Dartmouth-Hitchcock Health

# CONNECTIONS

Spring 2019

## A Message from Joanne M. Conroy, MD

Welcome to *Dartmouth-Hitchcock Health Connections*—a new online publication for all employees throughout the Dartmouth-Hitchcock Health System.

The goal of this quarterly publication is to help us all connect on a basic, human level—to better understand what it means to be a part of a growing, thriving health system. I hope you will find the news and information included in this magazine-style publication to be informative, helpful and engaging.

The content is based on information that you provided to us in the first-ever, system-wide survey that we conducted last fall. In that survey, we asked you what kinds of information about the system you want to have. Here's what you told us:

- Announcements about what is happening throughout the system.
- Information about our organizational structure.
- Messages from our system leaders.
- Examples of how we can work together to care for the patients in our communities.
- News and events from each member organization.

In this first issue of *Dartmouth-Hitchcock Health Connections*, we've included news about the great work that is happening at all of the D-HH locations that fit nicely into the categories you've asked for. Here's what you'll find:

- Who we are: A primer on the D-HH organizational structure, with brief descriptions of each member organization.
- A story about how Cheshire implemented D-H's electronic medical record (EMR) platform last year (eD-H) and how that milestone changed their culture. In the same article, Peter Solberg, MD, Chief Health Information Officer, talks about our EMR strategy for the system.
- You'll hear from Patrick Jordan, Chief Operating Officer for D-HH, who describes our clinical and operational system integration work.
- An update on the letter of intent D-HH signed with GraniteOne Health, to create Dartmouth-Hitchcock GraniteOne Health.
- A profile of Otelah Perry, who has transitioned from a Quality Manager role for the D-H Value Institute to a role as the Director of Quality, Patient Safety, and Compliance at Mt. Ascutney. This is a great example of how employees can take advantage of professional development and career growth opportunities throughout the system.
- D-H and Cheshire are both making a difference in the opioid crisis by serving as "hubs" in The Doorway-NH initiative.
- And finally, you can peruse events, employee recognition and information from each of our member organizations in several sections we are calling "What's Happening," "Applause" and "D-HH in the World."

We welcome your feedback as we launch this new publication. If you have story ideas, questions or suggestions, please send them to: Connections@hitchcock.org.

**In this issue:**



**Here's a guide to abbreviations used for the Dartmouth-Hitchcock Health System:**

- **APD** – Alice Peck Day Memorial Hospital
- **CGP** – Community Group Practice (Bedford, Concord, Hudson, Manchester, Merrimack, Milford, Nashua)
- **Cheshire** – Cheshire Medical Center
- **D-H** – Dartmouth-Hitchcock
- **D-HH** – Dartmouth-Hitchcock Health
- **DHMC** – Dartmouth-Hitchcock Medical Center
- **Mt. Ascutney** – Mt. Ascutney Hospital and Health Center
- **New London** – New London Hospital
- **VNH** – Visiting Nurse and Hospice for Vermont and New Hampshire

# Dartmouth-Hitchcock Health: Who We Are


As D-HH launched our strategic plan in 2018, employees and leaders throughout the system have asked for more details about the structure of the system and who we are as an organization.

As D-HH launched our strategic plan in 2018, employees and leaders throughout the system have asked for more details about the structure of the system and who we are as an organization. *D-HH Connections* will feature an ongoing series to explain our system structure and strategic plan details. The following is an excerpt from Joanne's Journal (Dr. Joanne Conroy's weekly system message) on January 17, 2019.

**Our Promise**

We have been working on the D-HH System strategic plan for almost a year…defining what we will deliver as a health system comprised of three critical access hospitals (Mt. Ascutney Hospital and Health Center, New London Hospital and Alice Peck Day Memorial Hospital), the Visiting Nurse and Hospice for NH and VT, a community hospital (Cheshire Medical Center) and academic medical center (Dartmouth-Hitchcock Medical Center). The system also includes five large group practice sites (Nashua, Concord, Manchester, Keene and Bennington, VT) in addition to practices in Lyme, Dover, St. Johnsbury, VT, and a telehealth network stretching across northern New England. Today, I want to review the promise we are making to our patients, our employees and our communities.

We have consistently stressed that our role as a health system is to support our members in their mission. As a health system, we have three overarching strategic elements: to Guide, Grow and Enable our members to serve our people, patients and community. Each element comprises several initiatives.

Simply put:

- **Guide** means making sure we are moving in the same direction.
- **Grow** means expanding across the region to improve access and broaden our positive impact on the health of the communities we serve.
- **Enable** means creating the necessary infrastructure so we can operate more efficiently and support the current and future initiatives.

When we were considering how to phrase what this means for patients…we asked ourselves what is our promise to our patients? From our strategic planning process, below is the promise statement we developed.

## D-HH Promise

Together, we bring the full power of our collective expertise to provide the best possible care to our patients, our people and our communities.

We accomplish this through delivering distinctive care by distinctive care teams.

**Distinctive Care:** As New Hampshire's only academic health system, the D-HH organizations serve a wide and predominantly rural geographic region. Already well known for the delivery of safe, high-quality and exceptional patient- and family-centric care, D-HH will now focus on bringing the full power and potential of its members' expertise to the point of care, regardless of where patients "touch" the system.

And the strategic initiatives outlined below are how we will deliver on our promise.

### Strategic Initiatives:

1. We will continue to build capability for the provision of safe and reliable high-quality patient care, as well as commit to robust evaluation and transparent communication of our outcomes.
2. Through innovative applications of technology, including the deployment of our system's electronic health record, we will work to be sure that all levels and transitions of care across the continuum are seamlessly coordinated.
3. Through the use of telehealth procedures, we will work to assure that specialist consultation and access to state-of-the-art, evidence-informed treatments are made broadly available throughout the system.
4. We commit to providing access to information regarding novel and investigative therapies for which patients may be eligible.
5. We will lead efforts to collaborate with community organizations and advocacy groups to improve the health and wellness of our population, paying special attention to vulnerable populations and the elimination of health disparities.

**Distinctive Care Teams:** D-HH is a vibrant and dynamic educational hub for health and allied health professions training, and produces an exceptionally prepared health care workforce for the region and the nation. D-HH is committed to a culture that is responsive, engaging and provides learning opportunities for our clinicians, staff and patients.

### Strategic Initiatives:

1. We meaningfully and respectfully include our patients and families in our health care teams, establishing a culture in which we all learn together.
2. We commit to the ongoing development and education of our workforce, particularly leadership development, and will work to establish a culture in which individuals appreciate their role as teacher and learner.
3. As a learning organization, we will commit to creating, acquiring and transferring knowledge, and modifying our care and processes to reflect new knowledge and insights.
4. We will deploy strategies that make it easy for our staff and our patients to use the best available evidence to inform their care.
5. We will place a renewed focus on implementation science so that we are able to translate our discoveries into practice as soon as possible.

If you want an in-depth look at our D-HH strategic plan, here is a link to a document that you can print and share/discuss with your teams.

## Connecting Hospitals, Adding Value

In what will be an ongoing series in *D-HH Connections* on the D-HH System Strategic Plan, we will be asking leaders from across D-HH to provide their insight into the process for developing and implementing the plan.

In this first installment, we spoke with D-HH's Chief Operating Officer Patrick Jordan who oversees the system integration of operations across the D-HH system. In this role, he is responsible for creating and ensuring the ongoing delivery of efficient and effective operations and shared services at all D-HH member organizations.

**What is the goal of D-HH's expanded integration efforts and strategic initiatives?**
**Jordan:** Stronger connections between member hospitals and system-level management is the goal of D-HH's expanded integration efforts and strategic initiatives. We're focused on driving value—improving revenue, increasing

quality and safety, reducing expenses and mitigating risks—to our member organizations and the D-HH system as a whole.

**How has the senior leadership team gone about identifying system integration opportunities?**
**Jordan:** It's important to note that system integration isn't new at D-HH. We were already doing work that had significant results but we decided, along with Mary Oseid, our Vice President of Regional and System Integration, to be more deliberate in our efforts.

We brought shared services and executive representatives from each of the member hospitals together to talk about our model and vision for a shared services organization. We agreed that we want to focus on driving value to our member institutions and the system as a whole in the short term.

We asked what would create the most value in the short run and how things should look after three years. A lot of the core of the planned work is happening in year one and we've agreed that accomplishing 90 percent of outlined work is one of the top line goals of D-HH.

**What are some examples of system integration opportunities being pursued?**
**Jordan:** We recently went live with our Enterprise Resource Planning (ERP) Project, which aligned the PeopleSoft ERP at APD and Cheshire, as well as, at D-H. ERP includes the financial functions like payroll and accounts payable along with materials management and human resources. At APD, this is precursor work, along with the internet protocol (IP) infrastructure, to integrating clinical systems onto the eD-H (our electronic health record) platform, which should be completed in May of 2019. This is big, complex work that requires a lot of resources at APD, Cheshire and D-H.
We're also implementing a new shared services platform for contract management that will collect purchased service contract information across the system.

We're also delivering tools that are critical to a good audit and compliance program to member hospitals.

Examples from specific member organizations include:

- Cheshire has been focused on being a referral site for Intensive Care Unit and medical patients in our region helping to decrease demand in Lebanon.
- VNH has a Telehealth Wound Care program for post-surgical patients from DHMC, which is decreasing congestion in Lebanon and making it easier for patients.
- New London has 20 active professional service agreements where DHMC specialists see patients at New London.
- Mt Ascutney has become a major referral site for rehabilitation patients from DHMC, helping to get patients out of the hospital and back to their functional lives as possible.

**How does system integration at D-HH compare to your experience at other institutions?**
**Jordan:** I would say first, that no matter where you're doing it, a lot of the system integration work is similar. A great place to start is by integrating information systems for example. The important thing is to try to drive value across the system and not integrate just for the sake of integration. The interesting part for me is the geographical dispersion at D-HH. The distance between our hospitals and the rural nature of much of the health care practice here is very different than what I'm used to in the city of Boston or the Boston suburbs. That creates many challenges.

**What are those challenges?**
**Jordan:** Think about clinical integration. In Boston, if you are moving physicians into the community, the furthest anyone would have to travel is probably 10 to 15 miles. Cheshire is about an hour away from Lebanon. It took me two and a half hours to drive to the Putnam Group Practice at Southwestern Vermont Medical Center in Bennington, VT. I might have been lost, but we have very wide geographies here with cultures and communities that differ across the population we serve.

We're also seeing that rural, critical access hospitals can no longer provide the services they traditionally had been. That's putting pressure on D-HH in terms of supplying physicians or taking care of those patients at a hospital.

We're providing support to our member hospitals and, through NEAH (New England Alliance for Health), to hospitals that are not part of our system. That's a really great feeling because no one else is delivering that support and we're providing value through our supply chain, pharmacy management and a lot of other areas.

**Are there things member hospitals are doing that will be adopted by DHMC?**
**Jordan:** Yes. Every one of the hospitals in our system has a different culture. There are elements of each culture that we should be embracing to create a common culture for D-HH. APD has really strong patient experience scores. Cheshire has led the way in internet protocol integration. Mt. Ascutney has become the premier outlet for DHMC patients. New London Hospital has really enhanced the clinical side of leadership. VNH is pilot testing connecting primary care physicians with senior citizens and assisted living facilities to help keep people out of the hospital. The medical center can learn from all of that work.

**What made you want to come to D-HH to do this challenging work?**
**Jordan:** I've worked with Joanne Conroy before and trust completely in her leadership. In addition, a former colleague of mine, from my time at Partners Health Care, Gregg Meyers, is the former chief clinical officer here. He and I played hockey together, and he just loved his Dartmouth-Hitchcock experience.

I've always wanted to get to the North Country. My wife, children and I have spent time up here and for the past few years, I've been thinking I'd like a new experience and a new way of life. When the opportunity presented itself I said, "Wow, this is amazing." And I'm having the time of my life.

**What are you most excited about?**
**Jordan:** It's going through the strategic planning initiative and then executing on our strategy, working with the D-HH boards and the board leadership of member hospitals to identify the most critical initiatives for developing a regional care delivery system.

The health care market is becoming more challenging and we have to execute more quickly. With the work we're doing, we're in a great position and we're going to keep thriving.

## Dartmouth-Hitchcock Health and GraniteOne Health Announce Intention to Combine Systems

*Photo: Joanne M. Conroy, MD, and Joseph Pepe, MD*

D-HH and GraniteOne Health announced they have signed a letter of intent to combine our two organizations.

Dartmouth-Hitchcock Health and GraniteOne Health announced they have signed a letter of intent (LOI) to combine our two organizations. The combined non-profit health care system, Dartmouth-Hitchcock Health GraniteOne, will build on years of successful community engagement and clinical collaboration in order to meet the growing demand for seamlessly integrated primary, specialty, ambulatory and inpatient care, offering patients a high-quality, lower-cost, New Hampshire-based alternative choice to out-of-state providers.

The non-binding LOI is the first step in a well-defined and lengthy process that involves further due diligence, opportunities for public input, negotiation of final terms, approval by each organization's Board of Trustees and the Bishop of Manchester, and review by federal and state regulators. As a combined system, Dartmouth-Hitchcock

Health GraniteOne will seek to:

- Expand access to high-quality care for individuals and families throughout New Hampshire.
- Respond to growing demand for inpatient, specialty and sub-specialty services, particularly in southern New Hampshire.
- Extend and reinforce health care services in rural communities.
- Coordinate and strengthen efforts to address behavioral health and substance use disorder.
- Improve the health of populations suffering from chronic conditions such as diabetes, asthma, and obesity, leading to better long term health and lowering long-term health care costs.
- Address social determinants of health such as nutrition and food security, access to preventative care and educational opportunity.

"As the health care landscape continues to evolve, it is important for health care systems to evaluate how we can best serve our patients and communities, and prepare for the future so we can continue to provide the high level of care that people expect," said Joanne M. Conroy, MD, CEO and President of Dartmouth-Hitchcock Health. "By combining these two top health care organizations, we would create a patient-focused, unique and unparalleled option for New Hampshire that is responsive to community needs and patients' desire for cost-effective, high-quality care."

"For 15 years, our two organizations have worked closely together to improve the lives and health of our patients and their families," said Joseph Pepe, MD, CEO of GraniteOne Health. "We have complementary visions for what health care in New Hampshire could be. Combining systems would allow us to advance that vision, expanding access to primary and specialty care for all New Hampshire residents, including vulnerable patients and communities."

The combined system will transform health care delivery in New Hampshire. Catholic Medical Center, one of the members of GraniteOne Health, will continue to adhere to its Catholic model of care while D-HH will continue to serve its patients as it does today in all its existing health care facilities. All organizations within the combined system would also keep their current names, identities, and local leadership.

"I am impressed with the deliberate discussions that have taken place thus far and I believe that this combined system would strengthen Catholic Medical Center's ability to care for the suffering and sick in our community, while at the same time maintaining the integrity of its Catholic identity," said the Most Reverend Peter Libasci, Bishop of Manchester. Bishop Libasci and the National Catholic Bioethics Center are actively engaged in this process. According to Dr. Pepe, their participation ensures that "CMC's Catholic identity will be preserved and our mission will be as strong as ever under the proposed combination."

"We respect and admire CMC's historical and unique role in the Greater Manchester community and its Catholic health care mission," said Dr. Conroy. "Health care is a deeply personal experience and it is important to assure all our patients that they will continue to receive the health care services they want and need, at the place and time they want them. We look forward to a thorough and thoughtful process informed by public input so we can create the kind of health care system that the people of New Hampshire deserve."

Dartmouth-Hitchcock Health is a non-profit, regional academic health system that provides primary and specialty care to patients in New Hampshire and Vermont. Anchored by Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire's only academic medical center providing ambulatory and inpatient hospital services to the region's most acutely ill patients, D-HH is home to the Norris Cotton Cancer Center, one of 49 National Cancer Institute (NCI)-designated Comprehensive Cancer Centers in the country, and the Children's Hospital at Dartmouth-Hitchcock (CHaD), New Hampshire's only children's hospital. GraniteOne Health is a non-profit, community-based health care system that offers coordinated care and access to specialists for patients across New Hampshire. It includes Catholic

Medical Center (CMC) in Manchester, with its nationally renowned New England Heart & Vascular Institute, which has offered leading-edge heart and vascular care at locations state-wide for more than 30 years, as well as Huggins

Hospital in Wolfeboro and Monadnock Community Hospital in Peterborough. More information and updates about this combination can be found at www.ForAHealthierNH.org.

## eD-H Connecting Care between Cheshire Medical Center and Dartmouth-Hitchcock

*Photo: eD-H Command Center during go live.*

Thanks to the full implementation of clinical and business software systems, Cheshire Medical Center can offer "seamless care" to their patients.

Cheshire Medical Center in Keene, NH, has always provided excellent care to its patients. Now, thanks to the full implementation of clinical and business software systems, Cheshire President and CEO/CMO Don Caruso, MD, MPH, says they offer "seamless care" to their patients who seek specialized care at DHMC in Lebanon, NH, but receive the majority of their care at Cheshire. This implementation was part of the larger D-HH Information Systems migration strategy that will ultimately connect all D-HH member organizations to the same information technology infrastructure.

Cheshire, which became a D-HH member hospital in 2015, completed the full implementation this past December of the PeopleSoft system, which aligned HR, Payroll, Benefits and Supply Chain functions. This followed the November 2017 "go-live" of the electronic medical record system, called eD-H, using the Epic system.

D-HH Connections recently talked to Caruso, as well as Cheshire's Associate Medical Director of Clinical Informatics Marni Silverstein, MD, and D-H's Chief Health Information Officer Peter Solberg, MD, about Cheshire's successful system implementations, how they have benefited clinically and operationally and how it is impacting their culture.

**What is the main benefit of the implementation of eD-H at Cheshire?**
**Caruso:** The main benefit is being able to connect across the entire system. We had a pretty robust electronic medical record system, so we were comfortable with the level of interoperability internally at Cheshire. So, for us, it was really about being able to see everything when a patient went from a practice here at Cheshire up to DHMC and then having all the information right at our fingertips when they came back to the offices here. That was the big win for us. Also, some systems here at Cheshire, that had previously been a paper system, are now in electronic form. Having that information be part of the eD-H record has made taking care of patients much easier. We no longer have to hunt down information because it is all in one place.

**As practicing physicians—in addition to your administrative roles—how has the eD-H implementation changed your medical practice?**
**Caruso:** When I have patients go to DHMC for services, say to see the orthopedic specialist and have their hip replaced, I now have everything right in eD-H when they come back to my office. That is the really powerful piece that has helped us to provide more seamless care.

**Silverstein:** It is a huge benefit to have one patient record and continuity of patient information at Cheshire and across the system. Previously, we had several interfaced computer systems for patient information, as well as some areas documenting paper. So, when a patient is seen locally, it is much easier to view their information and act on it and avoid missed records or redundancies. That benefit is multiplied when patients are cared for at DHMC and other D-H sites. As a pediatrician, I have many patients who receive inpatient and outpatient care across the system. Being on the same medical record platform makes it much easier to follow the patient's story, and greatly facilitates communication and collaboration with their specialists.

**What were some of the challenges you encountered during the implementation of eD-H and how did your team meet those challenges?**

**Caruso:** We put a lot of work into understanding our workflows. Before, when we had implemented electronic systems, we had the ability to influence the system more to align with our workflow. This time, the challenge was more that we were given the software and then we had to change our processes to make sure that they could function within that electronic record system. It was challenging, but ultimately we viewed at it as an opportunity to look at everything we did, all of our operations, and try to work toward best practices within those operations. Implementing eD-H forced us to do this, but it was a much-needed review of what we were doing and gave us a chance to make some adjustments.

**Solberg:** From the start, Dr. Caruso and his leadership team were fully engaged. When you do an implementation, you are not just putting in computers and software, you are really restructuring how the care is delivered in the electronic health record. And while the D-H team did a lot of pre-work to get things set up, ultimately, the Cheshire teams really owned the project. There were some key folks we worked with, including Les Pitts, MD, Medical Director, Ambulatory Services, Marni Silverstein and their excellent Informatics Team. They got back to full operations and patient volume faster than anybody expected, and those individuals were a big reason for that.

**Silverstein:** Our success was due to a combination of really intensive planning by the Cheshire and D-H teams together, and all of our clinical teams practicing ahead of time and going through workflows and really trying to establish them by informatics. During and post go-live, we continued to have great support from our leadership, the D-H team, and from our own informatics team and super users. I think we were very open to adjusting workflows and then if we had problems, we had quick, but not rushed problem-solving. Even after our go-live, we had weekly meetings for several months to troubleshoot anything that needed to be changed.

**When eD-H was implemented, it was viewed as a clinical transformation at DHMC. Do you think it also inspired a cultural transformation at Cheshire as well?**
**Caruso:** Yes. For us, culturally we had to say, "We are part of a system. There are best practices in the system, and we need to figure out how to embrace and utilize those best practices." I think we still have some areas that need to be worked on, but I think in general people understand that there is this incredible value if we embrace the concept of working as a system.

**Silverstein:** I think we have always had a culture of working together to conquer any challenges, and I think that during this process that definitely was the case. We really want to help our providers and staff to perform at their highest level to provide excellent patient care. So, we look at eD-H as a tool to do that. It has improved our electronic communication, and it has changed how we do our work. But I don't think it has dramatically changed who we are or our priorities as an organization. Everyone is still doing the highest level of work they can.

**How has the eD-H implementation affected your relationship with D-H and being part of the D-HH system?**
**Caruso:** For us, it is being treated as an equal partner and being able to influence what else goes on around us within the system. Our Anesthesia Department has made some suggestions that have influenced how eD-H can evolve for the rest of the system. When our input is heard and potentially used, we can make contributions to best practices, and that ultimately contributes to that feeling of being part of a system team.

**Solberg:** The Cheshire teams have been very active partners, which is great. As members join our eD-H system, we are constantly improving and updating the system together. As Don mentioned, Cheshire's Anesthesia Department has been very helpful with input around some ordering tools.

**What advice do you have for the other D-HH partners that will be implementing eD-H down the road?**
**Caruso:** I think the biggest thing is understanding workflow and understanding that you have to teach workflow; you can't just teach what button does what on eD-H. You have to make sure you understand the workflow and how eD-H makes that more efficient. Tools like eD-H give you multiple ways to do things, but they are not equally efficient; understanding the most efficient workflow for you is really critical.

**Solberg:** At D-H, we have learned from working with the Cheshire teams. Prior to Cheshire our big implementation, outside of DHMC, was installing the Epic (eD-H) software at D-H Concord. That was important for us to learn more clinical and ambulatory workflows. We had an extensive debriefing process with the Cheshire team and our Information Systems leadership team after the implementation to document lessons learned so that we can do an even better job the next time—which the next time is happening now as we prepare to implement eD-H at APD. We have a lot of great insights that we are trying to apply at APD between now and May 11 when we go live with eD-H and associated systems.

## Inside Scoop: Otelah Perry, Mt. Ascutney Hospital and Health Center

Otelah Perry is the new Director of Quality, Patient Safety, and Compliance at Mt. Ascutney Hospital and Health Center in Windsor, VT. She previously worked as the lab director at Mt. Ascutney, while also working as a Senior Performance Improvement Consultant in the Value Institute at Dartmouth-Hitchcock. Perry is a certified manager of quality and organizational excellence through the American Society for Quality, and received her Blackbelt certification from the Thayer School of Engineering at Dartmouth.

In addition, Perry is a 2013 winner of D-H's James W. Varnum Quality Health Care Award, for work that "embodies a deep commitment to creating and sustaining an environment of high-quality patient and family-centered care."

**How would you describe your role at Mt. Ascutney?**
As a member of the senior leadership team, I am responsible for the administration of quality and patient safety initiatives and ensuring compliance with state and federal health care regulations. I work with a dynamic team that covers diverse areas of expertise, including risk management, patient experience, quality reporting, infection prevention, health-care compliance and regulatory readiness. I also continue to coach new practitioners of Lean Six Sigma* through their initial projects and support quality and process improvement initiatives.

**What made you want to specialize in this area?**
I have passion for patient safety, a desire to continuously improve day-to-day processes for employees and patients, and a commitment to meet regulations. I'm a rule follower by nature and also believe that there may be a better way to do things.

**What led you to Mt. Ascutney?**
At the end of 2016, there was an opportunity to be the lab manager at Mt. Ascutney to build their quality management plan, respond to regulatory readiness matters and further integrate the lab into the regional lab model. This was an opportunity to learn about a different member within the D-HH system. In 2018, the director of Quality, Patient Safety and Compliance role was available, and I was ecstatic to extend my experience beyond the laboratory to serve the patients and staff at Mt. Ascutney.

**What was it like making the transition from D-H to Mt. Ascutney?**
There are a number of previous D-H Lebanon employees who now are here at Mt. Ascutney in leadership roles, so in some respects it was like a reunion. At Mt. Ascutney, the mission is simply "to improve the lives of those we serve." I discovered that this is the guiding light to the everyday work. Everyone here was very welcoming, and in my first week, Joseph Perras (the CEO) said to me in the café, "We're happy you are here." While the two hospitals are different in some ways, the patient-centered care and fierce loyalty is the same at the core.

**In your current role, are you working on any projects that involve others in the D-HH system?**
Yes. We've fully participated in the strategic planning process. In fiscal years 2018 and 2019, our quality metrics have aligned, and we're currently working on integrating our compliance program. Additionally, I am a part of the Value Institute's Conaty Breakthrough Leadership team. As a part of that journey, we are prepping our project to have a

system focus. As we build competency and depth related to process improvement and move forward with full-system integration, I suspect that we will have multiple collaborative projects across our shared service lines.

**What projects have you worked on that you are most proud of?**
Implementation of Lean Six Sigma in the laboratory at DHMC in 2013 is what I'm most proud of. The Pathology team I led was recognized with the Operations Excellence Award for a project that demonstrated significant improvement in operational process outcomes. Most noteworthy, is that each of the ten team members received their Yellowbelt** certification, two have completed Greenbelt certification and one is on the way toward Blackbelt certification. Others that I am proud to have been a part of are decreasing peripheral IV infiltration and extravasations, which are injection site injuries caused by IV usage, improving laboratory specimen labeling and creating an approach to clinical alarm management at D-H. I have presented at D-H Value Grand Rounds and at national conferences related to many of these projects.

**What's the biggest misconception people have about the work you do?**
Excellence in patient safety and quality is the culmination of individual actions and process steps. There isn't a magic wand to do quality improvement—it's a lifestyle change. It takes commitment, time, attention and sometimes perseverance, along with data, tools, structure and support.

**What advice would you offer to someone in your role?**
Remain devoted to your core values. Dedicate your energy to the things that must be done, ask for help when you need it and recognize when you are not the expert and can learn from someone else

**What's the best piece of advice you were ever given?**
Education is never a waste. Remain curious. Take care of the people and the work is taken care of.

**What about you would surprise most people?**
I love to read science fiction and fantasy novels, I prefer tea over coffee and I am a night owl.

** Lean Six Sigma training is a methodology used to improve business processes.*
***Yellow Belt, Green Beltand Black Belt are distinct levels of training for individuals who participate in Lean Six Sigma training. A Black Belt denotes the highest training level followed by Green Belt, Yellow Belt and White Belt.*

## Inside Scoop: Sam Ogden, MD, Alice Peck Day Memorial Hospital

Meet Sam Ogden, MD, a pediatrician at APD in Lebanon, NH.

**What makes practicing at APD special?**
The people at APD make the hospital and the surrounding area special to me. Patients and providers tend to share long histories and strong commitments to all things local, and many have family roots that go quite deep. My own wife grew up in the area, and I quickly realized that I would love to live here if I got the chance. I now feel fortunate to stay and continue exploring with a growing family. During my workday, my patients and co-workers continue to add their own stories and perspective to my appreciation for the community.

**Why did you select heath care as a career?**
I never could choose between a science career and a job directly "helping people," and medicine combines each of them in every moment of every day. I'm passionate about finding a path to the healthy life that most people want for themselves and their children. As a pediatrician, I get to help keep children healthy and watch entire families grow. I believe we should be dedicating education and resources to those who have the most important job in the world—parents, because what's at stake is the entire future—our children.

**What is unique and different about caring for infants, children and adolescents?**
A new baby is an entire world of promise and possibility, but often demands the whole world and more of parents in the process. Both baby and parents need a lot of love from each other, their extended family, their local support, and their doctor early on. Even when a baby "has no medical problems," intentionally setting up a life of growth and health is a full time job that deserves all the conversation we can possibly devote to it. Encouraging parents and helping them to see through the challenge into the promise is a special privilege. These early conversations are my favorite part of infant care.

Children are a refreshing look at life lived as an open book; those who stop and take moments to read it get something special, and those who help to write it (parents) get something beyond description. Children develop astonishingly quickly, and as they are increasingly able to communicate, peering through the window into their thoughts, emotions and abilities is the greatest show on earth. This age group is full of its own challenges, mostly strengths in disguise. They won't tell you because they can't yet, but they are craving structure, discipline and love. When infants turn the corner into children, I enjoy the chance to show parents how "normal" most children are, even when it seems like the sweet baby has suddenly decided to have a mind of their own.

Adolescents often cause some head-scratching for their parents. The irony is that the same confusion tends to be going on inside of the teenagers as well. It's a time period where everything comes into question, sometimes for everyone in the family, which can be frustrating. But it's a time where focusing on respect and relationships can carry a family through hard times into some very strong adult relationships on the other end. Helping parents to see the man inside the young man, and the woman inside the young woman, is an essential part of it. Helping adolescents to see the emerging adult within is the other best part of the teen years.

**What are some of your personal interests, passions, hobbies?**
During residency, I started to pick up the acoustic guitar. Having time to play and sing brings me another level of personal restoration. Otherwise, in addition to all the family activities right now with young children, I also enjoy exploring the local outdoors. Table tennis in my garage is a long-time favorite, because it so often leads to deep conversation (as competition allows!)

**How do you help new parents ease their fears of caring for a newborn/infant?**
There are a few major, important messages that I wish all parents could know right away, so I tend to send these messages at each visit. One message is that your doctor or care team will be here for you anytime, even for the smallest of questions. Another message is that it takes a village to raise a child, and also to support young parents. A child thrives when the family around them is safe, healthy and able to provide for their needs, so even in pediatrics, we will help the entire family as much as we can. Finally, I like to remind a child's parents or caretakers that asking for help is itself a sign of strength, that keeping helpful and supportive people nearby is essential, and that focusing on things that are going well is always, always helpful.

## We Hear You—Adding More Handicap Parking at DHMC

Hearing from patients and visitors that we needed more handicap spaces at DHMC, our Security team and Parking Committee looked at our available parking spaces and added more spots for handicapped parking.

Hearing from patients and visitors that we needed more handicap spaces at DHMC, our Security team and Parking Committee looked at our available parking spaces and added more spots for handicapped parking. We continue to look at improvements we can make to our parking options by collecting feedback from patients and visitors. If you have ideas or comments on how to improve our parking at DHMC, please feel free to leave your comments below and we will pass them along to our Parking Committee!

**About the "We Hear You" Series**
"We Hear You" is a series about, and for our patients and their families at D-H. Have you offered feedback or given us a suggestion to improve something and wondered if we ever acted on it? We want you to know that we are listening and to share what we are doing to better meet your needs.

## Caregivers Making a Difference Every Day

*Pictured from left to right: Jen Miller, RN, Gabrielle Schuerman, APRN, Hannah Moffat, and Sandy Carey, Hannah's mother.*

Rushed to DHMC by helicopter after a car accident, three-weeks later 17-year-old Hannah Moffat was transferred to Cheshire Farnum Rehabilitation Unit to continue her recovery.

It is every parent's nightmare: a state trooper knocking at your door to say your daughter has been in a car crash.

Sandy Carey doesn't remember the long drive to DHMC, where 17-year-old Hannah Moffat had been rushed by helicopter with severe injuries.

Two days after the accident, with Moffat in a medically-induced coma, Sandy called her primary care provider, Gabrielle Schuerman, APRN, at Cheshire. Not knowing whether Hannah would survive, or if she did, what the outcome would be, Sandy was thankful when Gabrielle immediately jumped in to help Sandy and her family navigate the medical labyrinth and keep their hopes up. Gabrielle was even bedside when Hannah had her first CT scan.

"Gabrielle is my rock. She is just an amazing, amazing person. If she moved to Alaska, I'd be right behind her!" Sandy says.

After three weeks at DHMC, Hannah was ready for rehabilitation. Some doctors recommended Boston for pediatric rehabilitation, but Hannah and Sandy wanted to be home in Keene. "I didn't know until we needed it that Cheshire Medical Center offered this kind of rehab," says Sandy. With the help of Gabrielle's advocacy, Hannah was transferred to Cheshire's Farnum Rehabilitation Unit. Because of a stroke during the accident, Hannah couldn't talk, or walk on her own; she couldn't tie her shoes. "I essentially started from scratch," Hannah says.

In Cheshire's Farnum Rehabilitation Unit, Hannah bonded immediately with nurse Jen Miller. "Jen was destined to be a nurse," Sandy says. "She was the most caring, compassionate, honest person...I don't know if Hannah would have made it without her."

"A lot of good came out of this," Sandy says. "Hannah put life into perspective for all of us. It makes you understand what and who is important in this life, and that includes the people who took care of her and what they mean to me. They saved her life—and they saved my life."

*The above story first appeared in the Cheshire Health Foundation 2018 Donor Report.*

## The Ottauquechee Health Center Mosaic Project

*Photo: Students create tiles during Art class.*

Mt. Ascutney Hospital and Health Center leads a community effort to create a permanent art installation on the exterior of the Ottauquechee Health Center in Woodstock, VT.

Mt. Ascutney launched The OHC (Ottauquechee Health Center) Mosaic Project, a community effort to create public art for permanent installation on the exterior of the building at Ottauquechee Health Center in Woodstock, VT. The project is engaging the community in the creation of a 9' x 11' mural in order to strengthen their connection to their health center and add some color and vibrancy to the exterior of the Ottauquechee Health Center.

Woodstock Elementary School and Prosper Valley School students have created tiles at no cost as part of their art classes. Members of the public can sponsor tiles for $100 each to help cover project costs. A directory of tile makers and sponsors will accompany the finished mural.

Tile artist Robert Rossel of Symmetry Tile Works in Epping, NH, a former member of the New Hampshire State Council on the Arts, was in residence in the Art classroom at Woodstock Elementary School to oversee tile creation. Participants were given raw clay tiles with simple outlines that they personalized by adding texture and select carving. Tiles will now be dried, glazed and fired in preparation for installation at OHC in May of 2019.

Those who wish to sponsor tiles for The OHC Mosaic Project can make their payment by credit or debit card at (802) 674-7088, or by credit, debit, or PayPal at http://www.mtascutneyhospital.org/ohc-mosaic-project. As an employee in the D-HH System, this is a great opportunity for you to honor or memorialize someone meaningful to you, contribute to the creation of public art, and show your support for a system member.

## Dartmouth-Hitchcock Health Members Take Part in State's Addiction Treatment Strategy

*Photo: Participants at "The Doorway-NH" public forum held at DHMC.*

At public forums across the state, public health officials and community partners introduced "The Doorway-NH"—the state's hub-and-spoke model to transform access to addiction treatment.

At public forums held across the state recently, public health officials and community partners introduced "The Doorway-NH," which is the state's hub-and-spoke model to transform access to addiction treatment in all ten New Hampshire counties. The hub-and-spoke model means that organizations are serving as "hubs" to coordinate the programs, and agencies are serving as "spokes" to provide treatment services. D-HH members DHMC and Cheshire are serving as hubs, with the DHMC site also providing treatment services in addition to evaluation and coordination. This new state model is a comprehensive strategy to ensure patients with opioid use disorders have access to services for clinical screening, evaluation and care coordination in their respective service areas. The Doorway-NH initiative is funded by the federal Substance Abuse and Mental Health Administration (SAMHSA) through a two-year $40 million grant.

Each Doorway organization hosted a public forum, along with representatives from the Department of Health and Human Services, to discuss each regional model and the types of 24/7 services that will be offered for each service area.

At the January 14 forum held at Cheshire, more than 50 members of the Keene community attended, according to Shawn LaFrance, Vice President for Population Health and Health System Integration, who hosted the event. "The state's hub and spoke model is a great opportunity to improve access for those who are seeking help with substance abuse disorders," said LaFrance. "The program helps address this issue in two important ways—to help people who are seeking care and on a system level, better integrating resources for the region so we can meet the needs."

LaFrance points out that the details and logistics of the program are still being sorted out but it is fully up and running in the Keene area with 29 patients being helped in their first month. "The program is starting with a focus on treatment, but we know that we also need to address other social determinants, such as transportation, housing and

food—all which can impede our patients' ability to get the treatment they need. So, we are building those connections to make access to treatment easier."

Before the public forum in January, Cheshire hosted a meeting in December with treatment providers and other partners in preparation for the Doorway-NH launch. Attendees included organizations, such as the Phoenix House (a non-profit drug and alcohol rehabilitation program), Keene Metro Treatment Center, Groups Recover Together (a for-profit addiction treatment clinic), the county sheriff, local police chief and representatives from the local drug court.

"This program is a bold move by the state—one that I think is a fundamentally good move," said LaFrance. "I'm optimistic this program will work to address the opioid crisis in particular, but we will need more future investment in the 'spokes'—the treatment programs—to make sure access is strong."

At the January 8 forum at DHMC, about 40 members of the community, including treatment organizations, were in attendance to ask questions and learn more about Doorway-NH. Sally Kraft, MD, MPH, Vice President of Population Health for D-H, and Will Torrey, MD, Vice Chair of Clinical Services for D-H Psychiatry, hosted the event.

"Of all the diseases I've worked with as a clinician, there is no other disease that requires such a different approach to treatment as what we call behavioral health diseases, which includes mental health as well as substance use disorders," said Kraft. "These diseases impact every aspect of a person's life—their relationships, their jobs, and even housing and transportation. At D-H, we're proud of the work we've been doing with our colleagues and community partners to look for holistic solutions." Three of these programs that Kraft highlighted, include:

1. Doorway NH – We have two Doorway programs in our system—one is at DHMC and the other is through Cheshire. Both are serving as "hubs" to coordinate the programs, and the Lebanon program also serves as a "spoke" in that it provides ongoing treatment services.
2. NH Regional Public Health Networks – DHMC and Cheshire are a part of 13 public health networks to address substance use disorders. DHMC supports the Upper Valley and Greater Sullivan county networks and Cheshire supports the Monadnock region.
3. NH Medicaid Delivery System Reform Incentive Program – This is a federally funded program to create integrated delivery networks to support substance use disorders and mental health, serving largely a Medicaid population.

"We are honored to be asked by the state to be a 'hub' in this program, which gives us an opportunity to engage more deeply with our community partners in this work so that we are all pulling together," said Torrey, who talked about engagement with community partners. "We can go further together than if we were on our own. This program gives us an opportunity to learn from each, gather data and implement real solutions. It also gives Dartmouth-Hitchcock Health an opportunity to be a leader for our region and for the nation as we address this challenge."

For more information about Doorway-NH, visit their website at: thedoorway.nh.gov. For those who need immediate help, call 2-1-1 to connect to resources from specially-trained referral specialists.

## A Round of Applause for Employees and Volunteers Across the D-HH System

Here are some of the accomplishments, awards and recognition from employees and volunteers across the D-HH system.

### New London Hospital Diabetes Prevention Program Receives Recognition

New London Hospital's Diabetes Prevention Program has achieved Full Recognition status from the Centers for Disease Control and Prevention (CDC). This designation is reserved for programs that effectively deliver a quality, evidence-based program that meets all of the standards for CDC recognition. Some of the requirements include

providing data supported results over the course of a year by certified lifestyle coaches who help build participants' skills and confidence to make lasting lifestyle changes. New London becomes only the second recognized program in the state of New Hampshire.

"I'm thrilled our program is being recognized," says Christopher Lopez, New London's Diabetes Prevention Program Coordinator. "I'm even more excited for our staff, and particularly our participants, for their willingness to make a change in their lifestyle while trusting our program."
New London Hospital launched its Diabetes Prevention Program in September of 2017. The first cohort saw 11 participants complete the program with the group losing a collective 144.5 pounds (6.2 percent) during the course of the year. More importantly, with the guidance of certified diabetes educators and registered dietitians, they were able to make and sustain lifestyle changes.

According to the CDC, 29.1 million people in the United States have diabetes and 86 million, or one out of three adults, have prediabetes, which means their blood sugar levels are higher than normal and just below the level for type 2 diabetes. The risk of death for adults with diabetes is 50 percent higher than those without.

## Sandra Wong Named President-Elect of Society of University Surgeons

Sandra L. Wong, MD, MS, the Chair of Surgery at D-H and the William N. and Bessie Allyn Professor in Surgery at Dartmouth's Geisel School of Medicine, has been named President-elect of the Society of University Surgeons.

Founded in 1938, the mission of the Society of University Surgeons is to support and advance leaders in academic surgery through membership, scholarship and professional development. Today, Society of University Surgeons is dedicated to advancing the surgical sciences—by research and clinical breakthroughs, education and training investments, and public policy leadership efforts made by its members.

Wong, who is currently completing a three-year term as treasurer of the organization, will serve as president-elect for one year, before assuming her term as president from 2020 to 2021. "I'm really so honored to be a part of an organization that advances academic surgery," says Wong, who has been Chair of the Department of Surgery at Geisel and D-H since 2015. "The Society of University Surgeons has and will continue to focus on supporting opportunities for professional development—that will certainly be our strong focus over the next few years."
A surgical oncologist specializing in the management of soft tissue sarcomas, melanoma and Merkel Cell carcinoma, Wong is among the most widely recognized health services researchers in the field of academic surgery—with more than 180 peer-reviewed studies in the scientific literature. Her current federally-funded research program focuses on integrating patient-reported outcomes into clinical practice.

In addition to her officer roles at Society of University Surgeons, she holds or has held leadership positions in the American Society of Clinical Oncology, the American College of Surgeons and the Society of Surgical Oncology. Wong is also an editorial board member of the *Journal of the American College of Surgeons* and the *Journal of Surgical Oncology* and is an Associate Editor for *Annals of Surgical Oncology*, *Journal of Oncology Practice* and *World Journal of Surgery*.

## Bardier Appointed Chair of Health Advisory Council

New London Hospital's Director of Wellness and Population Health Catherine Bardier has been named chair of the Greater Sullivan County Public Health Advisory Council. There are 13 Regional Public Health Networks in New Hampshire involving broad public health interests. The Regional Public Health Networks include all of New Hampshire's cities and towns and each incorporates a Public Health Advisory Council. Bardier replaces Peter Wright, CEO and President of Valley Regional Hospital who recently announced his departure from the region beginning in March.

"I am honored to serve as chair of such a passionate and dedicated group of partners," says Bardier. "This role furthers my mission to provide the Lake Sunapee Region communities with a sustainable and collaborative plan for improving the health and wellness of our neighbors."

As the Director of Wellness and Population Health at New London Hospital, Bardier oversees community health initiatives, including the Wellness Connection Coalition and the New London's Employee Wellness Program. She also serves as the Vice Chair of the New Hampshire Governor's Council for Physical Activity and Health and is on the Executive Committee for Dartmouth-Hitchcock Partners for Community Wellness.

The Regional Public Health Networks were established to ensure coordinated and comprehensive delivery of essential public health services. Thirteen agencies are funded by New Hampshire Department of Health and Human Services to convene, coordinate and facilitate an ongoing network of partners to address regional public health needs. The goal of the New Hampshire Regional Public Health Networks is for all New Hampshire residents to be healthy and safe.

## Leesa Taft, DNP, ARNP, FNP-BC, New Role as Clinical Operations Director in Primary Care at Mt. Ascutney Hospital and Health Center

Leesa Taft, DNP, ARNP, FNP-BC, has been appointed to the newly created position of Director of Clinical Operations in Primary Care.

In this role, Taft has overall responsibility for Primary Care Clinical Operations at the Windsor campus and at Ottauquechee Health Center (OHC) in Woodstock,VT. She will lead ongoing improvement efforts related to quality and patient safety consistent with Mt. Ascutney's designation as an National Committee for Quality (NCQA) Level III Patient-Centered Medical Home and its participation in the OneCare Vermont Accountable Care Organization.

According to Joseph Perras, MD, President, CEO and Chief Medical Officer of Mt. Ascutney, Taft will work closely with leadership at Mt. Ascutney and OHC. "As an institution, we have multiple partners at the local, state and federal level," he explained, "and our clinics have become more complex in regard to reporting of quality and patient satisfaction metrics. Moving forward, some of the reimbursement we receive for the services we provide will be tied to these metrics. As Director of Clinical Operations, Leesa will be instrumental in helping us focus on maximizing the value of everything we do, enhancing quality while containing costs. As someone who grew up in this community, she understands this value in terms of how it can improve the lives of those we serve."
Taft recently earned her Doctorate of Nursing Practice (DNP) from the University of New Hampshire (UNH). This degree focuses on evidence-based practice, quality improvement and systems leadership.

Before assuming her new role, Taft had served as Associate Medical Director at Mt. Ascutney, overseeing clinical practice for nurse practitioners and physician assistants in the Windsor office, while serving as an advanced registered nurse practitioner (ARNP) in the Primary Care Clinic. Prior to that, she served as Assistant Medical Director. In 2005, she received her Master of Science in Nursing from UNH, graduating summa cum laude, and the same year became board certified as an ARNP. Before that, Taft worked as a Pediatric Nurse at DHMC as well as a Nursing Supervisor at Mt. Ascutney. She is a veteran of the United States Air Force, where she achieved the rank of Sergeant and became an Operations Management Specialist. Taft is a 1986 graduate of Windsor High School.

A resident of Windsor, Vermont, where she lives with her husband and four children, Taft has been a member of the Mt. Ascutney team since 2003.

## Mt. Ascutney's Cardiac Rehabilitation Program Earns Certification from the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)

The Cardiac Rehabilitation Program at the Mt. Ascutney has earned a certification from the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR). This three-year certification recognizes Mt. Ascutney's commitment to improving the quality of life by enhancing standards of care.

The Cardiac Rehabilitation Program at Mt. Ascutney is designed to help people with cardiovascular issues such as myocardial infarction, coronary stent placement or bypass surgery, heart valve repair within a year, and, in some cases, congestive heart failure, to recover faster and improve their quality of life.

The AACVPR certification follows a three-year process in which key caregivers at the hospital developed and implemented an expansion of cardiac rehabilitation capabilities, increasing program hours, while introducing a wealth of educational programming.

According to Ivan Levin, MD, Medical Director of Cardiac Rehabilitation, Mt. Ascutney participated in an application process that requires extensive documentation of program practices. Levin notes, "Three years ago, our Cardiac Rehabilitation program was staffed by one nurse who did an admirable job. But we saw the opportunity to expand and deepen our services to help more people. It's an important investment for us to make, because we know that effective cardiac rehabilitation saves lives."

Mt. Ascutney Rita Rice, RN, played a key role in the program development that led to the certification. She became a member of AACVPR when she joined the cardiac rehabilitation program, and consulted with programs in Brattleboro, Vermont, and Claremont, New Hampshire, to build a road map toward certification. Also, Maryanne Lillard, RN, and Kristen Frechette, RN, of Mt. Ascutney system partner DHMC, which is also AACVPR-certified, provided guidance and helped to develop policies. Levin says, "We receive many of our referrals from D-HH and the new certification enhances the continuum of care for our patients."

Others involved in Mt. Ascutney program development include then Director of Staff Education Amy Visser-Lynch, Staff Educator Robin Hakala, Rehabilitation Center Director Belinda Needham-Shropshire, Quality and Compliance Coordinator Kristi Cooper, Community Health Director Jill Lord, then-Chief Nursing Officer Deanna Orfanidis, and CEO and Chief Medical Officer Joseph Perras, MD. "It was a true team effort," says Levin.

Rice says that today the program has gone from three to five days a week, offering numerous classes of up to four people, administered by three nurses: Rita Rice and fellow registered nurses Claire Krawiec and Emma Solomon, with educational support from Therapeutic Director Michael Denmeade, Diabetic Educator Nancy McCullough, Tobacco Cessation Educator Denise Dupuis, and Dietician Sarah Agnoli.

## Four Alice Peck Day Memorial Hospital Registered Nurses Complete Nurse Residency Program

*Pictured from left: Andrea Ferland, RN, Medical-Surgical; Lases Bingham, RN, Primary Care; Gabriela Guzman, RN, Medical-Surgical; missing from photo, Brittany Cauthen, RN, Operating Room.*

APD recognized four nurses who completed the Nurse Residency Program on December 3, 2018. The program helps recent graduates transition into clinical practice and serves as an opportunity to hone critical-thinking and evidence-based decision making skills.

"Our Nurse Residency Program covers professional education and clinical topics that assist nurses in their transition from student to professional," says Pattie Hall, MSN, RN, Clinical Nurse Educator at APD. "The intense program includes eleven days of nurse residency class, two days of cardiovascular/basic dysrhythmia training, as well as ACLS training [Advanced Cardiovascular Life Support] and/or PALS training [Pediatric Advanced Life Support]. In addition, it provides an open and valuable forum for questions and peer support that isn't always available to new graduates."

"I'm pleased that APD was able to host our second Nurse Residency Program," says Jean Ten Haken, CNO and Vice President of Nursing. "These graduates worked very hard in the program and I'm proud of Brittany, Lases, Andrea and Gabriela for their individual accomplishments."
"The Alice Peck Day Nurse Residency Program gave me the foundation I needed to become a successful new nurse allowing me to grow, develop and achieve success," says Gabriela Guzman, RN.

Bingham, Ferland and Cauthen graduated from River Valley Community College while Guzman graduated from St. Joseph School of Nursing in Nashua, NH, and is currently in the Nurse Leadership Master's Program at Franklin Pierce University.

## Cheshire Employee Recognition Awards

The President's Service Excellence & Leadership Recognition Awards were established to recognize Cheshire's employees, nominated by their peers, for organizational and professional excellence.

Leadership Recognition Award
Recognizing employees who exhibit outstanding leadership qualities as demonstrated by excellence in caring, character, commitment, competence and communication.

Kelsie Hennessey, MSEd, ATC, Sports Medicine Lead

Mary E. Annear, MS, ATC, Practice Manager, Gastroenterology, Urology & Women's Health

President's Service Excellence Award
Recognizes extraordinary service among employees characterized by compassion, responsiveness to the needs of others and a positive team-oriented attitude.

Katelyn Gibbons, RN, Women and Children's Health Unit

Cathy Sickles, LCMHC, Behavioral Health Specialist for Primary Care

## Sara Simeone, MSN, RN, LSSB Named Vice President of Quality & Compliance at VNH

Sara Simeone, MSN, RN, LSSB, has been named the Vice President of Quality & Compliance at VNH, with responsibility for quality and safety, corporate compliance, regulatory readiness and operational excellence. Simeone comes to the VNH most recently from the Norris Cotton Cancer Center (NCCC) at D-H where she served as the director of Quality & Patient Safety. In that position, she provided leadership and direction for the development and implementation of the NCCC Quality Management Plan. Prior to her current role, Simeone worked as the Director of Integration and Performance Improvement at the VNH. She is also an instructor for the D-H Value Institute Learning Center Yellowbelt and Greenbelt level process improvement training program.

Simeone started her career as a Surgical Unit Clinical Nurse before transitioning into the ambulatory care setting where she worked as an oncology triage nurse and an Oncology Clinical Research Nurse within the NCCC. She went on to serve as the Nurse Manager for Clinic Operations and Clinic Research at NCCC for five years. During that time, she received her Lean Six Sigma Greenbelt certification from the Value Institute at D-H and participated in and led many large and small scale improvement projects within NCCC. In 2013, she moved into the Value Institute where she worked on the Performance Improvement team as a Senior Value Performance Specialist. She has been instructing with the Value Institute since 2013.

Simeone received her Bachelor of Arts in Psychology and Education from Boston College, her Bachelor of Science in Nursing from the University of Pennsylvania, and her Master of Science in Nursing Leadership from Franklin Pierce University. Sara received her Lean Six Sigma Blackbelt training from The Thayer School of Engineering at Dartmouth College and her Lean Six Sigma Blackbelt certification from The Value Institute at Dartmouth-Hitchcock. She has also received Lean Management Systems training from ThedaCare and Rapid Process Improvement Workshop training from Virginia Mason.

## Your Voice Matters: First-Ever D-HH-Wide Employee Engagement Survey


For the first time, every D-HH member organization will conduct an employee engagement survey, using the same survey platform through Press Ganey.
For the first time, every D-HH member organization will conduct an employee engagement survey, using the same survey platform through Press Ganey. The employee engagement survey will be launched April 22 and will be open until May 10. Each D-HH location will have more details about the survey, starting in March.

## *D-HH Connections* feedback

We welcome your feedback as we launch this publication. If you have story ideas, questions or suggestions, please send them to Connections@hitchcock.org, or contact Anne Clemens, Managing Editor at Elizabeth.Anne.Clemens@hitchcock.org.