

## A Message from Joanne M. Conroy, MD

In this issue of our quarterly *D-HH Connections* newsletter, you can read about what you and your colleagues are doing to move 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:

- ▶ The Circle of Gratitude, a new philanthropic program at New London to help loved ones express their gratitude and emotional connection after care.
- ▶ A \$2 million gift to establish an operating endowment for the Jack Byrne Center for Palliative & Hospice Care helps to ensure that its special programs and services remain available to patients, families and the community.
- ▶ For 20 years, Cheshire Doulas have been providing parents with the best birthing experience possible.
- ▶ D-H is looking at how we can use our business operations to improve community conditions for people affected by poverty, discrimination and other social barriers to well-being.
- ▶ A collaboration between Cheshire and D-H leads to the launch of Cheshire's first retail pharmacy.
- ▶ A combined D-H and APD steering committee works to provide access to inpatient beds and operating rooms.
- ▶ D-H's Throughput Access for Patients Project (TAPP) aims to increase the availability of needed hospital beds and services at DHMC.
- ▶ Plus, read about 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](mailto: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
- ▶ **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

## Employee Applause

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

### **American Heart Association Recognizes New London for Workplace Health Achievement**

When the results of the American Heart Association 2019 Workplace Health Achievement Index were announced this fall, New London achieved gold level recognition for taking significant steps to build a culture of health in the workplace. This is the fourth year in a row New London has received this honor.

“We are so proud and honored to be recognized at the gold level for a fourth year,” says Catherine Bardier, New London's director of Wellness and Population. “Our Wellness Champions are passionate about the work they do and are dedicated to keeping the programs fresh and fun for our employees and their families.”

The American Heart Association created the index with its CEO Roundtable members, a leadership collaborative of more than 40 CEOs from some of America's largest companies, who are committed to applying evidence-based approaches to improve their employees' overall health. The index uses science-based best practices to evaluate the overall quality and comprehensiveness of their workplace health programs. Studies show that worksites with a culture of health, with comprehensive, evidence-based policies and programs, and senior leadership support, are more likely to have engaged employees and a healthier, more productive workforce.

A unique feature of the index is that it calculates an average heart-health score for employees of participating companies that securely submit aggregate health data. Companies receive benchmarking reports, which allow them to identify potential areas of improvement, so they can advance their annual performance and recognition

### **New London's Pam Drewniak Recognized for Years of Service**

The New Hampshire Bureau of Emergency Medical Services presented Pam Drewniak, New London's Emergency Medical Service (EMS) and Emergency Preparedness coordinator, with a Lifetime Achievement Award for her 40 years of EMS. The honor was presented during the 28th Annual Fire Service and Emergency Medical Services Awards and Recognition event in Concord, NH.

Before joining New London Hospital in 2004, Drewniak spent 30 years with the Newbury Fire Department as an emergency medical technician.

"I'm honored to be recognized by my peers, who I respect and feel privileged to work alongside in EMS in New Hampshire. From my days with Newbury Fire Department to New London Hospital, I'm proud to be a part of the growth of service we are able to provide our community," says Drewniak.

### **Congratulations to New London's President and CEO Bruce King, Andrew Torkelson, MD, and New London Trustee Chris Cundey**

All three were honored at this year's New Hampshire Hospital Association (NHHA) Annual Meeting.

- ▶ Bruce King was presented with the NHHA Lifetime Achievement Award for his leadership in advocacy and dedication to his institution, patients and colleagues.
- ▶ Andrew Torkelson, MD, was the recipient of the Medical Staff Award for outstanding service to his hospital and community.
- ▶ Chris Cundey was recognized for excellence in hospital governance with the Outstanding Trustee of the Year Award.

## **New London Appoints New EMS Director**

Thirty-year veteran in emergency services, Shawn Riley, started his new role as Emergency Medical Services (EMS) director at New London in early November. A New Hampshire native, Riley grew up in Derry and began his EMS career straight out of Pinkerton Academy in 1988, working for private EMS companies. Riley received his Bachelor of Science degree at Granite State College, a Paramedic Certification from New Hampshire Technical Institute and an MBA from New England College.

Prior to arriving at New London, he worked in EMS for Concord Fire Department for 10 ½ years and recently wrapped up his position as deputy chief of the Laconia Fire Department, where he served for 12 years.

“I’m thrilled to have this opportunity to come to a community hospital with such a progressive ambulance service,” says Riley. “New London Hospital has some fantastic programs in place, such as Mobile Integrated Health, which is such a valuable service to the community. I look forward to the challenge of growing the current programs and incorporating new platforms, which will continue to demonstrate our ability to be a leader in New Hampshire’s emergency services.”

New London’s EMS has 25 full- and part-time staff provides 911 transport for seven towns and recently received the 2019 American Heart Association’s Mission: Lifeline EMS Silver Award for implementing quality improvement measures for the treatment of patients who experience severe heart attacks.

While Riley has witnessed his share of tragedies during his career, all of which are unfortunate parts of the job, it was the death of his wife, Stephanie, in late 2014 from lung cancer that gave him a new perspective on life. A non-smoker, she died only eight months after her diagnosis. Since her passing, Riley has been giving a “Journey with Cancer” lecture to others battling cancer as he describes simply as “fellow travelers on the same path.” He and Stephanie had two children together, Shane and Samantha.

## **Patricia Rooney, PHR, SHRM-CP, Joins VNH as Director of Human Resources**

Patricia Rooney, PHR, SHRM-CP, has been named director of Human Resources for VNH) Rooney holds a Bachelor of Science degree in Business Management with a concentration in Human Resources Management from Southern New Hampshire University and certification as a Human Resources Professional. Prior to joining VNH, she served as the human resource partner for the Office of Business Affairs at the University of New Hampshire in Durham, where she provided support for 1,400 employees and managers across several diverse operating units.

“I am delighted and honored to be joining VNH as their new director of Human Resources,” says Rooney. “It is clear that their passion for the work, commitment to the communities in which they serve and appreciation of the talents and contributions of the team are genuine and expressed in their actions and interactions every day. I am impressed by the level of care and compassion extended by VNH to everyone in their service area, and I hope that I can support the team in continually fulfilling their mission of providing exemplary home health care.”

Rooney will be responsible for the development of VNH’s human capital to support the long-term growth and success of the organization. She will develop and implement strategies that build a talented and exceptional workforce, supporting organizational alignment and a positive work climate.

“Patty brings extensive experience in human resources management, with expertise in employee engagement and retention, workforce development and recruitment, leadership development, performance management and succession planning,” says VNH President and CEO Johanna Beliveau. “We are so pleased to have her on board.”

## **Danielle Pierotti, RN, PhD, CENP, Joins VNH as Vice President of Patient Care Services**

Danielle Pierotti, RN, PhD, CENP, has been named vice president of Patient Care Services at VNH. Pierotti holds a PhD in Nursing from the University of Utah and is certified in executive nursing practice (CENP). Prior to joining VNH, she served as the vice president of Quality and Research and most recently as acting president and chief executive officer at Elevating HOME/Visiting Nurse Associations of America (VNAA) in Arlington, Virginia. In her roles with VNAA, Pierotti managed a comprehensive national quality program for populations served by home health and hospice providers and was responsible for fulfilling the organizational mission to become a leader in research focused on care provided in homes.

“I am honored to join such a passionate team at VNH,” said Pierotti. “I am looking forward to serving the communities of Vermont and New Hampshire by helping patients receive the highest quality care in the comfort of their homes, at all stages of life.”

Pierotti will be responsible for program growth, quality performance, service excellence and regulatory compliance of post-acute skilled care, telehealth, maternal-child health, pediatrics, long-term care, ACO care coordination, and palliative care and hospice services.

“Danielle brings a wealth of experience in clinical practice, quality and care delivery in rural settings,” said VNH President and CEO, Johanna Beliveau. “Her recent experience at Elevating HOME/Visiting Nurse Associations of America will help VNH navigate health-care delivery and policy changes in the coming years.”

## **Megan Hawthorne, MSW, LICSW, Named VNH Director of Long-Term Care Services**

Megan Hawthorne, MSW, LICSW, has been named director of Long-Term Care Services for VNH. Hawthorne holds a Master’s of Social Work degree from Rutgers University School of Social Work in New Brunswick, New Jersey. She has held various positions at VNH since January 2013, including medical social worker and psychosocial supervisor prior to being promoted to director of Long-Term Care Services.

“I’m so excited to be working with and supporting such dedicated and competent case managers, home health aides, and personal care attendants in our Long-Term Care programs in Vermont and New Hampshire,” says Hawthorne. “As our population ages, these programs are more essential than ever. I am also thrilled to be collaborating with our talented community partners to ensure our health care dollars are spent wisely, to provide the best care possible to our OneCare Vermont patients.”

Hawthorne will be responsible for program growth, quality performance, service excellence, and regulatory compliance of VNH Long-Term Care Services, including the Choices for Care, Moderate Needs and OneCare Vermont Accountable Care programs in Vermont, and Choices for Independence in New Hampshire.

“Megan has served admirably in her role as medical social worker and psychosocial supervisor for VNH over the last nearly seven years, advocating for the needs of frail elders, collaborating across programs, and improving care for Hospice patients and families through direct-care and support provided to the psychosocial team,” says VNH President and CEO Johanna Beliveau. “I look forward to all that she will bring to the position of director of Long-Term Care Services.”

## **VNH Employee and Volunteer Recognition**

At the VNH annual Employee and Volunteer Recognition Event on November 12, the following members of the VNH team received awards:

- ▶ Carole Lechthaler Award for Exemplary Professional Practice - Megan Hawthorne, director of Long-Term Care Services
- ▶ Administrative Team Member of the Year Award - Delce Porter, Quality Assurance assistant
- ▶ Paraprofessional of the Year Award - Stacey Hodge, home health aide
- ▶ Excellence in Leadership Award - Hilary Davis, director of External Relations & Service Excellence

## **Cheshire's Maggie Bard, RN, Awarded Champion of Nursing**

The Champion of Nursing Award honors an individual who has had a positive impact on the profession of nursing. This individual will have contributed by demonstrating characteristics and/or practices that support individual nurses or the nursing profession.

## **Cheshire's Cherie A. Holmes, MD, MSc, Won the 2019 New Hampshire Service Award from the NH Athletic Trainers' Association**

Cherie Holmes, MD, MSc, is the chief medical officer of Cheshire. The New Hampshire Service Award recognizes non-athletic trainers from various backgrounds who have made outstanding contributions to the profession of athletic training in the state of New Hampshire. All certified athletic trainers in New Hampshire are invited to submit nominations.

## **Cheshire Second Quarter Employee Recognitions**

### **President's Service Excellence Award**

- ▶ Sara Sargent, RN, Clinical Informatics
- ▶ Kimberly Whittaker, RN, Breast Care coordinator

### **Leadership Recognition Award**

- ▶ Abe Howe, associate director of Radiology
- ▶ Angela Lefebvre, Accreditation and Regulatory Compliance leader
- ▶ Michelle Beatrice, RN, administrative clinical supervisor

## **APD's Manager of Care Management Katie-Marie Pawlowski, RN-BC, Helped Evaluate the Current Nursing Board Examination for the ANCC**

Katie-Marie Pawlowski APD's Manager of Care Management Katie-Marie Pawlowski, RN-BC, recently participated in a test development meeting at the American Nurses Credentialing Centers (ANCC)/American Nurses Association headquarters in Silver Spring, Maryland. She and a panel of other select nurse experts from across the country were tasked with evaluating the current board examination for the ANCC and determining the new cut score for the minimally qualified testing candidate.

This standard-setting panel study enables the ANCC to offer quality certification examinations to nurses across the U.S. and internationally. Pawlowski will hold a seat on this panel for the next three years.

“It’s pretty special that we have a nurse expert here at APD who is helping to set national standards for the Nursing Case Management specialty,” says Jean Ten Haken, MSN, RN, CENP, chief operating officer, vice president of Nursing, and chief nursing officer at APD. “I’m proud of Kate for her contribution to the panel.”

Pawlowski joined APD in 2014. She earned her associate degree at Community College of Rhode Island and her bachelor’s and master’s degrees in nursing at Chamberlain University. She holds national board certification through the ANCC and is currently working toward her doctorate of nursing practice.

## **Ken Lee, RN, Joins APD as Operations Support Manager**

Ken Lee, RN, has joined APD as operations support manager. In this role, he will partner with departments to ensure that the environment of care meets regulatory and accreditation requirements. He will coordinate the implementation of new technologies and equipment that support patient care, and will oversee the hospital’s D-H biomedical contract. Lee will also oversee APD’s Emergency Preparedness and Campus Safety and Security.

Ken Lee brings years of experience and connections both at D-H and the greater community. Prior to joining APD, he spent three years as a clinical engineer supporting D-H at APD, five years as a risk manager, serving as operations chief for Emergency Management and backup Emergency Management coordinator at D-H. He also spent ten years as the clinical manager for Biomedical Engineering at D-H, and sixteen years as an electronics technician and engineer.

## **D-H's Albert Lambert Wins The DAISY Award**

Albert Lambert, RN, was just sitting down at a computer to start his shift when Joanne Conroy, MD, CEO and president of D-HH and D-H, and Karen Clements, RN, FACHE, chief nursing officer at D-H, and a parade of well-wishers gathered in the 3D Medical Infusion Clinic at Dartmouth-Hitchcock Medical Center. “Good morning, Albert! You’ve won The DAISY Award for Extraordinary Nurses,” announced Clements.

The DAISY Award is an international program that celebrates the skillful, compassionate care nurses provide every day. Every DAISY Award winner is recognized with a celebration in their department and receives a beautiful certificate, a DAISY Award pin and a hand-carved stone sculpture titled, “A Healer’s Touch,” (learn more about the award below). They also receive cinnamon rolls, which Conroy presented to Lambert.

“Albert showed exemplary compassion and care for a patient and her family, while she was a patient with us twice a week for several months,” wrote Lambert’s colleague, Jessica Ash, BSN, RN, CNML, who nominated him for the award. “This patient required frequent blood transfusions and close cardiac and fluid status monitoring. Socially, she was trying to maintain a good quality of life so she could spend it with her sons and grandchildren. Her sons struggled to understand the complexity and urgency of her care. Albert made sure to call them throughout her treatments to explain changes and lab results. He supported them when questions came up regarding end-of-life care. His professionalism and gentle, but humorous, nature allowed both the patient and her family to adjust to her disease process in their own time.”

Lambert’s manager, Odalie Bernash, BSN, RN, OCN, explained, “Albert treats everyone who enters Medical Infusion as if they were visiting a luxury suite. He wants everyone to feel welcome and comfortable, whether they are receiving treatment or providing comfort to a loved one.”

Lambert has worked for D-H for more than 25 years. Reflecting on his fondest memories, he wrote, “I have had 25 years full of triumphs, trials and learning. You can’t help but make friends and family here, including patients. I’ve done many tasks over the years, but what I do now in Medical Infusion has been my favorite. I love helping people, spending time with them and being their advocate in a confusing health care system. My favorite thing about my department is the incredible staff and leadership and, of course, our patients, who are dear to us all.”

## **DHMC Becomes Northern New England’s First Accredited Pulmonary Hypertension Care Center**

The DHMC Pulmonary Hypertension program in Lebanon, NH, has been designated a Regional Clinical Program, a designation of the Pulmonary Hypertension Care Centers' accreditation program launched in 2014 by the Pulmonary Hypertension Association. DHMC earned the distinction by assuring that individuals with pulmonary hypertension, a life-threatening lung disease, receive care following expert consensus guidelines from clinicians who specialize in this often-misdiagnosed condition.

“This designation signals to patients and their families that our program has met the rigorous standards of the Pulmonary Hypertension Association,” says Bruce Andrus, MD, director of Pulmonary Hypertension Clinic at DHMC. “We are proud that our work as a team of clinicians, nurses, care managers, pharmacists and rehab staff has been recognized by the Pulmonary Hypertension Association.”

Pulmonary hypertension, also known as high blood pressure of the lungs, affects children and adults of all ages and ethnic backgrounds. It can result from the arteries in the lungs becoming damaged, narrowed or stiffened, forcing the right side of the heart to pump extra hard and leading to right heart failure and death. Symptoms of pulmonary hypertension are non-specific—they include shortness of breath, fatigue and chest pain. People with pulmonary hypertension can go months, even years, believing they have less life-threatening illnesses, such as asthma and chronic obstructive pulmonary disease (COPD).

“Our success with this designation is based on work started in 2003, when the program was founded by Ed Catherwood, MD, MS, Susan D’Anna, APRN, and Sherry Duveneck RN,” Andrus said. “Thanks to their foundational work, we now have a very experienced team and provide a systematic and comprehensive evaluation of patients with suspected pulmonary hypertension. We’re supported by top-notch echocardiography and cardiac catheterization laboratories and radiology services. Our strong partnership with the pulmonary hypertension program at Brigham and Women’s Hospital in Boston allows for collaborative care for patients in our region with advanced disease.”

To be accredited, a Regional Clinical Program must demonstrate a commitment to providing expert-level care, proficiently evaluating pulmonary hypertension patients based on published evidence-based guidelines and providing expert treatment of patients with pulmonary arterial hypertension. The Pulmonary Hypertension Association rolled out the Pulmonary Hypertension Clinic to improve the quality of care and outcomes for people with pulmonary hypertension. A full list of accredited pulmonary hypertension programs is available on the Pulmonary Hypertension Association website. 🌐

## **D-HH and Matthew Houde Honored by the American Hospital Association**

The American Hospital Association (AHA) recently honored D-HH for the hospital’s 100 years of participation and leadership in the AHA, and recognized D-H Vice President of Government Relations Matthew Houde with its 2019 Grassroots Champion Award.

AHA President and CEO Rick Pollack presented the award to D-HH and D-H CEO and President Joanne Conroy, MD, at the New Hampshire Hospital Association Annual Meeting on October 30 at the Omni Mount Washington Resort in Bretton Woods, NH. D-HH is one of the AHA’s original 55 charter members. The AHA first admitted institutional members in 1919 (although it was founded in 1898), and Conroy was recently appointed to the AHA Board of Trustees. She begins her three-year term in January 2020.

“Over the past 100 years, Dartmouth-Hitchcock Health has been a leader in advancing health for its patients and communities in New Hampshire, Vermont and across northern New England. In addition, Dartmouth-Hitchcock Health

has contributed to advancements in health care nationally over the decades by its leaders serving in a variety of important roles at the state and national levels,” said Pollack. “We thank Dartmouth-Hitchcock Health for its valuable contributions to our field, including spotlighting the importance of shared decision making between patients and caregivers, training the next generation of clinicians and serving as a model for building effective partnerships that expand health care beyond the hospital and into communities.”

In addition to D-HH’s recognition, Houde was honored for his dedication to the hospital's mission, on both the local and national level. Each year, the AHA recognizes the achievements of grassroots leaders across the country in conjunction with state hospital association partners. A hospital or health system leader from each state is honored for their work to deliver the hospital message to elected officials, to broaden the base of community support for hospitals and to advocate on behalf of patients, hospitals and communities.

“This special recognition acknowledges the compassion and hard work our champions have demonstrated as advocates for better health and better health care throughout their state and across the country,” said Pollack. “Matthew’s leadership on behalf of hospitals and patients to deliver the message of hospitals and health systems being cornerstones of their community is absolutely invaluable in today’s health care environment.”

New Hampshire Hospital Association President Steve Ahnen said, “Matthew has been a tireless advocate for hospitals and health systems in New Hampshire, and has dedicated himself to educating elected officials on key issues and public policy efforts that affect a hospital’s ability to deliver care to patients within its community. We couldn’t be more proud to honor him as our 2019 Grassroots Champion.”

## **"Ascutney Amigos" Run to Raise Funds for Kids at CHaD HERO Event**

Mt. Ascutney's determined local team raised over \$900 for CHaD at the CHaD HERO walk/run/bike/hike on October 20, 2019.

Our Amigos gave it their all, contributing to CHaD’s goal of \$830,000. Thanks to everyone who supported the team and the cause with donations and good vibes. Participating were staff from our Surgical, Rehabilitation, Quality, Nursing and Finance Departments, along with friends and family. Josh Fontaine, our VISTA and Community Health Team member placed 3rd in the half marathon!

## **Members in Action**

### **New London Announces Circle of Gratitude**

“On behalf of my mother and family, please know of our immense gratitude for the role that New London Hospital caregivers gave in providing both timely attention and excellent care by everyone she encountered during her stay. We have made a contribution as appreciation and tribute to the wonderful hospital staff for all that they do to give the very best.” - The Stohls, Grateful Family Members

We frequently hear from patients and their loved ones, like the Stohls, who tell us how members of our health care team went above and beyond to make them feel comfortable and nurtured through excellent, compassionate care. They want to know, “How we can ever say thank you enough?”

New London Hospital is excited to announce a new, formalized grateful patient program, the Circle of Gratitude, to help patients and loved ones express their gratitude and emotional connection after care. The Circle of Gratitude is a philanthropic program that ties a financial donation to the care of a particular person and honors their care team. These grateful donations are then used to enhance patient care, completing the circle.

“This incredible program provides an opportunity for those who want to say thank you to one of our staff members with something more than words. We believe the expression of gratitude spreads and ripples outward like a circle, hence the term, Circle of Gratitude,” says Kathleen Kennedy, Director of Community Relations and Development.

Each caregiver who is honored receives a pin through a special ceremony and wears it proudly as a reminder. These thoughtful gifts also help New London meet the needs of its community by expanding programs, advancing technology, investing in clinical talent and supporting its commitment to compassionate patient- and family-centered care.

*This article was submitted with special thanks to the Philanthropy and Community Relations team at Cheshire. They launched their grateful patient program two years ago, and we are honored to utilize the Circle of Gratitude name they worked so hard to develop.*

## Patient Experience Moments

### Gifts and Gratitude Mark Two-Year Anniversary of the Jack Byrne Center for Palliative & Hospice Care

After 30 years of marriage, Janet Miller Haines could tell when her husband, Richard, was troubled or in pain. It showed in the furrow of his brow. She saw it a lot between his October 6, 2018, diagnosis of a bone infection, and his admission to the Jack Byrne Center for Palliative & Hospice Care six weeks later. But in the four days he spent at the Jack Byrne Center—sipping his favorite Apple Jack smoothie, enjoying the woodsy view out his window and marking Thanksgiving with family by his side—his brow didn’t furrow. “He was at peace,” Haines says.

Construction of the center, which opened almost two years ago, was made possible by the Jack and Dorothy Byrne Foundation and by the many contributors who joined in supporting the vision for a facility to care for those with life-limiting illness. Moved by the center’s commitment to patient- and family-centered care, generous donors have given over \$1.2 million to the center since it opened. Now, the Jack and Dorothy Byrne Foundation has made an additional \$2 million gift to establish an operating endowment for the center, helping to ensure that its special programs and services remain available to patients, families and the community.

“This gift allows us to maintain the quality of our staffing, our community programs and our personalized services,” says Kathryn Kirkland, MD, section chief and director of the Palliative Medicine Program at D-H and the Dorothy and John J. Byrne, Jr., Distinguished Chair in Palliative Medicine at the Geisel School of Medicine. “We are so grateful.”

Haines shares Kirkland’s gratitude. “Care at the center isn’t just patient-focused, but touches everyone connected to the patient,” she says. “That’s a reflection of Dorothy Byrne’s vision.”

### Dying with Dignity

The Haineses had planned to spend Thanksgiving with friends at home in New London. But by the Tuesday before the holiday, it became clear that Richard was not going to get better and he was transferred from the Intensive Care Unit at DHMC to the Jack Byrne Center. Designed to be warm, welcoming and homelike, the center offers several common spaces and amenities to guests and their families—including a kitchen and dining room.

“By Wednesday afternoon, almost the whole family was with us,” Haines says. “Richard’s daughter, two sons, two daughters-in-law and four of our six grandchildren had arrived with a turkey and ingredients to make mashed potatoes, stewed tomatoes, creamed onions and other side dishes. The kitchen was beautifully equipped so we didn’t have to bring anything but the food.”

Peggy, the center’s head chef, made sure the family had everything they needed, and when it seemed like the large turkey might take all night to cook, Peggy finished it for them in the center’s industrial oven. Dinner was served at 5:15 pm. Family members took turns at Richard’s bedside, bringing him a taste of the food and the comfort of a holiday at home.

Richard died the following morning. “Everyone who works at the center treated us with sensitivity and inspired a sense of calm and reassurance. Creating the opportunity for people to experience death with dignity, without pain and without anxiety, is an incredibly important thing for a medical facility to do,” Haines says. “Thanks to the Jack Byrne Center, Richard had an extraordinary death.”

### **Expanding palliative care**

In its first two years, the center has cared for over 700 patients and their families. Some patients are admitted at the request of community hospice providers while others come directly from regional hospitals. They are often critically ill, with advanced cancer, heart failure, chronic obstructive pulmonary disease (COPD) or organ failure. The majority of patients die at the center, but 20 percent are there for symptom stabilization or respite stays and leave the facility after a few days. The average length of stay at the center is three days.

While patients receive care to alleviate symptoms and manage pain, patients and their visitors can find comfort through offerings like massage, pet therapy, live harp music, or peaceful contemplation in the non-denominational chapel or the center’s garden. The center also serves as a hub for research, education and community engagement with programming that includes caregiver support, bereavement support, advance care planning, skills training for lay caregivers, therapeutic workshops with artists and writers, and participation in the national program Death Over Dinner—a community meal that encourages attendees to engage in conversations about death in a warm, supportive environment.

“Part of our mission is to demystify end-of-life care and death,” says Ruth Thomson, DO, MBA, medical director of the center and an assistant professor of medicine at Geisel. “We bring people together around the topics of death and dying.”

In honor of her husband, Haines has joined that mission. Clinicians from D-H and scholars from The Dartmouth Institute for Health Policy & Clinical Practice are working on a research project in partnership with patients and caregivers to design tools that will improve the experience of patients with serious illness, their families and their caregivers—and Haines has volunteered to provide the perspective of someone in bereavement.

“I’m so grateful for the way Richard and our family were treated by the team at the center, and I wanted to find a way to say thank you,” says Haines, who has also started volunteering at D-H as a Patient and Family Advisor.

The desire to give back is strong among the people whose lives have been touched by the center. Some, like Haines, volunteer; others have donated musical instruments and kitchen goods; and, since the center opened, 615 gifts have been made in memory or honor of a loved one.

“We are blessed to have the support of our friends and neighbors,” says Kirkland. “Every contribution extends our capacity to enhance the care of people with serious illness throughout the D-H system and the region.”

### **Cheshire Doulas Celebrate 20 Years Supporting Parents in Labor**

There came a moment in Kristen Wilson’s labor when she was perched on the edge of a chair.

“I didn’t want to sit down. I didn’t want to get out of the birthing tub in the first place!” remembers Wilson. She’d been stuck at a nine-centimeter dilation for six hours. Her nurse-midwife at Cheshire counseled Wilson to try to relax to dilate the final centimeter.

“I was moaning and pacing, but Janet, my doula, she got me to sit down, and she began to rub my shins and calves.” A certified doula is a highly trained and dedicated volunteer who provides birthing parents with continuous physical, emotional and informational support during labor.

The doulas have partnered with the certified nurse midwife-led labor and delivery teams at Cheshire for 20 years, enhancing the high-quality care they provide by supporting a deeply meaningful patient experience. Some of the

volunteers are staff from other areas of the medical center, others are professionals within the community. All share a passion for giving mothers the best birthing experience possible.

Wilson can't remember how long the moment lasted. "It felt like two minutes, but who knows? What I remember is that I relaxed. I was in a different space with the pain because everything quieted, I quieted." Wilson was now at 10 centimeters. With the help of Janet and Wilson's spouse, Sarah, she finally gave birth.

"A lot of times in labor, you need two people helping you move. The nurses are amazing, but shift changes happen, so if you have a long labor, you'll see a few different people. Having a doula stay with you the entire time, hauling you around, helping you, is incredible," Wilson says.

Janet provided the couple's second experience with a doula. About five years ago, when Sarah was pregnant with twins, Cheshire Doula Coordinator Marilyn Buck guided them through a long, medically complex labor. Buck provides certification and ongoing training for the group.

"When it's your first time, it can be hard to differentiate between what you think is the right thing to do and what a medical professional says," notes Kristen. "So having someone who is knowledgeable and understanding, and supportive of your priorities, really helps you navigate the process."

What's remarkable to Sarah is that the doula services are free and many of the volunteers have been working with the labor and delivery team for over a decade—some the full 20 years. "We are incredibly lucky to have doulas available, particularly on-call. My doula was the constant, calm voice telling me I knew how to do it, even when I didn't think I could."

## D-HH in the World

### Commitment to Community: the D-H Anchor Strategy

"We have a moral and ethical responsibility to support our communities, not simply through random acts of kindness, but by investing in a way that builds vibrant, sustainable, inclusive economies," says Sarah Currier, vice president, Workforce Strategy.

This commitment to improving social and economic conditions in the communities we serve is D-H's role as an anchor institution (see an explanation of anchor institutions at the end of this article). Currier and Gregory Norman, director, Community Health, explain why and how D-H is investing in the health and economies of communities throughout northern New England.

#### Can you describe D-H's anchor strategy?

**Currier:** The strategy is really about finding a balance of what we need to do to support the social and economic well-being of the communities we serve and rely on, and what we need to do to run a sustainable organization that our community depends on. And being intentional whenever we can to engage locally in our hiring, procurement and investment practices to support both the organization and our communities.

#### How did D-H's anchor strategy begin to take shape?

**Norman:** Three years ago, Sally Kraft, MD, MPH, vice president, Population Health, and Mary Evanofski, vice president of Population Health Management Operations, attended a meeting of the national Healthcare Anchor Network. The conference challenged health systems to expand their view of community health issues by looking at how they can use their business operations, such as hiring, job-training, local purchasing and local investing to improve community conditions for people affected by poverty, discrimination and other social barriers to well-being.

By using our business practices to help community members advance economically, we improve their ability to access care and to get and stay healthy.

In response, D-H's Population Health Department is bringing together a D-H Healthcare Anchor Leadership team that includes leaders from Human Resources, Supply Chain, Finance, Development, Government Affairs and the Office of the CEO to discuss how D-H can apply health-care anchor concepts to the community health challenges we see.

### **What are some examples of programs that align with the anchor strategy?**

**Currier:** Human Resources is focused on inclusion and sustainability in hiring across the system. We offer several training opportunities for community members who want a rewarding trade or career without having to go to college and look for ways to help address challenges presented by a lack of public transportation and affordable housing. Many training programs pay participants during training so they can afford to engage in training intended to prepare them for career opportunities at D-H.

**Norman:** Anchor ideas are also increasing our focus on community strategies to address housing and food needs. D-H reported financial support to Twin Pines Housing Trust and the Upper Valley to help provide permanent housing with case management for community members affected by chronic homelessness. Stable housing allows these community members to engage in self-care, keep up with appointments and medications, and regain a sense of community.

**Currier:** As part of our anchor approach, we are using open land at DHMC to create a "Farmacy Garden" and orchard, Willing Hands (a local food recovery program in the Upper Valley) to grow nutritious food for local people who are having trouble feeding their families. And through our supply chain offices, we're using purchasing power to support local vendors who supply items such as bottled water and fresh vegetables.

### **Are other health care organizations developing anchor strategies?**

**Currier:** D-H is a member of the Healthcare Anchor Network, which puts us in touch with 40-leading national health care organizations. Two, annual conferences focus on topics like inclusive hiring or supply chain management and give us an opportunity to share ideas, experiences and best practices with peers. Monthly calls cover topics of choice to the participants.

We have developed great relationships. We have a lot in common with peers in Vermont and Maine and often share ideas. We also learn a lot from innovative work being done further away.

### **How does D-H measure if our anchor strategy is working?**

**Currier:** Measuring our overall impact on communities is difficult. Many efforts linked to our anchor strategy are long-term and our anchor strategy efforts can't be separated from all the other things happening in local economies.

We do measure the impact of our internal programs. For example, we track the number of households served through our in-home outreach, the career paths of our training program graduates and the percentage of locally-sourced food served by our food service operations, and can see that those programs and others are supporting people and communities.

### **Health in Everything We Do: For our patients, our people and our community**

At D-H we know that to truly advance health, we need to improve health outside the walls of our hospitals as well as inside. We do this by supporting access to healthy food, affordable homes, vibrant economies, strong families and safe communities. As the largest employer in New Hampshire, we have a lot of economic power through our organization and employees. When health is a part of everything we do, we make New Hampshire and Vermont better places to live, work and be healthy.

## **D-H's Blood Donor Program "Thanks for Giving" a Big Success**

The Upper Valley Haven received a donation of 207 turkeys from D-H for their annual Turkey Day event on November 23, 2019.

The donations came from the D-H Blood Donor Program's "Thanks for Giving" campaign. D-H pledged to donate a turkey to the Haven for every blood, plasma or platelet donation between October 1 and November 15.

Denee MacKenzie, blood donor specialist at D-H, had the idea for encouraging blood donations by setting up the initiative. "When I learned about the Haven's Turkey Day event for the community, I thought it was a natural way to

support this great organization, while helping to ensure that there is blood on the shelf for every patient who needs a transfusion. I had originally hoped we would be able to donate 100 turkeys. I am thrilled that we reached over 200,” says MacKenzie.

In addition to donating turkeys, collected such as stuffing, cranberry sauce and gravy from 20 departments across the hospital. On November 15, MacKenzie delivered a full carload of these items to the Haven and the donation weighed in at 821 pounds of food.

Turkey Day at the Haven is an annual event that serves the Upper Valley community. The Haven served 850 households this year. Each household received a turkey, sides (potatoes, squash, carrots, onions, cranberry sauce, stuffing mix and gravy mix) and dessert at no charge. In addition, the Good Neighbor Health Clinic provided flu shots for individuals and families who attended Turkey Day.

Turkey Day is made possible by the generosity of many donors, volunteers and staff. “We’re pleased that so many people and organizations in the Upper Valley join with the Haven to make Thanksgiving a special day for hundreds of our friends and neighbors. D-H is a great partner of ours. I cannot begin to tell you how grateful we are for Denee’s initiative and the response of D-H and the Upper Valley community,” says Haven Executive Director Michael Redmond.

“These items really helped to make our Turkey Day special for hundreds of Upper Valley families. I can’t tell you how much this means to us,” says Lori Wick, food shelf manager at the Haven.

“Not only is the Blood Donor Program able to help patients with life-saving blood products at D-H, but by partnering with the Upper Valley Haven, we are also able to be a part of building a happy, healthy and sustainable community. I have coordinated a few food drives over the years, but nothing compares to this. I am so incredibly grateful to be part of such a generous community,” adds MacKenzie.

## **Mt. Ascutney Staff Keeping the Community Warm and Fed**

Mt. Ascutney staff have a long-standing history of generosity and community spirit, particularly for those that find themselves challenged by difficult times—which can be overwhelming during the colder weather and holiday season. Recently, staff collected Thanksgiving Dinner items for those who might not otherwise be able to provide a holiday dinner. Nearly 50 turkeys and enough food items to fill 30 baskets were contributed to the Windsor Food Shelf—each basket filled with everything needed for a full course Thanksgiving meal. Here are some of the other ways our staff help year-round to improve the lives of our friends and neighbors in our community:

- ▶ A team of drivers to transport Windsor area homeless to a warming shelter in a neighboring town.
- ▶ Ongoing donation of food for the food shelf at the Windsor Food Shelf, Woodstock Food Shelf and the Windsor Connection Resource Center.
- ▶ Donations of laundry baskets filled with cleaning and kitchen supplies to individuals entering transitional housing.
- ▶ Donations of food items to weekend nutrition backpacks for a children’s program in Hartland, VT.
- ▶ Screening for food insecurity in our Emergency and Pediatrics Departments with referrals to provide connections for access to food.
- ▶ Staffing distribution stations at the hospital during Vermont Food Bank’s VeggieVanGo monthly produce deliveries—serving 215 to 250 families every month.
- ▶ Hosting and serving community dinners every week at lunchtime and once or twice a month in the evenings between September and June.
- ▶ Collecting and distributing presents to area children for Christmas.

## Keeping Connected

### Cross-Hospital Collaborations Lead to Launch of Cheshire's First Retail Pharmacy

One day after Cheshire's Pharmacy held its grand opening on October 28, 2019, Ashley Perham, lead pharmacy technician, was stocking a display of stuffed animals by the front door. Behind her stood sparkling shelves of over-the-counter medicines, from pain medications to first aid supplies and more.

“Everything is coming together really well,” says Retail Pharmacy Manager Chris Saunders, walking through the retail section of the new pharmacy. Saunders joined the project in June 2019, after many years as an in-hospital and retail pharmacist. “Ashley’s done a tremendous job setting up the front end. Soon we’ll have gift cards and local flowers.”

Things like loving gifts, cards and flowers are important features for the pharmacy, located in the hospital’s former gift shop, just off the central lobby. The pharmacy’s goal is to provide patients and visitors with a thoughtful and comprehensive set of services.

This includes filling prescriptions for patients of Cheshire and its satellite locations, as well as current and retired employees, but also connecting with patients’ providers to clarify prescriptions as needed.

Patients can book a brown bag lunch with Pharmacist Raymond Thompson to discuss their medications. The pharmacy offers eight types of vaccinations with no appointment needed. It will also be a certified drug take-back location.

This full, human-centered approach comes, in part, from the many collaborations behind Cheshire’s first in-hospital pharmacy.

“The project has been a partnership between Dartmouth-Hitchcock and Cheshire the entire way,” says Curtis Gibbon, director of retail pharmacy at D-H, which operates three retail pharmacies and oversees the Cheshire pharmacy. “The common goal was to increase and improve the level of service for Cheshire patients. And every person involved saw that through with enthusiasm across the two hospital systems.”

He noted that Melissa Siciliano, Cheshire’s director of pharmacy, was instrumental at forging the relationships, connecting D-H leaders such as Linda Sawyer, senior director of Retail and Specialty Pharmacy, with Cheshire leaders, including Paul Pezone, vice president of Support Services & Technical Operations.

As planning began, D-H Project Manager Kate Reed provided crucial leadership in connecting all the moving parts. “We could not have done this without her,” says Saunders.

In addition, weekly phone calls with Pezone, Paul Roth, Cheshire’s facilities engineering director, and David Quigley, vice president of clinical operations, kept the project pointing in the right direction.

Tina Hale, administrative assistant support services and Ed Hale, master carpenter, provided guidance for construction, helping secure local vendors to build custom cabinetry and shelving; install LED lighting; craft custom signage; and arrange patient waiting and consultation areas for privacy and warmth.

“At the grand opening, you could see all the little details come together,” says Gibbon. “The space isn’t sterile. It’s cozy and real, there to serve patients.”

“What we hear is that people are grateful for the hospital to have a pharmacy,” Saunders added. “It feels very exciting to be here for them.”

*The Cheshire Medical Center Pharmacy is open Monday through Friday, 7 am to 7 pm, and Saturday, from 8 am to 4 pm. The pharmacy is closed on Sundays and holidays. Pharmacists can be reached at 603-653-3785.*

## Collaborating to Improve Patient Access

What happens when one system member has more patient demand than it can accommodate, and another member can meet that demand?

D-H has been monitoring access to inpatient beds and operating room availability for some time. Last year, APD had an excess of both, so the two system members formed a combined D-H and APD Steering Committee to seek out a common solution.

Upon approval to move forward, Daniel Herrick, vice president of Perioperative Services at D-H and Gretchen Rutherford, associate vice president of Perioperative, Cardiopulmonary and Sleep Services at APD, considered how to leverage APD's strength to address D-H's access issues. Enter orthopaedic surgeons Michael Sparks, MD, and Wayne Moschetti, MD, MS, who see clinic patients at DHMC.

"Doctors Sparks and Moschetti would meet in my office on Thursdays at 7 am, and we'd toss ideas around with Heidi Boutilier and Heather Bonneau, our OR and Same Day/PACU managers," says Rutherford. "We knew we were going to do total hips and total knees. What instruments would we use, given that D-H and APD use different types? Would we buy or borrow needed equipment? Now that APD has adopted eD-H (the electronic health record system), how will we schedule the patients? Who will conduct pre-admissions testing? I was impressed that the surgeons wanted to ensure their standards of care were being met, yet were sensitive to encroaching upon the culture at APD and especially our existing Orthopaedics practice."

APD's already robust Orthopaedics Department includes John Houde, MD, Diane Riley, MD, Leonard Rudolf, MD, and Ivan Tomek, MD. The department has recently added Tim Lin, MD, who performs surgeries at both APD and D-H. All five spend time in APD's Orthopaedic Clinic, together with three physician assistants providing high-quality, personalized care for diseases and injuries that affect the body's musculoskeletal system. Due to the high volume of orthopaedic surgeries already done at APD—including 400 hip and knee replacements a year—the perioperative staff was well equipped to handle the volume and acuity of the D-H orthopaedic patients.

Rutherford and her colleagues assembled a team made up of representatives from each area needed for the project. In addition to the surgeons from D-H, members included administrative, clinical, quality and scheduling; and from APD, physical and occupational therapy, care management, inpatient, perioperative services, radiology and orthopaedic services. D-H's Joel Preminger from the Value Institute provides ongoing expertise supporting LEAN and quality initiatives.

"We knew we needed to thoroughly examine every aspect of the partnership," says Moschetti. "We looked at everything from cements used, to drug timing, to what time patients need to prepare in order to come in on the day of surgery. D-H's instructions to patients are different than APD's. Their care on the recovery floor might be different than what APD's staff were used to. We made sure everyone was aligned."

After two months of preparation meetings every Friday, surgeries began on Tuesday, July 16, 2019. It was the first step in what everyone involved hopes will be a long, harmonious partnership. D-H's Department of Orthopaedics now has a block of time in APD's OR every Tuesday, increasing patient access to these surgeons and filling up previously unused time. The project team continues to meet every Friday, reviewing what went well, what needs improvement and what issues may become concerns. "There have been a few minor hiccups, but the weekly meetings have been an extremely productive way to work through them," says Sparks. He adds that "from this collaboration, we've seen tremendous opportunity for process change like expedited recovery that will ultimately benefit all parties, most of all, our patients."

And what is the team most proud of now that the partnership is underway? "This is a great example of collaboration in the system," says Herrick. "It shows how receptive the system is to member initiatives and how successful it can be for everyone."

Thus far, patient reports are glowing. “It was a great experience,” says Greg Jackmauh, a recent patient of Sparks who received a total knee replacement in August. “Because of the small scale of APD, it felt very personal, like a private clinic. Everyone on the team knew everyone else, so there was a real sense of cohesion. Even my wife, who tends to be a worrier, felt cared for in the process.”

## Around the System

### D-H’s Throughput and Access for Patients Project (TAPP): Increasing Access through Change Management

For D-H patients, there is often more demand than our ability to provide inpatient care. Every month, approximately 200 patients who need high-level hospital care in their community have to be treated elsewhere, often far away from their families and home. Receiving care in a distant city is financially and emotionally expensive for patients, especially those who are very ill.

In July, D-H initiated the Throughput and Access for Patients Project (TAPP) which aims to increase the availability of needed hospital beds and services at DHMC. In this first of a series of articles about TAPP, *D-HH Connections* spoke with TAPP Executive Committee Co-leaders Maria Padin, MD, chief medical officer, Karen Clements, chief nursing officer, BSN, RN, MSB, MHCDS, FACHE, and Jeff O’Brien, MHA, MHCDS, senior vice president for clinical operations, about the project and its goals.

#### What is TAPP and why is it important to D-H?

**O’Brien:** TAPP is a redesign of inpatient processes so we can meet demand while improving quality, efficiency, and patient and staff experience. The TAPP project will work to decrease variations in clinical processes and improve communications between teams, which will enhance the quality of care. Our goal through this work is to reduce the average length of stay by half a day.

#### What is the project’s biggest challenge?

**Clements:** Improving patient throughput requires culture change and that’s difficult. Projects like TAPP are not successful if leaders don’t have a foundation in change management. Leaders have to be using the same language with their teams so that messages and conversations are consistent.

**O’Brien:** Making sure that the “Why?” is clear to everyone is critical for successful change management.

#### How is D-H addressing that challenge?

**Clements:** This summer, 200 leaders from across the organization—from direct care areas and departments including Finance, Communications and Marketing, Social Work, Environmental Services and IT—participated in a course that covered needed leadership skills, team and organizational education, communication requirements and accountability.

**O’Brien:** Each participant was asked to create a Business Case for Action for TAPP. They articulated the importance of the project and even began discussing how, for example, better coordination between teams that schedule tests, arrange transportation and source home-care equipment will lead to a smoother, more predictable patient discharge. This training will help leaders with other change management projects as well.

#### What have been some of the accomplishments so far?

**Clements:** Maria and I have realigned inpatient nurse manager/medical director pairs. Joni Menard, DNP, RN, CENP, vice president for ambulatory nursing and Rich Rothstein, MD, chair, Department of Medicine, are doing that work for the ambulatory clinics.

**O'Brien:** We're redesigning how staff communicates within and between units and departments, and are building structures to collect and report data. We've also started to connect with organizations like nursing homes and rehabilitation centers that receive discharged patients to improve our communications and processes with them.

**Padin:** We have initiated interdisciplinary rounds in all hospital units. Interdisciplinary rounds are when all members of the team responsible for the patient's care gather to discuss the patient's condition, progress and/or readiness for discharge and together identify and develop a plan to help meet the medical milestones that will allow the patient to safely be discharged to either home or the appropriate next level of care. This type of rounding enhances communication within the team and the coordination of timely care for the patient.

Additionally, we have a group that is working on improving operating room scheduling. Operating room cases impact our bed availability, and how and where we schedule these cases can have an impact on our bed availability allowing us to potentially increase our capacity to take some of those patients we currently have to turn away.

Finally, in the ambulatory space, we are redesigning the process for access to care. This is important because seeing a patient in a timely fashion can potentially prevent the patient from needing to be admitted into the hospital.

### **How will the improvements through TAPP be sustained?**

**Padin:** We are essentially changing how we do our work. The development of new leadership, the creation of new tools that provide real-time data to the teams to help inform their daily work, and the accountability and measurement structures will help hardwire this into our organization.

We are also changing expectations and creating educational tools for patients as part of this work. By engaging them in understanding their plan of care and target for discharge, we all become accountable to each other.

**O'Brien:** TAPP is sponsored by the highest levels of the organization. Leaders including Dr. Joanne Conroy, our CEO and President, and Dr. Ed Merrens, our chief clinical officer are engaged and encouraging. They are helping us set the stage for a multi-year journey.

### **What will happen when TAPP's one-year timeline ends?**

**Padin:** Our consultants will transition leadership of weekly accountability meetings with each workgroup to Karen, Jeff and me. We'll rely on data to help us look for continual improvement opportunities.

**O'Brien:** This will be an iterative process that we will continually have to track and evolve. We are building a new patient tower to meet inpatient demand, but, if we do not continue this work, the tower will fill up in a few weeks and we will be right back to have to deny inpatient placements.

### **What benefits will TAPP deliver?**

**Padin:** The longer a patient stays in the hospital, the higher their risk of contracting a hospital-acquired condition, such as an infection, so if we reduce length of stay, we reduce that risk.

**Clements:** TAPP will lead to consistency across the organization so quality and safety will follow the patient from admittance through discharge.

**O'Brien:** Staff burnout is real, and there is a lot of frustration when processes are not aligned and communication is a struggle. Streamlined processes will improve employee engagement and satisfaction.

### **What would you like all employees to know about TAPP?**

**Padin:** No matter what role you are in, whether you work in direct patient care or finance, marketing, housekeeping or social work, you have a part to play in improving quality and the patient experience. Your hard work is really appreciated.

## D-H's Supply Chain: Helping Employees Purchase Equipment, Supplies and Service Contracts

“Help me, help you,” Tom Cruise famously said in the film “Jerry Maguire.” This line could just as easily be said by a member of D-H's Supply Chain team when talking to a D-HH employee considering a departmental purchase. The Supply Chain Division helps employees buy the equipment, supplies and service contracts they need at the best possible value. This cost savings work is especially crucial for D-HH; the system spends more than \$500 million annually on supplies and services and New Hampshire hospitals receive one of the lowest government reimbursements in the country.

The Supply Chain Division is made up of nine departments—Purchasing, Supply Chain Technology, Printing Services, Inventory & Logistics, Patient and Equipment Transportation and Linen Services, Sourcing, Clinical Quality Value Analysis, Contracting and Purchasing. When an employee wants to purchase or contract for something, they should reach out to the appropriate Supply Chain department, says Supply Chain Vice President Curtis Lancaster. “We will then collect the different options, similar to what travel and hotel websites like Expedia.com or Trivago do, so an employee can make the appropriate selection and get the best possible value,” says Lancaster. As an example, Supply Chain helps to evaluate and negotiate consultant, maintenance and supply agreements.

“Because of our visibility of purchases across the system we are able to consolidate those purchases to get the best value across the D-HH System. If employees deal directly with vendors and don't use us, the vendor may tell them this is the best deal they've offered anyone, and rarely that's the case,” says Lancaster. “By leveraging buying power, reputation and using benchmarking we can get you the best price. We also have insight into upcoming technology changes and company mergers that can impact the flow of products and ensure that we always have access to the latest technology at the best value.”

The departments of Sourcing, Clinical Quality Value Analysis, Contracting and Purchasing can help employees with:

- ▶ Identifying customer specifications for products.
- ▶ Reviewing current vendor contracts.
- ▶ Obtaining quotes.
- ▶ Supporting product trials and evaluations.
- ▶ Reviewing market share and clinical research.
- ▶ Aligning products throughout the system.
- ▶ Benchmarking pricing proposals through multiple benchmarking tools.
- ▶ Negotiating pricing and contract terms.
- ▶ Procuring products.

To benefit from the maximum purchasing power, Director of Clinical Quality Value Analysis Krista Merrihew recommends contacting Supply Chain early in the purchasing process.

Contracting is looking at the fine print of the contract, negotiating pricing and getting you more for the same amount of money “Contact your sourcing specialist or Clinical Quality Value Analysis as soon as you are thinking about a new product purchase or replacement,” says Merrihew. “Contracting will review the fine print of contracts, negotiate pricing and get you more value for the same amount of money. When employees don't use our service, we pay more for the items we buy and put the organization at risk.”

To speed up the purchasing process and help employees track their requests, D-H recently introduced Lumere, an intranet workflow tool for new product and capital requests. Lumere also allows access to research studies, functionally similar

products and the Food and Drug Administration (FDA) product information (including adverse events). “This workflow tool also helps us make sure we’re connecting all the dots because it gets input and information from all the stakeholders, such as Facilities,” says Merrihew. “This will help us prevent cases where products are ordered without input from one of our sourcing specialists and the department later finds out the product can’t be used because the wiring isn’t compatible with our rooms. And then we can’t return these items and have wasted thousands of dollars.”

In addition to Lumere, Supply Chain this past summer launched a software program called MediTract to track D-HH contracts for services like elevator repairs. “We want employees to put their contract requests into MediTract so that when regulatory requests come in, such as Finance needing to know all of the leases that exist in the organization, then we have a library of this information and can quickly access it,” says Lancaster.

Lancaster notes that having standardized products and services helps ensure that D-HH is paying a fair price and limits variation between sites for both clinicians and patients to provide a standard of care and safe product use across the D-HH system.