HHS that continues to respectfully, but firmly disagree with many of the allegations and conclusions made in their notice of violation. It also informs them that in an effort to better serve both our patients and our employees, we’ll be taking steps to strengthen our policies and operations surrounding abortion procedures.

“Creating policies that govern difficult situations is challenging and the countless, wide-ranging patient interactions that happen every day only complicate that challenge further. But as long as we stay true to our mission as an institution, continue to have respectful conversations, and come together to truly care for one another, we can overcome those challenges.”

Let me walk you through what we’re planning

Starting soon, we’ll create regular, designated times for scheduled pregnancy termination procedures and staff those blocks of time with providers who have agreed to participate. By doing this, our goal is to eliminate the already rare instances when a conflict can arise. But as I’ve said before, in spite of all of our best laid plans, it’s impossible for us to anticipate every situation. That’s why we’re also working to modify our policy to provide clearer direction on how those rare conflicts are to be managed. We’re still working on the language, but we’re hoping to engage HHS and members of our own UVM Medical Center community in a constructive conversation before it’s finalized.

The last time I shared my thoughts with you on this issue, I expressed our commitment as an organization to respect the beliefs of our people, while protecting access to safe, legal treatment for our patients.

I believe this situation has given us the chance to strengthen that commitment by making these modifications.

Creating policies that govern difficult situations is challenging and the countless, wide-ranging patient interactions that happen every day only complicate that challenge further. But as long as we stay true to our mission as an institution, continue to have respectful conversations, and come together to truly care for one another, we can overcome those challenges. In the end, that’s how we provide our patients and their families with the level of care they expect, and depend on, from us.

Thank you for what you do each and every day. I’ll keep you posted.

Steve

Stephen Leffler, MD
Interim President, UVM Medical Center
The Flying ICU

Air transport team marks first anniversary

“Welcome to the flying ICU!” says Critical Care Transport Paramedic Jonathan Thereault, NRP FP-C, as he greets Stephen Leffler, MD, interim president, outside of UVM Medical Center’s air medical transport helicopter. The UVM Health Network Critical Care Air Transport Team is celebrating its first anniversary having completed 295 air transports across Vermont, New York, New Hampshire, Massachusetts and Maine. As Leffler climbs aboard the small five-seater aircraft, he recalls a memory from his residency at the University of New Mexico.

“I did a rotation going on transports with crews in New Mexico, a very rural state like Vermont, with long transport times. I remember sitting in this seat caring for a patient and they started to deteriorate. I needed to intubate them while we were flying with all the noise and movement. I quickly learned you always want to get everything done before you get into the air. It added a huge layer of complexity to treat a very sick person,” says Leffler.

Thereault can relate as he explains what it’s like to work in a dynamic, but limited, space that has inherent dangers. “We’re performing high stakes procedures in a high stakes environment 3,000 feet in the air. We have the ability to provide ICU level care in an incredibly small area. Once we’re in flight our options are very limited. We have to plan every contingency as much as possible.”

Having spent his regular Friday morning shift with several traumas in the emergency department, Leffler was reminded of the importance of the critical care transport team.

“Our transport crew is our eyes and ears. They tell us what’s going on so we can be prepared for the patients’ arrival and provide critically important care.

I really see having air transport as a key component of our promise to get patients the right care, at the right place, at the right time,” says Leffler.

Each air transport team is comprised of a flight nurse, paramedic and pilot. When asked about the secret to strong team camaraderie in such a confined, resource-limited environment, Thereault shares that soft skills, clinical expertise and mutual trust are essential when treating some of the sickest patients in the region at a moment’s notice.

“I was so impressed with the team and how amazingly professional, safe and protocol-driven they are. It gave me great confidence knowing they have been extensively trained to do that job, which is both inspiring and impressive. We’ve been wanting this service and needed it for a long time. To bring this service to the network and the region is really gratifying.”
Addressing Patient Access

A Conversation with Scott O’Neil, Director, Patient Access and Service

Millions of Americans, including here in Vermont, have difficulty getting the care they need. This difficulty is often due to a combination of a lack of health insurance, limited availability of services in their area, and day-to-day operational challenges associated with running an efficient medical center.

While primary care is the foundation of a strong health care system, we’ve started our focus on access to specialty care, which can make a significant difference in acute care needs as well as chronic care management.

As health care continues to embrace more value-based care initiatives, it is critical that we find ways to ensure patients have access to the care they need. Here, Scott O’Neil shares his thoughts on where we are—and where we’re headed.

Q: What are the patient access issues we’re facing at UVM Medical Center, and around the network?

A: Many of our specialties are struggling to provide timely access for our patient population. In a number of areas we have unfortunate wait times where specialists are booking many months out into the future, which presents both a perceived and legitimate hardship for our patients. We also need to improve in our ability to schedule an appointment, where UVM Health Network currently ranks well below the national median for both ease of scheduling and availability of appointments. As a guiding principle for patient access we are striving towards the national best practice of 80% of the time a patient can be seen within two weeks from the date of their request. We are not performing to that standard today and in order to reach it we will need to implement significant improvements across our network. UVM Health Network is investing heavily in this transformation. Addressing this highly complex challenge will take time as it requires partnering with many aspects of our organization, both administrative and clinical, to create the future our patients deserve.

Q: How do we plan to improve this for our patients?

A: Our initial focus is on helping the existing appointment availability be more successful. We have a number of tactics that can really make a difference. For instance, appointment reminders are important and we are looking into ways to utilize other methods like texting in addition to phone calls. We need to communicate with our patients in a manner that they want to be communicated in and we need to utilize all technology at our disposal.

It’s not just appointment reminders. We also need to target the reasons why people don’t show for their appointment and/or cancel at the last minute. Of course, some situations will arise, but we do know that the further out a patient’s appointment is scheduled the greater the likelihood that it will be forgotten or the situation will have changed for the patient. Not only will we be partnering with specialties to reduce the length of time from a patient’s request until their appointment, but we will also be looking for targeted patient populations who are more likely to not show for their appointment. In one specialty we are partnering with, their data shows that patients from one referral path are 20% more likely to no-show than others. That type of information can help us work differently with these patients to confirm they are coming or not and not just remind them.

Additionally, the more focus we can put on schedule scrubbing activities such as waitlist, bump list, and cancellation management, the more success we will have at ensuring the provider’s existing availability is scheduled and set up for success.

Q: Some missed appointments are unavoidable, aren’t they?

A: Sure—there are always going to be some that are unavoidable. The question is, what’s the percentage that are avoidable and unavoidable? So the story extends beyond and is actually

Continued on page 6
different than “Do we have enough doctors? Do we have enough facilities?” It’s “Are we putting them in the position to have a successful slate of appointments?”

Q: Are there other aspects to this work?
A: Yes. How we serve our patients is a big part of this work. Leading up to the patient’s appointment, we want to be able to do everything we can through our existing systems to remove any barriers and ensure the appointment is successful. When a patient calls in, we want to be able to answer as many of their clinical questions as we can, to set their minds at ease, and make sure that all of the appropriate preparatory activities like lab work or other types of exams that need to be done in advance are organized and sequential.

Q: What does this look like on a network level?
A: This will be about balancing appointment capacity across the network. Let’s say you live in Burlington and you have an upcoming appointment need. We may not be able to increase the availability of a physician you want to see here in Burlington. But we might have a provider at another location who could see you within a reasonable travel distance. We say to you, “We can get you in in two months here in Burlington. Or, I can get you in next week in at this alternate location if you’re interested.” While we absolutely want to reduce appointment lead times we can advance our service by giving patients this type of transparency that empowers them to steer their own health care journey.

Q: Is there anything else as far as service goes that you want to mention?
A: Absolutely. When I think about helping a patient get to their appointments successfully, we’re planning on talking more with patients about the logistics of how they’re getting to the appointment. Let’s say we’re on the phone with an elderly patient who may need help getting to us. We may say, “Would you like me to conference call your daughter in to make sure that the appointment we’re setting up also works with her since it sounds like she’s going to be the one that’s driving you?” Or, if they’re coming from New York, do they have things like access to the ferry schedule? Do they know that they’re going to have to pay for parking when they get here? Who’s going to remind them that they should leave an extra 20 minutes early because sometimes the parking garage can get backed up? The point is, on all of those logistical and detailed challenges, how can we be a part of helping those things get coordinated? Good service isn’t just about hospitality, it’s about intentionally designing experiences that result in successful and easy services coordination.

I want to emphasize, while this work is good for our patients, it’s also really important for our providers and clinicians. The more that we can lighten their load on patient coordination and appointment success, the more it frees them up to focus on caring for the patient. The patient receives better care, and the physician is truly doing what they are trained to do. That’s the theme of what patient access and service is all about: putting the patients and providers in the right situation.

This is very important work—and it’s going to take some time. I’m confident that, working with our dedicated clinical office staff, our providers and physicians, we will improve access for patients across our region.

“Leading up to the patient’s appointment, we want to be able to do everything we can through our existing systems to remove any barriers and ensure the appointment is successful.”

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.
New Shuttle Busses to Hit the Road in 2020

Over the past several months, our leadership team has been looking at a number of factors that influence our culture. As part of that work, we’ve been looking at ways to improve the commuting experience for those who park at our satellite sites.

In August we announced that, starting January 1, Premier Coach, which currently provides our shuttle service for Tech Park, will be the shuttle service provider for all employees who park at our satellite parking lots.

Premier Coach offers a number of features:

• Professional, on-time service
• Air conditioning
• Bucket seats
• More legroom
• GPS service

The busses, pictured here, will be branded with the UVM Medical Center logo. Morning runs will take place in standard size busses. Mid-day, employees will ride sprinter vans. Photos of the vehicles without the branding are included here. The bus schedules will not change. Further, employees will be able to track their bus using GPS technology. We’re currently researching apps that employees can download onto their phones.

While the new busses will be an improvement for our employees, we know that there is still work to do.

“How you get to work is an important part of your overall work experience,” says Dawn LeBaron, Vice President, Hospital Services. “A frustrating start to the day can mean the difference between a good and bad day. A frustrating end to the day can create inconveniences that affect your personal life. As employers, we are committed to making the commuting experience as easy and pleasant as possible.”

Stay tuned for more on this topic in upcoming issues of ONE.

Nursing Professional Governance Wants You!

Do you enjoy feeling empowered? Do you care about the outcomes your care delivers? Do you believe in the power of change?

If you answered “yes” to any of these questions, NPG is looking for people like you! Nursing Professional Governance looks to empower all nurses to meet the goals of our mission, vision, values and strategic plan by utilizing evidence-based practice to implement change resulting the delivery of exceptional health care to all we serve.

Members needed for multiple openings on service line councils as well as for councils focused on Patient & Family Experience, Safety & Quality and more! See your manager for a complete list of open positions. Application deadline, November 1st!
Being There

Volunteer Doula Supports Patients’ End-of-Life Experience

Knee-deep in research for a paper in her Anthropology of Death class, EFAP Staff Assistant Kelly Coffey noticed a pop-up ad for end-of-life doula training. It felt like an epiphany. “I know it sounds corny,” she says today, “but I feel like this class found me. It was just what I was looking for.” Kelly signed up for the eight-week UVM End of Life Doula Professional Certificate program in January. The course, developed by the Larner College of Medicine and Cabot Creamery Cooperative, helps meet the growing demand for end-of-life support.

Being a doula for those facing the end of life means different things to different people, says Kelly. “Sometimes,” she says, “it means just checking in with family members and asking them if they’ve remembered to have lunch. For the individuals themselves, it can be as simple as just sitting with them, holding their hand, and listening.” Somewhat unexpectedly, Kelly was able to put what she’d learned to use soon after graduating from the class, when a lifelong friend became terminally ill seemingly out-of-the-blue. “I was able to use my rational mind as opposed to my emotional mind, and everything I’d learned through this training to help the family truly celebrate the life of their mother in the days she had left,” she says. “It was an incredible experience.”

Aside from the personal rewards, Kelly sees this work as part of a generational cultural shift in how we think about death and dying. “My generation is much more interested in playing an active role in planning their own deaths, to the degree that any of us can.”

Kelly looks forward to sharing this perspective and her experience with others in the future. “It’s work that really resonates with me,” she says, “and I believe that it’s really important. I consider it a tremendous privilege to accompany people through this experience, as best I can.”

To learn more about the End-of-Life Doula Professional Certificate Program, call (802) 656-2085.
Epic training is in full swing! During training sessions, employees will start to familiarize themselves with new functionality and workflows, learn new vocabulary and more.

**TIPS TO MAKE THE MOST OUT OF TRAINING:**

- **Know where you are going.** Training is taking place on Main Campus and at an off-site facility in Essex. [Training Location Details]

- **Don’t expect to be an expert right away.** This is a learning process. Your trainers will go over how to practice what you learned in the classroom to help you get ready for go live.

- **Follow up on your questions.** Our trainers may not be able to answer every question that comes up in training so we will be collecting questions and posting answers in the [Questions Tracker] throughout training.

Questions? Call 847-7570

**MYHEALTH ONLINE IS BECOMING MYCHART:**

On November 1, MyHealth Online will be renamed as MyChart. This portal provides patients a more secure, connected and convenient way to manage their health care. Some exciting new features include:

- **eCheck-in:** Patients can now begin the check in process online by confirming medical information, paying their copay, signing forms, filling out questionnaires and more.

- **Photo Messaging:** Patient can now upload images with their messages.

- **Added Security:** Patients benefit from extra protection of their health information with the added security of 2-factor authentication.

Patients who receive care at more than one UVM Health Network affiliate will be able to access all of their records in one location. As of November 1, this will include ambulatory appointments and visit summaries, lab and pathology results, and imaging reports for Porter Medical Center, CVMC and CVPH.

Starting this month, we began distributing educational materials for employees and updated materials for our patients.

Visit the [Team Epic Intranet to Stay Informed]!
Catherine Huskisson spent about three years living with severe pain from fibromyalgia and finding few solutions that helped.

Huskisson never liked taking medications and wanted to stay away from opioids to treat her pain. So she asked her primary doctor, “What else can you do for me?”

Ultimately, the doctor referred Huskisson to the new Comprehensive Pain Program at the University of Vermont Medical Center. Over eight weeks this summer, she participated in group sessions, learned mindfulness exercises and received acupuncture and massage therapy.

Each visit to the clinic, she says, gave her a day with less pain. “That’s huge if you’re in this situation,” Huskisson says. “It gives you tools. That was the whole part of it for me,” she adds. “I wanted it to give me strategies for dealing with my pain.”

The Comprehensive Pain Program (CPP) began in September 2018 as an integrative approach to addressing chronic pain. The program combines traditional methods of pain management with group psychology sessions, group medical visits, culinary medicine demonstrations and therapies including massage, Reiki, yoga, physical and occupational therapy, and acupuncture.

The CPP offers alternatives to pharmaceuticals for managing not only pain but the complications it causes for those suffering from it. Chronic pain can aggravate many facets of a person’s life—their work, family and social relationships. It often goes along with mental health challenges such as anxiety and depression. With that added stress, it’s hard for a person to reach an optimal level of comfort and function.

Some participants, like Huskisson, come to the program because they want to relieve their pain as much as possible without relying on highly addictive, prescription opioids.

Others in the CPP have taken opioids or other pain drugs for years, some at very high doses to be effective. Many of them will continue to do so, even as they add the program’s therapeutic components.

The program is designed to optimize the use of traditional medical treatment and give participants insights and awareness strategies to help them “reframe” their approach to life with chronic pain, says Dr. Jon Porter, the CPP’s medical director and a pain specialist. A key goal is to enhance participants’ sense of self-agency and ability to manage better while living with, in many cases, extreme discomfort.

“Pain is a medical term,” Porter says. “It doesn’t begin to capture the experience of individuals who have chronic pain in terms of the impact it has on so many aspects of their lives. We think the word ‘suffering’ better describes the experience of our participants, and that’s a universal human experience.”

That understanding informs the CPP’s holistic approach, he says.

“While we won’t be surprised that some participants experience significant relief during their time in the program, our focus is on optimizing function, as well as comfort.”

About four years ago, UVM Medical Center convened a planning group to talk about options other than opioids for managing patients with chronic pain. The group found no other comprehensive programs specifically for pain across the country, so the medical center came up with this unique approach.

“We knew we needed to try something different,” says Maureen Leahy, a planning group leader and the medical center’s director of neurology and psychiatry.

Continued on page 11
At the time, primary care physicians had few tools to help patients with chronic pain—other than more opioids—and little chance of making them better, Porter says. They were frustrated with writing multiple prescriptions for these patients while seeing them for 15-minute visits—too short a time to adequately address the challenges they faced, Porter says. This “transactional” approach, he says, has failed patients and providers.

“It’s not that everybody’s not doing the best they can,” Porter says. “We’re just not getting the best outcomes for our patients.”

Most people with chronic pain who use opiate medication are taking them as prescribed and aren’t addicted or using illegal drugs. These medications, though, do present serious consequences to their health. If they try to go off their medication or reduce the dose, they risk possible psychological instability. Their doctor must work with these patients with thoughtful care and collaboration, Porter says.

The chance to give other pain sufferers an alternative to starting down that opioid path is the biggest benefit of the CPP, Leahy says.

“Pain is a medical term, It doesn’t begin to capture the experience of individuals who have chronic pain in terms of the impact is has on so many aspects of their lives. We think the word ‘suffering’ better describes the experience of our participants, and that’s a universal human experience.”

JON PORTER, MD

a registered nurse and Reiki practitioner, and a CPP group co-facilitator who prescreens program participants.

At the clinic on Tilley Drive, designed with pastel colors and low lighting for those with sensitivity, the group sessions drive the structure. The CPP takes patients only on referral from their primary care doctors in the UVM health network. To qualify for referral, a participant must have experienced at least three months of pain that has interfered with at least one aspect of life—such as causing family stress, an inability to work or isolation.

The CPP currently has about 50 participants in two different tracks, which last either eight or 10 weeks. It’s likely to increase capacity in the coming months, Porter says.

“We do feel confident that people can function better and find more ways to do what they want to do,” he says, “with genuine support, optimizing medical treatment and making use of integrative therapies not formerly used in traditional medical settings.”

CHRISTOPHER ANKER, MD
Physician
Radiation Oncology

“I embrace the opportunity to work with various disciplines to understand all options for my patients. This is essential when helping patients choose and fulfill the plan that best respects what they hold dear.”
Every morning, when Katie MacDonald opens her eyes, she has a migraine. And not just a headache. There’s a cascade of other symptoms—debilitating body aches, brain fog and fatigue. After several hours, the symptoms fade, but only temporarily. Sometime in the afternoon, inevitably, they come crashing back.

For the past 31 years, Katie has prevailed, in spite of the many limitations imposed by migraine disease. It started when she was just 14, growing up in Swanton. For many years, the symptoms were episodic, but over the past decade her disease has become chronic.

Treatments for migraine are limited, in part because of lack of funding for headache fellowship programs and research. Katie, whose physician is UVM Medical Center Neurologist Robert Schapiro, has tried a number of drugs to mitigate her symptoms, all with varying degrees of success. In addition, she relies on what she calls her “tool box” to help get her through her days. She rests as much as her job allows, eats healthfully and walks daily. There are times when she is sad about what the disease has taken from her, but she is also grateful for the joys she is able to experience and the degree of functioning she has been able to achieve.

A big part of her ability to function is related to her job as Director of Operations with Miles for Migraine, a national advocacy organization that she works with from her home in Vermont. Part of her work focuses on the stigma surrounding migraine. “This is a disease,” she says. “It’s not something you get just because you lack willpower. There’s a lot of shame around it.”

Over the past several years, she has worked closely with Dr. Shapiro on migraine advocacy, a big part of which is the Migraine for Miles event, which takes place in cities where the local hospitals have a headache fellowship program. This year the UVM Medical Center Headache Clinic will again be the beneficiary of the event’s fundraising. One of the goals of the fundraising is to increase the number of headache specialists in the country. There are currently only 561 headache specialists for the 40,000,000 people in this country who have migraine.

As one of his patients and a fellow advocate, Katie has high praise for Dr. Schapiro. “He’s amazing,” she says. “He’s an excellent headache specialist, and he’s an incredible advocate. He’s been a great role model for me, and I’m so grateful he’s my physician.”

And for every day that, despite the limitations imposed upon her by this disease, she is grateful for what she is able to accomplish, both personally and professionally. “Someday, there will be a cure. Whether it’s in my lifetime or not—that’s what I’m working towards.”

To learn more, visit milesformigraine.org.
Improving Critical Conversations

Innovative communication workshops improve care and satisfaction

Seated in a quiet room two people began a difficult conversation. “I’d like to talk with you today about what is ahead with your illness and what is most important to you, so that I can make sure we provide you with care that matches your values. Is this okay?” said Kacey Boyle, RN, speaking in a calm, direct tone.

An intimate gathering of a dozen UVM Health Network physicians and nurses were participating in a two-day workshop “Navigating Early Goals of Care Conversations” hosted by TalkVermont at the University of Vermont Alumni House in Burlington, Vt. TalkVermont formed two years ago at UVM Medical Center to improve conversations between clinicians, seriously ill patients and their families.

“When clinicians communicate in this way, their patients feel seen and heard,” said Stephen Berns, MD, director of TalkVermont. “A lot of the tools we teach are patient and family-centered to help identify information gaps, fill them in, and then recognize and respond to emotion. We need to find out what’s most important to people and match their care to that.”

Improved communication benefits clinicians, too. The experience at TalkVermont confirms what national research has shown: when clinicians uncover what’s important to patients and families it increases meaning in their work.

“When care teams communicate effectively, patients retain info better, they have higher trust, better quality of life and an improved care experience. Plus, providers experience less burnout when caring for these complex patients,” said Kaitlin Ostrander, MD, pediatrics.

The small group trainings help providers develop a common language to not only improve communication with patients, but with each other.

“These workshops allow you to practice hard communication skills with an interdisciplinary group in a very vulnerable way. When you return to your team you have a new level of trust and respect for your colleagues,” said Iris Toedt-Pingel, MD, pediatrics.

More than 220 physicians, nurse practitioners, nurses, social workers and chaplains have completed the full-day course, “Mastering Late Goals of Care.” TalkVermont has completed 17 communication workshops throughout Vermont and the Adirondack Region of New York and will continue monthly workshops to reach clinicians in all regions of the network.

Learn more or join an upcoming TalkVermont workshop here.

TalkVermont is a UVM Medical Center program that uses evidence-based methods to coach clinicians in serious illness communication. They are committed to a simple but important mission: Every seriously ill patient will be surrounded by clinicians who can skillfully and compassionately engage in conversation about what matters most to them.

FACES

of The University of Vermont Medical Center

KATIE PARAH, LNA
Unit Secretary/LNA
SICU/PICU

“My father inspired me to be an LNA. He is my hero. I now enjoy a challenging job in which the patients are my inspiration. They help me be a better person.”
Five Important Points about Hand Hygiene

Clean hands have the power to prevent infections. Yet the Centers for Disease Control and Prevention (CDC) reports that some health care providers practice hand hygiene less than half of the times they should.

In fact, health care providers might need to clean their hands as many as 100 times per 12-hour shift, depending on the number of patients and intensity of care.

ONE checked in with Kemper Alston, MD, MPH, chief of the Division of Infectious Disease, to learn more.

Q How does UVM Medical Center perform in our attention to hand hygiene?

A It is hard to know exactly because the data are difficult to collect. Using trained observers, our data for 2019 demonstrates about 57% compliance. We can, and should, do better.

Q When, exactly, should those of us who work with patients be cleaning our hands?

A The 5 moments for hand hygiene as described by the World Health Organization include: 1.) Before touching a patient 2.) Before a clean or aseptic procedure 3.) After the risk of body fluid exposure 4.) After touching the patient 5.) After touching the patient’s surroundings.

Q Is it better to clean our hands with soap and water or alcohol-based hand sanitizer?

A We would prefer that staff use an alcohol-based hand rub if the hands are not visibly soiled because it is more accessible, faster and more likely to be performed. To wash with soap and water requires locating an available sink and spending a little more time on technique. Soap and water is preferred, however, when the patient has C. difficile.

Q Does the use of alcohol-based hand sanitizer cause antibiotic resistance?

A Alcohol is not related to the antibiotics we administer to patients to treat infections. Using alcohol-based hand sanitizer does not promote antibiotic resistance.

Q Which areas of our hands do we most frequently miss when cleaning them?

A Fingertips and thumbs, which frequently come into contact with patients, are also the most likely places to be missed. See for yourself how easy it is to spread bacteria in the hospital.

Men’s Health & Wellness Expo- November 20

Join Employee Wellness in partnership with the UVM Cancer Center for the Men’s Health & Wellness Expo on Wednesday, November 20. The event will be held in the Davis Concourse at the UVM Medical Center from 3–6 PM. Activities will include free health screenings and information, interactive displays and models, chances to win great prizes, light snacks and refreshments and expert information to support your health and wellness.

Topics include: “Men & Food: The Anti-Inflammatory Diet;” and “Men’s Health and Cancer: A Road Map to Screening, Prevention and Wellness.”

There will also be a special Health & Wellness Panel presentation at 6 PM. This event is free and open to the public—all are welcome!

When
Wednesday, November 20
3–6 PM

Where
Davis Concourse
UVM Medical Center
AWARDS & RECOGNITION

Helen Ambridge, RN, Recognized for Quality Achievements

Helen Ambridge, RN, CNN, has been selected as one of the 2019 IPRO End-Stage Renal Disease (ESRD) Network of New England Quality Award recipients. These awards are presented to New England representatives who have contributed significantly to the ESRD community and/or Network activities throughout the year. In her nominating letter, Cindy Hogan, RN, CNN, wrote: "Helen makes it her mission to strive for best practice while encouraging others to do the same. She is truly an asset to the renal nursing community."

Zpora Perry Receives Vision Award

Social worker Zpora Perry has received the Vision Award. Zpora was recognized by her peers for her dedication to helping patients gain access to health care, food and housing—and for her many efforts to go beyond these basic needs. In their nominating letter, Kristen Pierce, MD and Cindy Noyes, MD, wrote: “We think our entire clinic staff would speak to her kindness, compassion and dedication to our patient population.” Congratulations, Zpora!

Cancer Bit

Comedian shares her story with tips for improving the patient experience

In early September Comedian Josie Leavitt, who recently completed treatment for invasive ductal carcinoma here at UVM Medical Center, took center stage in the Davis Auditorium to inform and entertain during Patient and Family Experience Grand Rounds. Breast cancer is certainly no joke, but Leavitt has found a way to describe her journey from diagnosis through surgery, chemotherapy and radiation in ways that elicit plenty of laughs. In fact, she performed her one-woman show, “So This Happened: A Comic Confronts Cancer,” during a two-night run last year at Burlington’s FlynnSpace.

Leavitt, who is now a patient and family advisor, was diagnosed in February 2018 with what she dubbed “JV cancer—it was never going to get off the bench.” Still, her 212-day course of treatment was grueling. During her talk at the medical center, she shared some specific suggestions for ways physicians, nurses and staff in the audience could help improve the patient experience.

First, she said, patients should be asked up front about how they like to receive information. “If we’re receiving information in a way that’s too complex, too scary, too data-heavy, we’re going to glaze over and we’re not going to listen. And then we’re going to go to the Internet and terrify ourselves,” she said.

One physician told her there was a 20 percent chance she would need chemotherapy, and that wasn’t helpful. “I said, ‘Pretend I’m your wife. Pretend I’m your sister. What are they going to do?’” The answer: chemo it would be.