

A Message from Joanne M. Conroy, MD



There is a lot happening throughout our system—I think this is a direct result of growing and thriving along with a population of people who are seeking—and receiving—the best care offered in the region! From expanding our telehealth offerings to breaking ground on a new Ambulatory Surgical Center in Manchester, from going live with the electronic medical record system at APD to developing system clinical collaborations so we can deliver even better health care to our patients. D-HH, our member organizations and every single one of our more than

13,000 employees are dedicated to doing what is right for our patients, for our colleagues and for the communities we serve. And for that, I thank you.

In this issue of our quarterly D-HH Connections employee newsletter, you can read about what you and your colleagues are doing to drive our system strategy forward and to uphold our system 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.

I hope you can take a few minutes out of your busy schedule to read some of these wonderful stories, which include:

- Dan Jantzen, our Chief Financial Officer, talks about our system’s financial health and why it matters.
- Learn more about our 15-year relationship between D-H and Catholic Medical Center, which is the foundation for our proposed combination between D-HH and GraniteOne Health.
- Take a look at pictures from our APD colleagues who worked tirelessly to make their eD-H go live so successful.
- Our Government Relations team gives our system “a voice” with policymakers.
- Doug Williamson, MD, a pediatrician at APD, reflects on his 21-year career.
- D-HH Connected Care expands capabilities for the continuum of care with Cheshire Medical Center.
- A Journey to Recovery: Learn how a patient at Mt. Ascutney received life-saving care at DHMC and quality-of-life-saving care at Mt. Ascutney’s Rehabilitation Center.
- Cheshire Medical Center’s addiction treatment services through the state’s NH Doorway program shines a light on substance use disorders.
- Nearly 350 high school students from across New Hampshire discussed pressing challenges teenagers face today during D-HH's Youth Summit 2019.
- Aimee Giglio, our Chief Human Resources Officer, talks about how she and her team are working to inspire and support employee engagement across the D-HH System.
- Learn about a multiple-tier committee model to ensure quality and safety alignment throughout the D-HH System.
- Plus, read about the events, news and employee recognition announcements from all of our member organizations.

As always, we welcome your feedback. If you have story ideas, questions or suggestions, please send them to: Connections@hitchcock.org.

Dartmouth-Hitchcock Health System Abbreviation Guide

- **APD** – Alice Peck Day Memorial Hospital
- **CGP** – Community Group Practice (Bedford, Concord, Hudson, Manchester, Merrimack, Milford, Nashua)
- **Cheshire** – Cheshire Medical Center
- **CHaD** – Children's Hospital at Dartmouth-Hitchcock
- **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
- **NCCC** – Norris Cotton Cancer Center
- **VNH** – Visiting Nurse and Hospice for Vermont and New Hampshire

Financial Health across the Dartmouth-Hitchcock Health System



We spoke with Dan Jantzen, the Chief Financial Officer (CFO) for D-H and D-HH, about the financial health of D-HH as we continue to evolve into an integrated health system. In this role, he is responsible for the financial health of the D-HH System.

Before we talk about the financial health for D-HH, we would like you to give a little bit of Health Care Finance 101 to our readers. We've heard you say in presentations: "No Margin; No Mission." Can you explain why it is important for non-profit organizations (like all of the D-HH members) to be financially healthy for their future?

Jantzen: I often begin my financial presentations in the same way saying that—even as CFO—I can't stress enough that producing a margin is not our mission. Our mission, that which makes us get up and come to work each day, is caring for people. However, having strong financial health is still really important. In the tax-exempt or non-profit world, we generally don't use the word profit. Instead, we use the word margin, but they are synonymous and represent the difference between our revenue (what we get paid for all of the services we provide) and our expenses (the cost we incur to produce those services). A positive margin allows us to make investments in our future (e.g., starting a new program, buying a piece of medical equipment like an MRI unit or constructing a building). If we don't produce an adequate operating margin, we don't have a funding source for these things, and we begin to deplete our savings account. We need to have strong financial health so that we can make investments in our future and so that we can deal with unexpected financial shocks (e.g., the 2008 Great Recession). Ultimately, we want to be in a position to carry out our mission forever because what we do is critically important to the communities which we serve.

As D-HH continues to grow and integrate its services, it makes sense that the organization is now tracking its financial bottom line and conducting financial planning as a system. Can you give us an overview of how you've brought the financial planning and reporting under the D-HH structure?

Jantzen: While each member has a local community board and management team, at the same time we are operating together as a system. When an organization becomes a member of D-HH, they are acknowledging that they are becoming part of something bigger than themselves. As a system, we set financial targets for the overall system and for each individual member. Our monthly financial statements show both member and system results. We look at the total system financial information, and we work together collectively at both the local and system level to improve those financial results. When we strengthen the financial health of the system, all members benefit.

Can you explain the importance of all of the system members' performance to the overall system's financial health?

Jantzen: Our system results are nothing more than a compilation of all our system member results. It doesn't matter where we make or lose a dollar; it all impacts the system's overall financial health equally. Therefore, every member has an equal impact on the system's performance.

Cheshire in particular was an outstanding performer this past year, coming back from a financially devastating year in 2017. It sounds like they should be called the Comeback Kid! Can you give us a snapshot of how they accomplished this?

Jantzen: Cheshire went from a negative 10 percent operating loss to a positive three percent operating margin over the past 15 months, a tremendous accomplishment for sure. Working collaboratively with the system, the Cheshire management team put together a comprehensive performance improvement plan and took a systematic approach to identifying and capturing improvement opportunities. Being part of a larger system helped Cheshire cover its negative cash flow during the lean months and also provided additional resources and expertise that they wouldn't have had as an independent hospital. Additionally, being part of a system allowed us to work together collaboratively to keep Keene patients in their local community at Cheshire...allowing them to receive care in their local community and at the same time helping to strengthen Cheshire's financial health. At the end of the day, however, the majority of the work was done by the Cheshire team.

An important goal for coming together as a health care system is to share costs, reduce expenses when/where possible and reduce the overall cost for patients. How is D-HH approaching the cost savings part of their financial health?

Jantzen: Coming together as one system allows us to take advantage of economies of scale. Aggregating purchasing is a good example as is borrowing money for the larger investments that we make. As a system, we can make purchases at a lower cost and borrow funds at a lower interest rate than if each member approached these on their own.

More importantly, as I noted above, operating together as a system allows us to keep lower acuity patients in their local community receiving care at a lower cost while keeping capacity at our academic campus (DHMC) available for the more acute/complex patients in the system...essentially allowing us to provide the right care in the right place at the right cost. These are just several examples of the many benefits that coming together as a system provide in the area of lowering the cost of health care.

For the average D-HH employee, the organization's financial health may not be the most exciting topic to read about. If there is one thing you want our readers to take away from our conversation, what would it be?

Jantzen: That's an easy one for me. It would be that no matter what they do or where they work, they are making a difference in the lives of the patients that we serve. And that from a financial perspective, our budget is nothing more than a compilation of every decision that every employee makes, every day, day in and day out. Everyone can make a difference in the financial health of our organization.

D-H Community Group Practice and Catholic Medical Center Clinical Collaborations



In our second installment of leadership profiles, *D-HH Connections* spoke with Steven Paris, MD, the Regional Medical Director for the CGP. In this role, he leads operational and clinical activities for the CGP, which includes outpatient campuses in Concord, Manchester and Nashua and several off-site clinics throughout these areas. With more than 325 providers, the CGP is the largest medical group practice in the region.

You have been involved with our clinical collaborations with Catholic Medical Center (CMC) since the beginning. Can you share some of the history on how the D-H Manchester/CMC relationship first began?

Paris: D-H has been in Manchester since 1984. I came to D-H in 2000. When the 1994 Optima Health merger of Elliot Hospital and CMC was unsuccessful, CMC had to decide whether to go out and establish services on their own or potentially collaborate with us. We could offer them a lot of opportunities, including a much larger Primary Care practice and the potential to share or co-develop specialty services.

Our current clinical collaborations include The Mom’s Place and Special Care Nursery, OB-GYN, cancer care infusion unit, pulmonology, rheumatology, critical care, endocrinology, primary care and gastroenterology. Can you share some of the successes of these relationships from your point of view?

Paris: There have been a lot of successes. The development of the new Obstetrics unit is a great example. We began with a small service of certified nurse midwives, then in 2010 we moved our full Obstetrics practice to CMC. This move substantially increased the number of deliveries at the Mom’s Place at CMC. We worked with CMC on 24/7 coverage of the delivery room and created a Level 2 nursery that is designed specifically for premature newborns. CMC needed providers for the nursery, and we were able to provide pediatric specialists to cover. Mom’s Place provides facilities for mothers and babies to room together and was the first in New England. Also, more recently, in response to the opioid epidemic, we were the first to establish a pre- and post-natal addiction program in the southern part of the state based on the work being done through Moms in Recovery at DHMC. Through our collaboration with CMC, we have been able to offer improved maternity care, care for late premature babies and families affected by the opioid epidemic.

We have also had success in improving primary care, and we have had a provider service agreement in place for 12 years. We collaborated to provide cancer care services in the Manchester area. In the Intensive Care Unit, we worked together and now have full-time coverage by specialists, which has meant better care, shorter lengths of stay and a more cost-effective delivery.

There were always certain specialties that were underserved in the Manchester community, such as pulmonary, endocrinology and rheumatology. Together we have been able to collaborate and provide these services.

What was it like bringing these two organizations together?

Paris: When bringing together two different cultures there are always challenges. Our relationship with the current CMC leadership has been very good. What has helped is that the two organizations have never had a strategic misalignment—our missions are closely aligned, and we are coming from the same place. It’s about serving patients and the community.

D-H and CMC have partnered on other types of collaborations over the years that have been outside of the clinical services, such as hosting a women’s health forum and a men’s health forum. Can you tell us why these community-focused outreach events are important to our relationship? And are there other examples of non-clinical collaborations?

We need to do more than just take care of patients when they walk through our door. Those kinds of activities (outside the clinical services) are our payback to the community. It’s an obligation of being a leader or anchor institution. People in the community are our patients, we shouldn’t just be taking care of them when they are on our doorstep. Because our missions are so aligned, these value-added activities are an important part of our work in the community.

You were involved with the affiliation agreement with CMC 10 years ago. What do you think is different with our combination with GraniteOne Health today?

Paris: This combination will be a much more integrated system. There will be expanded care in the southern part of the state, where the population is growing. It’s the right thing to do. In health care, unlike in other industries, when systems collaborate instead of competing, we can deliver much better health care to patients. I have been glad to participate in that process.

What do you think this relationship will look like 10 years from now?

Paris: What's happened in health care in general is that there were not a lot of mergers going on 10 years ago, and it is more of the norm now. Hospitals are merging in these environments. It's harder to work alone and there is a lot of value and synergy in working together. By coming together, we can pool significant financial resources. Hospitals can expand and collaborate on services if they are not competing with one other.

APD eD-H Go-Live

APD went live on eD-H at 7 pm on Saturday, May 11, 2019, with great support and teamwork from D-HH colleagues. APD's leadership rounded on Saturday, including Susan Mooney, MD, MS, FACOG, President and CEO; Dale Vidal, MD, MS, Executive Director, Multi-Specialty Clinic; Jean Ten Haken, MSN, RN, CENP, VP of Nursing and Chief Nursing Officer; Christopher Fallon, CPA, Interim Chief Financial Officer; Brenda Blair, Vice President and Chief Operating Officer; and Lisa Kettering, MD, SFHM, FACP, Interim Chief Medical Officer. The transition went smoothly and at-elbow support began immediately. The entire campus is excited to share this technological improvement with patients and remains grateful to our D-HH peers for the continued collaboration and support.



Kick-off go-live team, pictured above:

- *Sue Mooney, MD, MS, FACOG, President and Chief Executive Officer, APD*
- *Sheila Feyrer, MD, Medical Director of Informatics, Pediatrician, APD*
- *Lisa Kettering, MD, SFHM, FACP, Interim Chief Medical Officer, APD*
- *Stacy Lacourciere, MS, eD-H Ambulatory and Procedural Manager, D-H*
- *Lindsey Jackson, Project Assistant, D-H*
- *Todd Vogt, MBA, IT Director, D-H*
- *Elizabeth Shulson, PMP, Senior Application Systems Analyst, D-H*
- *Kristen Kneisel, Associate Vice President, Information Services, Diagnostic Imaging, Laboratory & Security Officer, Corporate Compliance, APD*
- *Dale Vidal, MD, MS, Executive Director, Multi-Specialty Clinic, APD*
- *Cindy Casale, Director, Risk Management, Corporate Compliance & Health Information Management, APD*
- *Brenda Montagna, PMP, Sr. Project Manager, D-H*
- *Robert Montagna, PMP, IT Director, D-H*
- *Mike Harben, Lab Director, D-H*
- *Christopher Fallon, CPA, Interim Chief Financial Officer, APD*

Government Relations Team Gives D-H “A Voice” with Policymakers



From left: Courtney Tanner, Director of Government Relations, Alison MacDonald, Vice President of Policy and Federal Affairs, and Matthew Houde, Vice President of Government Relations.

Making sure that that you’re in the room and have a voice is critical in the policymaking process,” says D-H Vice President of Policy and Federal Affairs Alison MacDonald, who is part of D-H’s three-person Government Relations Department. “If we’re not at the table, they may unintentionally promote, support or vote on issues that have a negative impact on the hospital system, our providers and our patients.”

Government Relations ensures that D-H is part of the policy discussions at the State Houses in Concord, NH, and Montpelier, VT, and at the federal level in Washington, D.C. MacDonald, handles D-H’s interests in Washington. D-H Vice President of Government Relations Matthew Houde oversees D-H’s interests in New Hampshire and Vermont. He is assisted by Courtney Tanner, the Director of Government Relations.

MacDonald, Houde and Tanner spoke with *D-HH Connections* about their roles and the work they do to support the system.

How do you describe the role of D-H’s Government Relations Department?

Houde: We advocate for policies that benefit our patients, the hospital system and providers, and oppose policies that would negatively impact them. We focus on laws that come out of Congress and the New Hampshire and Vermont State Houses, but also on what happens at the executive level, particularly administrative agencies like the Department of Health and Human Services and the Department of Insurance.

MacDonald: There are three branches of government and while we focus on the legislative and the executive branches, we integrate efforts with, and report to, D-H’s Chief Legal Officer and General Counsel John Kacavas. We take a broad strategy to advocate and inform policymakers, which we call the “Four R’s:”

- **Reimbursement:** This applies mostly to government-funded Medicaid and Medicare, which make up more than half of our revenue from insurance, but also applies to the private insurance market, which is regulated by the state and federal government.
- **Reform:** When lawmakers talk about making reforms that may impact the hospital system or our patients, we work with staff or legislators and provide information and input. This continues through legislative discussions and consideration of bills or proposals in the State Houses and Congress.
- **Regulation:** We work with the executive branch and agencies and respond to opportunities to provide comment and input as they create rules and regulations, which can have a significant impact on our patients, clinicians work and to D-HH System's fiscal well-being.
- **Research:** We advocate for research funding. D-H researchers receive grants directly from the National Institutes of Health (NIH) and Centers for Disease Control (CDC) and other federal agencies. Also, there is some federal funding that flows through the state, such as funding to support the hub and spoke system to address the opioid epidemic.

What is a typical day like for you?

Houde: When the New Hampshire and Vermont legislatures are in session, from January to June, Courtney and I are primarily occupied with legislative activity: following bills, meeting with stakeholders and representing D-H's position. While New Hampshire laws and regulations directly affect D-H and D-HH New Hampshire member institutions, as the second largest provider of health care to Vermonters, we are engaged in, and impacted by, Vermont policy as well, including, for example, Medicaid reimbursement.

After the legislative sessions end, the administrative process often consumes our attention. For example, when New Hampshire decided to expand Medicaid for five more years, they changed the program. We provided feedback on the implications of those changes on Medicaid providers and beneficiaries. The state also decided to implement a hub and spoke model to address substance use disorder. We were involved in extensive conversations, which ultimately led to D-H joining "The Doorway-NH" program.

Tanner: I spend most of my time at the State House in Concord, where we track and monitor legislation. We look at the bills—this year there were 1,200 bills—to make sure they won't negatively impact D-H. We also work closely with other stakeholders, such as the NH Hospital Association, the NH Medical Society and the Nursing Association to advance some of our mutual goals at the State House.

MacDonald: The process in Washington is similar. We work with folks from across D-HH to analyze federal legislation and regulations to determine the impact to our patients and our system. We also educate the federal policymakers about what happens on the front lines of the care delivery and make sure they understand the result of the legislation they are considering or regulation they are writing. I also connect our clinicians with policymakers in Washington whenever they need an expert opinion on an issue of interest, and our team serves as liaisons to many of our national and state trade groups.

What health care issues are you focusing on for the D-HH system?

Houde: Mental health and substance use disorder are major areas of focus. There is still not enough space available for patients who need acute psychiatric care, so many people are being boarded in hospital emergency departments around the state. The workforce shortage—as well as state resources—is a part of these challenges.

Tanner: We always keep an eye on human resources bills, too. Among them this year is a bill related to shift differentials for individuals who are working overnight, such as nurses and LNAs [licensed nursing assistants]. We have to monitor this bill, and similar bills, to see if it's going to impact policies at D-HH members.

MacDonald: On the federal level, we work to ensure that Medicare and Medicaid are available for our patients and reimbursing us for the type of care that we provide. Also, because of our academic and research interest, we closely follow the Graduate Medical Education program, as well as the budget and appropriations process. Following the 2018 election, the House and the Senate are controlled by different parties, which will make it challenging to pass new legislation. As a result, we closely follow what's happening on the regulatory side and what the executive branch can do administratively that could impact D-H, our patients and our providers.

Government Relations also sponsors some educational programs throughout the D-HH system, correct?

Houde: Yes, we host Project Medical Education every year, where we educate policymakers about the unique features of being an academic health system. For a day-and-a-half participants learn more about our mission, patient care and the process of educating future health care providers. The participants, including legislators and administrative agency representatives, meet a group of first- through fourth-year medical students to learn about their experiences, they round [visit the rooms of hospitalized patients] with provider care teams and they participate in some hands-on activities in our Patient Safety Training Center.

We also help organize the “We Care, We Vote” effort prior to elections for candidates to talk about their platforms and for employees to ask questions. Last year, we had five of the six Democrat and Republican Congressional candidates deliver “Health Policy Grand Rounds,” as well as one of the candidates for governor. We’re a nonpartisan office, so we aren’t telling people how they should vote, but instead are trying to raise awareness about the election and the importance of voting.

We also can be a resource to employees if they have questions about navigating the governmental space, and explain how we can advocate on their behalf.

MacDonald: I also frequently meet with D-HH employees when they are in Washington for professional society or trade association meetings or to meet with our Senate or Congressional delegations and their staffs. Also, I can discuss with staff about D-HH’s priorities and the issues we’re focusing on so they have additional background for those meetings.

What do you enjoy about your work?

MacDonald: I grew up in New Hampshire and care deeply about the people and the health care challenges in northern New England. I enjoy being in the policy conversation and walking in both worlds—understanding what’s happening for patient care at D-H and then being able to communicate that back to the policymakers and their staffs in Washington.

Tanner: I love the policy side and my background in social work really helps because I’m asking, “How will this impact populations?” And to see a change made in Concord that touches people’s lives around the state is really exciting.

Houde: It is rewarding advocating for policies that advance the well-being of our patients, employees and system!

Inside Scoop: Doug Williamson, MD, Pediatrician, APD



Doug Williamson, MD, reflects on his 21-year career, his colleagues and the personal patient experience at Alice Peck Day.

How long have you been at APD?

Williamson: I started at APD a little more than 21 years ago. When I arrived, Bob Mesropian was the president and CEO and hired me with a handshake, and then we figured out a contract after that. I have Dr. Peter Mason to thank for being hired. I got to know Peter when I worked under him as a medical student. After I finished my residency at D-H in Pediatrics, I reached out to him to see if APD would be interested in hiring a pediatrician. He decided to take a chance on me, and the rest is history.

What are some of the unique elements of being part of the team at APD?

Williamson: The philosophy here is a really important part of the organization. Bob set that tone when I first came, which is essentially—if you deliver high-quality care, the rest will follow. There was little focus on the number of patients you needed to see. APD has always been an organization with a personal touch and a focus on individuals and families.

Our hope is that we provide a wonderful patient experience and that takes everyone in the building to make that happen. The easily manageable size and nature of our organization are important ingredients for success. This enables us to be more creative when it comes to delivering care in a better and more efficient fashion. Plus, when it comes to our staff, people are open-minded and willing to go with the flow, which makes it more fun.

Team-based care is a critical part of health care today, but personal touch and direct connection is a hallmark of what we do here at APD. Most of the time, when you have a question for your doctor, your doctor is the one who actually calls you back. As doctors in this more intimate setting, we get to know our patients better and they get to know us better. Hopefully, that means patients feel more comfortable when they come into the office and we are able to deliver better health care as a result.

Did you have any mentors when you came and have you found yourself in that role now?

Williamson: For me, Peter served as a great mentor. He may not have been a pediatrician, but he had years of experience, and was willing to help. This was valuable whether we were trying to sort out a confusing case or for me to understand the ins and outs of being a practitioner.

Most recently, I've tried to serve as a mentor for Sam Ogden, MD, since he came on board in July. He's been a wonderful addition and has a compassionate approach to patient care. The other pediatricians in the office (Laura Greer, MD, and Sheila Feyrer, MD) have also jumped in to help when needed, as have some of the family practice providers. Sam is such a natural in clinic that he's made it pretty easy on all of us. Hopefully, he's felt well supported during his first six months. I know our patients are very happy with him so far, so I think it's fair to say that he's off to a great start.

It sounds like your colleagues have been a very important piece of the puzzle, too?

Williamson: It's always been a great group and we've grown quite a bit during the time I've been here. I was one of six providers when I started and I was the only pediatrician. Now there are four pediatricians and 16 providers. We have a great core of people who are very supportive of one another. That's really important, whether it comes to taking call, discussing patient care or just chipping in and helping out in whatever way you can.

You are not the only member of your family in the Upper Valley. How did your family first come here and why did you choose to come back?

Williamson: My family followed me here. I grew up in Connecticut and I graduated from Dartmouth in 1985. I wanted to be a doctor, but didn't get into medical school right away. I changed course slightly, and I went to graduate school at Boston University and taught the lab portion of anatomy to nursing students. I was in the PhD program, but always wanted to go to medical school, so I reapplied to Dartmouth Medical School (now Geisel School of Medicine at Dartmouth). When I was accepted, I left Boston with a master's degree and I've been in the Upper Valley ever since.

I think for anyone who went to Dartmouth or who has spent time here, there is a magnetic attraction drawing you back to the Upper Valley. It's a great place to raise a family. For a physician, it's a safe, comfortable area with plenty of resources, and beautiful areas to enjoy. The area presents a much less hectic pace of life with minimal, if any, traffic. I think, particularly if you like the outdoors and you want to have a family, there couldn't be a better place to live.

When I was in my residency here, my parents relocated to the area. My father, Peter, who was a neurologist and was working at Yale, came up to start an epilepsy surgery program at D-H. When he arrived here, I was the better-known Williamson, so he was first known as "Doug's dad." It didn't take long before he had his own identity and the tides turned, and I was back to being Peter's son. Later on, my eldest sister, Debbie (Dartmouth '81), came back to the Upper Valley as well.

Retirement is just around the corner for you. What will that look like?

Williamson: I love the Upper Valley so I don't think we're moving any time soon. I thought about looking at other places in retirement, but my wife and I can't yet think of another place that we'd rather be. For now, I'll keep giving my time to various boards. I'm on the board of West Central Behavioral Health and the Geisel School of Medicine in the area, and I sit on our family foundation board as well. I will also keep working as the medical director of the Rx for School Success program, which will continue to support patients in the Multi-Specialty Clinic. Plus, we have always wanted to travel more, so we might spend some longer stretches away from home in various parts of the world. Most people think **I'm just** going to play golf all the time, which certainly will be part of the equation, but not entirely.

D-H Connected Care Expands Capabilities in the Continuum of Care throughout Cheshire Medical Center



Photo left: Jessica Lussier, MSN, Director of Emergency Services, and Kelly Chamberlain-Warner, BSN, RN, Clinical Leader Emergency Department stand below an active TeleED monitor during a demonstration of the service.

Through D-H's Connected Care advanced TeleICU system, a team of critical care specialists from DHMC works in partnership with Cheshire Medical Center's Intensive Care Unit (ICU) staff using state-of-the-art video conferencing and monitoring, providing an extra layer of observation for critically ill patients and additional support for staff around-the-clock. All 10 ICU beds at Cheshire are equipped with TeleICU monitoring technology and the ICU staff have integrated the virtual team into the daily care of ICU patients.

The Cheshire Medical Center Emergency Department (ED) houses 21 patient care rooms, two of which are equipped with TeleED. The 24/7 TeleEmergency service is a resource to staff when additional help is needed. The “eyes in the sky,” video conference monitors are installed in an upper corner of each of the two ED rooms and enable board-certified emergency medicine physicians and emergency staff to view and interact with Cheshire emergency medicine physicians and staff. At the touch of a button, these additional team members are engaged and provide services such as peer consultation for complex emergency cases, nursing documentation so that registered nurses may focus on hands-on care and assistance with arranging transfers.

Patients suffering from a stroke at Cheshire benefit from the portable TeleNeurology system. Board-certified neurologists collaborate in real-time with Cheshire's physicians and providers to evaluate, manage and treat patients. Initially, the program was implemented to serve emergency care patients. Due to the portable nature of the system, its use has been expanded to support routine consults in clinic areas of the medical center.

TelePharmacy supports the Cheshire Medical Center Pharmacy Department with additional coverage when needed to meet the needs of our patients—day or night. Whether it is off-hours or an unplanned staff shortage due to callout, Pharmacy coverage at Cheshire is consistently high-quality with the assistance of the TelePharmacy team.

The smallest and most vulnerable patients at Cheshire are cared for in the Women's and Children's Health Unit. Through a portable TeleICN (Intensive Care Nursery), Cheshire pediatricians and medical staff are able to consult in real-time with neonatologists at CHaD. The video conferencing units allows neonatologists in Lebanon to see and assess an infant while consulting with local medical staff.

Telemedicine technology through D-H Connected Care is one of the many examples of the “power of affiliation,” expanding our ability to provide high-quality patient care close to home for the people in the communities we serve.

A Journey to Recovery: Toby and Janice Jasmin



Photo: Toby Jasmin with wife Janice.

Toby Jasmin, the owner of Jasmin Auto in White River Junction, had a massive cerebral hemorrhage right after the Thanksgiving holiday weekend in 2015. He was taken to DHMC and was cared for there until well enough to be transported to Mt. Ascutney for his rehabilitative care.

He was very impaired when he first arrived at Mt. Ascutney's Acute Rehabilitation Center on December 17, 2015. He was unable to speak, had difficulty with swallowing, was unable to walk, and had trouble thinking and processing. “The very essence of him and his personality

was destroyed,” says his wife, Janice. A longtime owner of a thriving business, avid flyer of helicopters and airplanes, and leading an active life with his family—life as Jasmin, and his wife knew it, was abruptly interrupted. With very little hope and low expectations upon arrival, Janice says they “witnessed a miracle as he started to come back.”

With a lot of hard work and persistence, loving support from his family and skilled therapists coaching him along, he was discharged from Mt. Ascutney Rehabilitation Center on January 21, 2016, requiring only supervision for mobility and some life activities. He then moved to home care, and then back to Mt. Ascutney to continue work with speech, physical and occupational therapists on an outpatient basis, to improve his recovery outcomes.

By the summer of 2016, Toby was doing so well, he wanted to show his appreciation for the extraordinary care he received at Mt. Ascutney. He organized and sponsored a special outing for the Rehabilitation staff, inviting them all to enjoy themselves for a few hours—in the air! He and a friend took a few staff at a time up in his helicopter and showed them a bit of what his life used to be like, and how their encouragement and dedication to a patient’s personal success helped him return to doing the activities he loved.

In planning for the annual Rehabilitation Reunion in the fall of 2016, the Jasmin’s were invited to attend as guest speakers. This event, now in its 27th year, is a celebration of former patients and their families, who share stories and reunite with their caregivers in the courtyard outside the acute Rehabilitation Center. Attendees include current in-house patients who are physically able to join, leadership and staff in other areas of our organization and across the entire D-HH System, and often, government officials. This is truly an inspirational experience—it’s very moving to hear the stories of success and challenges, by both patients and the staff that joined them along their journey to attain their highest level of recovery.

Speaking on behalf of her husband about his experience at both DHMC and Mt. Ascutney Hospital, Janice expressed their gratitude by saying, “Through the exceptional staff providing skilled care and encouragement and professional rehab services, they restored and gave him back his life.”

The Doorway at Cheshire Medical Center: An Entryway into Treatment and Recovery



Photo: Nelson Hayden, Director of The Doorway at Cheshire Medical Center, standing, with Peer Recovery Support Worker, David Burrows.

The ability to access the right resources at the right time can make or break an individual’s journey to recovery. How to connect with treatment services (or “spokes”) may seem obvious to some, but navigating an overwhelmed system on your own is a significant challenge. Understanding the differences in treatment programs and which is right for you or your loved one, or if medical treatment is needed, are difficult to answer.

Substance use disorder frequently overlaps with other social issues. For many individuals, there is the concern of having a safe place to live or sleep, or establishing childcare before enrolling in a program. These are just a few of the obstacles faced by people seeking help and recovery. The Doorway helps to remove those obstacles, helping those seeking recovery to have the best opportunities for success.

“We are not a treatment center,” stresses Nelson Hayden, Director of The Doorway at Cheshire Medical Center, “We are the safety net between the gaps in services.” What exactly does that mean?

Let’s imagine substance use disorder is your reality and you’ve experienced an overdose. The experience has been a frightening “wake-up-call” and you are seeking treatment. You contact one of the spokes, such as a residential treatment facility. The facility staff conducts an evaluation over the phone and determines that their level of care is right for you. Unfortunately, it will be 10 to 14 days before there is space available. In the meantime, you are sent forms to complete and are instructed to get a physical exam in order to be enrolled in the facility. What if you don’t have an address where the forms can be sent? What if you have no transportation? What if you don’t have health insurance or a primary care provider? What if instead, they told you the level of care at their facility isn’t right for you at all? What if, in the face of

these challenges, it becomes harder to imagine recovery is possible? The Doorway is here to help you access and coordinate services.

“We can connect you with the right care for you and provide support between services,” explains Hayden. “The individuals and organizations providing treatment as the spokes in this model, are good, caring partners who are often overwhelmed by the high demand for treatment. We provide support to help keep you engaged in your recovery until the partners in the spokes are available to you. We will also work with local resources to help address things like housing, family supports, employment and health insurance.”

At its most basic level, The Doorway program provides an addiction recovery service level of care evaluation, and daily contact by phone and weekly counseling events while waiting for treatment. A case manager will help to identify services and resources to facilitate recovery while following your journey to ensure intervention and support are available when needed.

Hayden describes a more robust offering from The Doorway at Cheshire Medical Center, “We provide a comprehensive assessment that looks at co-occurring disorders such as anxiety and depression as well as the substance use disorder,” he says. “We are working with community partners to coordinate interim housing. We establish communication strategies with the treatment providers so that as a client transitions out of a treatment program, we can ensure supports are in place as they move to the next stage in their recovery. A recovery coach or peer recovery support worker will follow our clients through their journey to help keep them on track during the spaces in between, and to help get them back on track when they need that too,” explains Hayden. “Re-occurrence is often a part of the lifelong process of recovery. We don’t shut any doors when a person relapses. There is no limit to how many times you can come through The Doorway.”

The Doorway at Cheshire Medical Center opened for business on January 2, 2019, as required by the state-funded program. Finding the qualified individuals to provide services at The Doorway has been a challenge across the state. Only in recent weeks has the Keene location been fully staffed with a peer recovery support worker and mental health clinicians. Hayden and his team look forward to expanding the offerings of interim care at The Doorway at Cheshire Medical Center.

This article is excerpted from the spring/summer 2019 issue of Cheshire Medical Center’s Health+Wellness magazine. To read the full article, view the digital flipbook of the magazine at our publisher page on ISSUU at <https://issuu.com/cmcdh/docs/spring-summer-2019>.

NH Teens Tackle Critical Issues During Youth Summit



Nearly 350 high school students from across New Hampshire wrestled with pressing challenges that teenagers face today during D-HH's Youth Summit 2019 in Concord on April 5-6. The summit was inspired by D-H's Senior Director of Public Affairs John Broderick's conversations with students across the state about mental illness and their desire to talk about difficult topics they are facing.

On the first day of the event, students discussed self-selected topics, including mental health, diversity and respect. The theme for the second day was, “They Are Talking, Are We Listening?”

“It takes courage to have your voices lead the discussion on these important topics. You have been clear that your voices need to be heard,” said D-HH and D-H CEO and President Joanne M. Conroy, MD. “We adults are here to listen.” The teen leaders highlighted the need for resources and programs to address their most pressing issues.

“I saw kids opening up and being truthful with each other, you don’t always see that in a school setting,” said Aron Sylvestre, 17, a sophomore at Goffstown High School who facilitated two groups. “Having a student voice is important,” Sylvestre said. “While the Youth Summit is a great opportunity, the next step is more discussions in all schools.”

Emily Galeva, 15, a sophomore at Lebanon High School, said the event was a great opportunity for kids to be able to talk in a safe, open and inclusive environment. “Kids here were able to know that they are not alone,” she said.

Students emphasized that schools and educators need to connect with them on a more personal level. They asked for more trained counselors and teachers who can be sensitive to student needs beyond just the subject matter. “We need to have adults get off their pedestal and be able to talk to us,” one youth leader said.

They also advocated for more peer training, helping students to help other students. Moira O’Neill, director of the New Hampshire Office of the Child Advocate, agreed, noting that national data shows that “kids do much better when they help each other.”

Another common theme was that students, teachers and parents “need to talk more about uncomfortable subjects,” such as race and ethnicity, gender/sexual identity and mental health issues. Some concerns, such as substance use, bullying, eating disorders and school violence are evidence of underlying issues.

“We are more connected than ever before,” said Wendy Sue Swanson, MD, pediatrician and author of the Seattle Mama Doc blog at Seattle Children’s Hospital. “We can use these social media tools to be more connected...because we are all seeking a sense of belonging, to feel known.” She noted that 70 percent of teens are using social media every day—most finding it a positive experience—and 80 percent are looking on line for health information.”

Governor Chris Sununu urged participants to “help us design a system that will make things better in the next five, 10 and 20 years.” Sununu urged the teenagers to continue the summit beyond the two days. “This is a 365-day-a-year event. Ask yourselves: What is the next step? Keep it alive.”

A Youth Summit toolkit is being developed for the students and advisors who attended to help them to build solutions in their own schools and communities. Learn more about the Youth Summit at www.dhyouthsummit.com.

Supporting Employee Engagement Across the D-HH System



Photo: Belinda Peavey, Vice President of Organizational and Employee Development, center, and Aimee Giglio, Chief Human Resources Officer, right, talk with an employee.

It simply cannot be underscored enough, no matter your role, working in health care really does make a difference. The effect of our actions and interactions touch people’s lives. “We see people in the best and worst times in their life,” says Aimee Giglio, Chief Human Resources Officer of D-HH and D-H. “Our employees exhibit a high level of compassion and dedication in this organization. As a patient and colleague, I know firsthand the impact and difference that is made in the lives of many.”

Giglio describes employee engagement as a high level of compassion and dedication. “Employee engagement is the act of going above and beyond to be of service to patients and peers,” says Giglio. “When employees are engaged, the difference made is magnified.”

D-HH Connections spoke with Giglio about working to inspire and support employee engagement throughout the system.

Why is employee engagement so important to D-HH?

Giglio: We’re a health care organization and evidence shows a direct link between employee engagement, patient satisfaction and patient quality outcomes. Caring for patients and supporting people who care for patients is hard work. Employees have to be physically and emotionally healthy, feel supported and empowered to fully engage, and the organization needs to foster an environment where engagement is possible.

Also, as the largest health care employer in our region, we want to be the employer of choice. We want to offer an environment where work is rewarding, employees feel they belong and feel positive, confident and rewarded in what they do.

We need to understand if and why employees are engaged and what might be keeping them from being more engaged. That's why we conduct employee engagement surveys and meet with employees all across the health system, asking for feedback, improvement ideas and celebrating the great work that is being done in so many areas.

Is the Employee Engagement Survey a new initiative?

Giglio: At D-H, we revitalized our focus on employee engagement in 2017. That's the year we partnered with Press Ganey, the same company that conducts our Patient Satisfaction Survey, to administer the employee engagement survey. Our plan is to administer a full survey every two years with Pulse surveys (quick check-ins that include a small subset of questions) during the off year to monitor progress on organizational goals.

Our first D-HH system-wide survey was conducted this year between April 22 and May 10. Our goal was to obtain feedback from at least 70 percent of employees across the D-HH System, which includes D-H, Cheshire, Mt. Ascutney, APD, New London and the VNH. We ended with a participation rate of 72 percent.

What do you hope to learn from the survey?

Giglio: First, we really want every voice to be heard. We want to be confident that we are taking the best actions to support what matters most to employees, and that this valuable feedback is shared so that employees can also take action.

We asked about confidence in leadership, understanding of and alignment with our mission, job rewards including pay and benefits, patient quality and safety, as well as personal resilience. We know that health-care work can take a toll and can lead to stress. Resilience is critical to engagement, so we need to understand how employees are doing on personal wellness.

Different from our D-H survey, we added questions about diversity and inclusion to this year's D-HH survey. We want to understand if employees feel they belong. Can they be who they are on the job? Do they feel respected by the organization, leadership and colleagues? Do they feel safe—physically and psychologically?

How are findings used? What actions are taken?

Giglio: We look for trends in the data that point us to the most important actions employees feel we should be focused on. We also use the information to identify leaders and teams that may need additional organizational resources to support their improvement efforts.

For system member organizations using the Press Ganey for Patient Satisfaction Survey, we can identify potential risk areas, given that engagement is considered a leading indicator for patient safety. This allows us to enhance our efforts around error prevention and quality patient outcomes. This is where employee experience and patient experience directly connect.

How do you share the results of a survey with the system and what are the next steps?

Giglio: We work with Press Ganey to analyze the results and then conduct a series of results sharing sessions, first with executive leaders and then with employees. We then conduct several focus groups to help further understand and qualify organizational priorities for the upcoming year. At the same time, we will partner with Press Ganey to align resources with teams and leaders needing support in action planning and improvement activities.

All employees are encouraged to think about, set goals and take steps to improve both individual and team engagement.

Leaders with supervisory responsibility will have a goal related to engagement improvement activities and progress on our engagement goals will be shared throughout the upcoming year.

We are in this together. As we do daily for our patients, we can make a positive difference in the employee experience.

Sharing Patient Safety and Quality Expertise Across the System



As D-HH develops a system-wide distinctive model of care, quality and safety is at the forefront of our system goals. To accomplish this, D-HH and D-H have established a multiple-tier committee model to ensure quality and safety alignment throughout the D-HH System.

At the peak level, the D-HH System Quality Committee, led by George Blike, MD, Chief Quality and Value Officer, and Sue Reeves, EdD, RN, Chief Nursing Executive D-HH System and Executive Vice President for D-H Research & Education, consists of quality leads from each of the member organizations and

regional practices. The goal of this meeting is to discuss quality and safety issues, sharing best practices across the entire system. Members look at system data, discuss practical measurements and complete comparative analyses to identify issues and create solutions.

After the close of a D-HH System Quality Committee, the D-H Enterprise-Level Quality/Safety Leader team continues meeting, working together to construct solutions and ideas for implementing improvements within their respective areas. Here is where process improvements begin to take shape. “We look for opportunities where we can collaborate on system-level tools and methods around quality management and consider opportunities where system standardization makes sense,” says Lori Key, Associate Chief Quality Officer, Quality Assurance and Safety, Value Institute. “Each member has a unique set of issues or barriers. So together, we try to help each other resolve issues by problem solving as a group.” The intention is that members will learn and gain knowledge from each other. “A successful safety strategy developed by any member could lead to a reassessment of practices at all member organizations. Last year, we recognized that the CGP Quality Team had created a comprehensive, evidence-based toolkit for managing high-level disinfection practices. Other members had been struggling to achieve sustainable adherence to high-level disinfection standards and were eager to have access to the toolkit and adopt those practices as a system standard for high-level disinfection,” adds Key.

The D-HH System Quality Committee originally began as the D-H Quality Management Committee meeting, representing only D-H business units and regional practices. At the time, D-HH members were invited to attend the meetings, but as the D-HH System grew, members became active participants in the process. As objectives began focusing on a system-wide approach, there was a need to refocus and create a group that once again covered the needs specific to D-H quality efforts. The existing D-H Safety Committee was restructured to focus on both D-H quality and safety and was reintroduced as the D-H Quality and Safety Committee and is now chaired by Sam Casella, MD, Associate Chief Quality Officer, and Karen Clements, RN, FACHE, Chief Nursing Officer.

Casella uses the example of improving preventive care across the D-HH System to show how these three groups work together. A goal such as “improving preventive care” would be discussed and determined at the D-HH System Quality Committee. A metric for measurement is established to monitor the improvements and each system member identifies areas of preventative medicine needing improvements. Quality leaders take the information and decide how they will implement adjustments and achieve their goals, discussing first at the system level, and then returning to their member-specific committees to refine in order to fit their needs. At D-H, this step happens in the Quality and Safety Committee meetings.

Ultimately, the progress made within each member location, improves the entire system. “The different types of changes to preventive measures would still roll to a single number for the system as a whole,” says Casella.

As processes move forward, in addition to the larger meetings, there is a weekly safety call with the quality leaders from each of the member institutions. “If something is emerging or something has happened that a member needs some timely help with or wants to alert other members, it gives the member an opportunity to bring it forward,” says Key. “All of these meetings are designed to be a practical way to help each other and stay connected.”

“Our patients should expect the same degree of quality across the system,” says Casella. Aligning the practices of safety and quality is an integral part of the system-wide goal and the consolidated efforts of system members at these quality meetings is a major step in accomplishing that.

Employee Applause

Jill Lord, Mt. Ascutney's Director of Community Health, Earns Miles Jensen Award from Housing Vermont for Contributions to Affordable Housing



Jill Lord, MS, RN, Director of Community Health at Mt. Ascutney, is the recipient of the 2018 Miles Jensen Award. Since 1991, this award has been given annually by Housing Vermont “to an individual who has made an outstanding volunteer contribution to affordable housing in Vermont,” according to the organization. Additional criteria include empowering underprivileged people, and donating time to create grassroots support for community improvement. The award is named for Miles Jensen, a founding member of Housing Vermont who advocated for low-income people and social justice.

This award acknowledges Lord’s work with residents of Windsor, Vermont’s, Union Square Apartments, which is owned and operated by Housing Vermont. She connected Housing Vermont with the concept of the Learning Kitchen. As part of the Learning Kitchen program, residents learn new cooking skills, healthy meal planning and take a trip to the grocery store to purchase ingredients for a low-cost healthy meal they prepare. The Learning Kitchen addresses a pressing need in Vermont—as many as 10 percent of all Vermonters don’t have regular access to nutritious food each day, and as many as 15 percent of Vermont’s children don’t have enough healthy foods in their homes. The program also helps to foster community among Union Square Apartments residents—some residents plan their meals together to save money.

Mt. Ascutney’s CEO and Chief Medical Officer Joseph Perras, MD, calls Lord’s work with the Learning Kitchen a perfect example of how she contributes to the health and wellness of the communities served by Mt. Ascutney. “She has an amazing ability to reach out and form connections that benefit everyone. We’re proud of her for earning this award, and for all of her many efforts to make life better for the people of our region,” he says.

Lord has been a nurse for 40 years and was chief nursing officer and director of Patient Care Services for the hospital for nearly 25 years prior to her current position as director of Community Health.

Mt. Ascutney Earns Governor’s Award for Excellence for Worksite Wellness for Eighth Consecutive Year



Since 2011, Mt. Ascutney has annually received an Excellence in Worksite Wellness Award from the Governor’s Council of Physical Fitness & Sports and the Vermont Department of Health. The Governor’s Award was presented to Mt. Ascutney at the 2019 Worksite Wellness Awards & Conference, which took place in March. This award recognizes Mt. Ascutney’s success in creating a workplace that promotes the health and wellness of its employees. The Governor’s Council is a physical activity promotion and advocacy group comprised of approximately 20 volunteers, appointed by the Governor and representing a broad spectrum of Vermonters.

Mt. Ascutney’s commitment to workplace wellness is expressed by a comprehensive wellness program that addresses five key areas of wellness, including physical,

nutritional, emotional, occupational and financial health. Employees of the hospital enjoy a smoke-free campus and a cafeteria that features wholesome and nutritious food selections. Mt. Ascutney is a breast-feeding friendly employer. There's a spacious, private employee gym with a full array of fitness equipment available to serve Mt. Ascutney staff members. They can also participate in physical fitness programs, and attend classes for weight loss, exercise, yoga, stress reduction and smoking cessation, most of which are sponsored by Mt. Ascutney and offered onsite. The hospital also has an onsite United Way "Work United" resource coordinator who helps staff minimize work disruptions, decrease absenteeism, improve financial stability, and ultimately increase retention and advancement.

Mt. Ascutney's Human Resources Director Jean Martaniuk oversees the program with the assistance of Wellness Program Manager Sandi Dion. Dion coordinates all employee wellness efforts with the assistance of a dedicated committee of staff members, including providers, benefit providers and others.

James Murphy, MD, Retiring from New London Hospital



After nearly 40 years in the D-HH System with the last eight years at New London, Orthopaedic Surgeon James Murphy, MD, is retiring at the end of June. Dr. Murphy (known as Murph), a graduate of the Georgetown University School of Medicine, completed his Orthopaedic residency at DHMC in 1984, followed by a hand and upper extremity fellowship at the University of Pennsylvania and then became board certified in 1987. In 2011, when he was considering retirement for the first time, that New London's President and CEO Bruce King convinced Dr. Murphy to join him. Following a long and successful career in Orthopaedics at DHMC, he joined New London in August of 2011. While initially involved only in clinical duties, Dr. Murphy's role expanded in 2013 when he became co-chief medical officer.

"Murph has been a valuable asset to New London Hospital and myself by providing oversight for the practices, OR, Anesthesia and in our D-H specialty outreaches," says King. "During his tenure, New London Hospital has significantly expanded our clinical scope of services to our community."

"I knew there was something special happening at New London Hospital," says Dr. Murphy. "The engaged Board of Trustees, the dedicated leadership team, the talented medical staff and dedicated support staff all enforced my decision to make a change. There is a very intimate relationship between the community, our patients and the hospital. It all harkens to my initial aspirations for and in medicine since entering medical school in 1975."

Dr. Murphy intends to pursue his passion for golf, travel and his grandchildren in retirement, but as he moves on from his hospital duties, this might not be the last time we hear his name in the forum of health care.

"I've spent four decades in medicine and as a longtime resident of New Hampshire, I'm not going to rule out the possibility that the next chapter could possibly include public office advancing health care and education in New Hampshire."

As Dr. Murphy exits, friends, colleagues and patients will miss the genuine smile Murph brought with him into every room he entered.

Newport Health Center Adds Nurse Practitioner



Nicole Poudrette, APRN, a 2014 graduate of the Colby-Sawyer College Bachelor of Science in Nursing program, accepted a position directly out of college in DHMC's Intensive Care Nursery (ICN). Working in the ICN requires unique skills well beyond classroom instruction. This is especially true when providing nursing care to infants and support to their families.

“The five years I spent caring for infants changed my life,” says Poudrette. “I have to admit it was draining emotionally, but I valued every day. What I quickly learned was I wasn’t just caring for the infants, but the entire family. They need communication and resources.”

“Nicole has a unique passion for more than just caring, but learning,” says DHMC's ICN Clinical Supervisor Lori Wood. “She wants to understand why we do something. She became a leader almost immediately as her involvement with quality improvement, family support and her various charitable efforts demonstrated her engagement and commitment. We miss her here, but we are lucky to still have her in the D-HH system.”

While finishing her master’s degree to become a nurse practitioner, at Georgetown University, Poudrette remained in the Lake Sunapee Region, focusing on family medicine. She completed clinical rotations at DHMC in Primary Care, Internal Medicine and Pediatrics. Poudrette also worked with Christine Dube, APRN, in Family Medicine at New London as well as at Newport Health Center with Shannon Schachtner, APRN.

It was during her rotation at Newport Health Center that Poudrette realized working at the center felt like a perfect fit for her. “Newport Health Center is a special place. I enjoy the sense of community even the staff brings to the office daily. It is a close group and they embrace their responsibility to their patients and the community.”

The addition of Poudrette is timely as longtime provider, Larry Schissel, MD, recently announced a reduction in his schedule at Newport Health Center.

Cheshire Health Foundation’s 11th Annual Bald is Beautiful Event Raises Funds for Cancer Patients

The Cheshire Health Foundation’s 11th annual "Bald is Beautiful" event was held Saturday, May 4, 2019, at MJD & Co. Hair Designs in Keene, NH. This inspirational event supports patients receiving care at the NCCC in Kingsbury Pavilion at Cheshire through the Patient Relief and Cancer Care Funds, helping relieve every day financial burdens for patients being treated at Kingsbury Pavilion to ensure the best circumstances possible for recovery.

A new twist added to the event this year was—in addition to shaving your head or cutting your hair for donation—participants were able to fundraise to shave their beard. Participants included individuals and teams of all ages.

Cheshire’s Senior Leadership Team members Amy Matthews, MS, RN, CENP, Vice President, Patient Care Services/CNO, and Jason Vallee, PhD, CPDC, Vice President, Patient Experience, combined forces to raise approximately \$5,000.

The fundraising goal for this year’s event was \$30,000. To date, participants have raised \$39,258.

D-H's Dr. Sally Kraft Receives "Friend of Public Health Award"



The New Hampshire Public Health Association presented D-H Vice President of Population Health Sally Kraft, MD, MPH, with the “Friend of Public Health Award” at the organization’s annual meeting on April 9. Kraft was honored in “recognition of significant contributions to advancing public health in New Hampshire to improve health, prevent disease and reduce costs for all.” New Hampshire Public Health Association President Marcella Bobinsky, MPH, described Kraft as “an action figure,” and noted that she is doing much to create collaboration between public health and the health system.

Colby-Sawyer College and D-HH Announce Enhanced Partnerships in Nursing and Health Sciences



Photo: Joanne M. Conroy, MD, left, with Colby-Sawyer President Sue Stuebner.

Colby-Sawyer College and D-HH announced an expansion of their existing partnership, which trains registered nurses, by now exploring additional areas of health sciences education and training.

The expansion comes at a time when New Hampshire is experiencing a significant shortage of health professionals, a national issue that many states are now encountering. According to data from the Bureau of Labor Statistics, between 2016 and 2026 the need for key health profession positions will grow significantly: registered nurses by 13.9 percent, mental health and substance use disorder counselors by 16.7 percent, family nurse practitioners by 34.7 percent, physical therapists by 22.7 percent and occupational therapists by 19.3 percent. These labor challenges, combined with a growing demand for services across the system, underscore the importance of developing a strong pipeline for highly-trained, quality health professionals.

Currently, Colby-Sawyer graduates 30 to 40 nursing undergraduates a year, 80 percent of whom accept positions in the D-HH System. Under the enhanced partnership arrangement, the college aims to increase the number of undergraduate nurses to 100 to 150 per cohort over the span of five-to-seven years. The college is also planning to expand into an Associates of Health Sciences degree, designed for D-HH employees, as well as programs in mental health and substance misuse disorder counseling, a respiratory therapy bachelor's completion program, social work, new focus areas for the Master of Science in Nursing program, and, potentially, programs for family nurse practitioners, and physical therapy or occupational therapy. The D-HH system will continue to provide clinical opportunities for Colby-Sawyer students and participate in the planning processes to ensure new programs will address pressing workforce needs.

Colby-Sawyer College has been preparing nurses at the Bachelor of Science level since 1981. Today, it offers three degrees in nursing—a Bachelor of Science in Nursing, a Master of Science in Nursing with an emphasis on clinical nurse leadership, and a registered nurse to bachelor of science program. For the past three years, Colby-Sawyer nurses have achieved a 100 percent first-time pass rate on the National Council Licensure Examination, which compares to 85.1 percent nationally. A critical component of the college's success is its partnership with D-HH. A Colby-Sawyer Bachelor of Science in Nursing degree combines clinical experience at DHMC, with hands-on learning in campus classrooms and laboratories, as well as individual and group research. These students benefit from the best of both worlds—clinical experience at a major regional tertiary care center and high quality academic and co-curricular opportunities in a vibrant, residential college community.

“Nurses are key members of our care team and are at the core of the patient experience,” says Joanne M. Conroy, MD, CEO and President of D-HH and D-H. “As the demand for our services grows, so does our need for quality nurses and other health professionals. I look forward to the growth of our relationship with Colby-Sawyer. It will fill a vital need here but, more importantly, it will benefit the patients and families we serve.”

“Colby-Sawyer is extremely appreciative of the existing partnership with Dartmouth-Hitchcock,” says Colby-Sawyer President Sue Stuebner. “We look forward to graduating more students in a variety of health science fields, who in turn can assist the health system as it faces shortages in several areas.”

The college remains committed to a liberal arts and sciences core curriculum and will continue to offer an array of disciplines in its 20 majors and 25 minors offered through the college's three schools: the School of Arts and Sciences, the School of Business and Social Sciences, and the School of Nursing and Health Sciences.

D-H Nurses Win Excellence Awards



Photo from left: Daniel Moran, Daisy Goodman, Kathleen Broglio, Paul Hodgdon and Ericka Bergeron

Daniel Moran, Daisy Goodman, Kathleen Broglio, Paul Hodgdon and Ericka Bergeron, have won Excellence in Nursing Awards from *New Hampshire Magazine* in partnership with the New Hampshire Nurses Association. Now in their second year, the Excellence in Nursing Awards highlight New Hampshire nurses from 13 nursing specialties. This year, over 140 nominations were reviewed and winners were selected by an independent committee of nurse leaders from

adjoining states. The winners are featured in the May issue of *New Hampshire Magazine* and were honored at a special event in Manchester in May.

- Ericka Bergeron, MSN, RN, Nurse Manager for Pediatric Specialties, won the Nurse Leader Award.
- Paul Hodgdon, RN, VA-BC, Clinical Nurse for the Vascular Access Service, won the Medical-Surgical Nursing Award.
- Kathleen Broglio, DNP, ANP-BC, ACHPN, CPE, FPCN, Advanced Practice Nurse for Palliative Care, won the Hospice and Palliative Care Nursing Award.
- Daniel Moran, MSN, APRN, Advanced Practice Registered Nurse in General Internal Medicine and faculty of the Dartmouth Centers for Health and Aging, won the Gerontologic and Long-term Care Nursing Award.
- Daisy Goodman, DNP, MPH, MSN, APRN, CARN-AP, CNM, Nurse Midwife in Obstetrics and Gynecology and Director of the multidisciplinary Moms in Recovery program, won the Advanced Practice Registered Nurse Award.

Re-dedication of the Miller Therapeutic Pool at Mt. Ascutney

Major renovations and upgrades have been made to the pool's mechanical and ventilation systems, locker space, surfaces and tiles in and around the pool, helping to ensure that the Miller Therapeutic Pool can be used productively by patients and community members for many years to come.

The pool has been in continuous use for physical therapy since it first opened in 1999, as the only pool of its kind in Vermont. Belinda Needham-Shropshire, Director of Rehabilitation Services says, "Aquatic therapy is beneficial to people who are recovering from illness or surgery, or who need ongoing help staying strong and limber. It can be a successful part of treatment for neurological disorders, chronic pain, orthopedic and postoperative conditions, and heart and lung diseases."

The pool is named in honor of longtime hospital supporters "Chick" and Olive Miller. A public rededication ceremony is planned for June.

Retirement of Steve Paris, MD, Regional Medical Director for D-H CGP



Steve Paris, MD, Regional Medical Director for the CGP, has decided to retire after 19 years of dedicated service to D-H. Paris' career at D-H has been an outstanding one for which our organization is stronger because of his vision and leadership. Paris began his tenure in March of 2000 when he was hired as the medical director to shepherd the D-H Manchester Clinic through a challenging time and guide the clinic team on a successful pathway for growth.

In 2015, Paris was named as the regional medical director for the combined CGP, which includes the Manchester, Concord and Nashua Clinics and multiple off-site practice locations. In this newly created role, Paris led the operational

and clinical alignment of the three campuses into one group practice. He continues to be a well-respected and committed leader for the CGP, who has guided D-H's growth to becoming the largest medical group practice in the region.

Among Paris' accomplishments is his drive to build relationships in the southern region on behalf of D-H. He has been instrumental in overseeing our relationship with Catholic Medical Center from 15 years ago, when D-H first embarked on clinical collaboration, and has provided invaluable guidance for the current proposed combination of D-HH and GraniteOne Health.

Paris has been an important member of our leadership team at D-H, not only representing the CGP as the medical director, but also serving as the first CGP representative on the D-H Board of Governors and the D-H Board of Trustees in 2013.

After a three-year term, he was appointed to the Board of Trustees for D-HH, and as part of this appointment, serves on the Cheshire Medical Center board, which he will continue until his term is complete.

“Steve will be greatly missed at D-HH and D-H. He is a forceful advocate for the southern part of the state—all in service to what matters the most—our patients, our people and the communities we serve,” says Ed Merrens, MD, Chief Clinical Officer for D-HH. “His dedication is profound. In fact, his decision to retire has been a difficult one as we embark on our letter of intent with GraniteOne Health. He is delaying his retirement date until September to ensure a smooth transition as the agreement is submitted to regulators this summer.

Health and Wellness Expo Recap



Photo: Mary Goluart, expo volunteer and New London Human Resource Recruiter, tended to the needs of teddy bears and children's smiles at the teddy bear clinic table.

On Saturday, May 18, The Wellness Connection and Colby-Sawyer College hosted a Health and Wellness Expo at the Ware Student Center in New London. The expo included more than 20 booths, health screenings, breakout sessions, car seat safety checks and free bike helmets for the first 50 children. To learn more about The Wellness Connection and to keep up with their latest events, visit <https://www.newlondonhospital.org/health-wellness/> or follow on Facebook.

[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.