

Cornerstone Pediatrics Moving To Bridge Street in Bellows Falls

Brattleboro Memorial Hospital announces that as of April 1st, the Bellows Falls practice of Cornerstone Pediatrics will have moved to newly renovated offices at 22 Bridge Street. The building, formerly known as the Framery, will feature the same courteous and friendly staff to meet the needs of all their patients and families.

Later in the spring, Cornerstone will hold an open house to welcome visitors and show off their new offices. Meanwhile, pediatricians Susan Slowinski, MD, and Valerie Rooney, MD, and the rest of the office staff look forward to welcoming existing and new patients



to their new location. For more information about the new office, or to make an appointment, call 802-463-2020.

The move was necessitated when the owner of the building where the current office is located sold the building. The new owner plans to open a supermarket there.

Brattleboro Memorial Hospital has operated Cornerstone Pediatrics in Bellows Falls since April 1999. In addition to high quality pediatric care, the office offers “Reach Out and Read”, a program to encourage early literacy as part of pediatric care. The national program offers books to children

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A “Cold Case” of Ötzi-arthritis by Nicholas H. Bartenhagen, MD

An inflammatory disease, arthritis is the number one cause of disability in the US. One in five Americans have been doctor-diagnosed with the chronic disease. And because it has been found to be a particularly common disorder in Windham County (in a recent community health assessment), the Wellness in Windham County calendar is offering a 6-part series on arthritis starting on March 26th. (More about the wellness series elsewhere in this issue.) Meanwhile, here is an historical account of arthritis by well-known BMH rheumatologist Nicholas H. Bartenhagen, MD.

For five thousand years, like a fly in amber, the victim lay entombed in a coffin of ice high in the Ötztal Alps, until weeks of unseasonably balmy weather in 1991 exposed his body, sprawled face down on the newly-thawed terrain. High-tech detectives speculate that “Ötzi the Ice Man” was shot from behind by an arrow that likely collapsed his lung. At 10,000 feet, death would have been mercifully swift.

Further examination showed that this 5’5”, 45-year-old man, probably a coppersmith, had significant knee osteoarthritis, degenerative changes in his spine and arthritis of

one ankle, perhaps related to prior trauma. On the skin behind Ötzi’s left knee, alongside his lower back and over his right ankle, scientists counted 57 black dots and several lines, at first thought to be simply decorative tattoos. But to some investigators, the location of these sooty dots and lines suggest an alternative possibility – traces of a prehistoric European acupuncturist.

As Ötzi gasped his last breath that frigid dawn on the high Alps, far to the east Anshar limped painfully down a jostling alley under the blistering sun of ancient Uruk, dazzling walled city of Lord Gilgamesh, in

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Nicholas Bartenhagen, MD

ÖtziO-arthritis *continued from page 1*

what is now southern Iraq. He grasped a small pouch holding his potions, dispensed, along with therapeutic incantations by the *iazu* (physician) that together would, he was assured, cure his painful, pulsing *sepu* (foot). As he slowly winced home, over and again he muttered the *iazu*'s dietary decrees – no more *sikaru* (beer), *kabattu* (liver) or *saku* (pork); nothing but *baaki* (fish) and plenty of *utukagaba* (water). His potions – dried powdered bark and leaves of the white willow trees that bordered the surrounding irrigation canals, and a small extremely costly packet of turmeric, imported from mysterious eastern lands.

The source of this turmeric was a civilization of a mysterious ancient people, we now call the Harappans, who settled along the fertile valley of the Indus River in what is now western India and Pakistan. They may well have been the first practitioners of the postural meditative state of body, mind and being that came to be called yoga by the successors of the Harappans who advanced throughout the Indian subcontinent.

Fast forward 4,500 years, and yet further east, to 17th century Henan province, where Chen Wangting codified a form of ancestral Tai Chi developed by a Chen clan patriarch eight generations earlier. Two centuries later, Yang Lu Chan, modified the more martial movements of the original to develop a “softer” and slower style of Tai Chi, at which he was so adept that he gained widespread fame as “Yang the Invincible” and was summoned to the Forbidden City to instruct the Emperor’s Manchurian Imperial Guard in his version of Tai Chi. This was imported to America with a Yang Tai Chi master a century later, and is now the Tai Chi style most practiced in the U.S. for enhanced health, balance and muscular coordination.

All of these diverse treatment channels – chemical, physical and psychological, can be adopted and adapted to varying degrees by practitioners of “Western” medicine, as appropriate and practical, for the management of arthritic conditions.

In the 19th century, a chemist employed by the Bayer chemical firm (not far from Ötzi's icy grave) isolated and then modified the anti-arthritic molecule in willow bark, called salicylic acid (the Latin word for willow is *salix*), rendering it much less irritable to the stomach. His efforts transformed Bayer from an ordinary chemical company into a hugely profitable international pharmaceutical concern. Their success launched a proliferation of companies feverishly synthesizing pharmaceuticals that remain the core of Western medical practice. To the Greeks of Hippocrates day,

BMH Arthritis Program Series

Friday, March 26 – Arthritis Foundation Exercise Program Intro

Monday, March 29 – Taking Control of Arthritis

Fridays starting April 2 – 12-week Arthritis Foundation Exercise Program

Monday, April 12 – Nutrition & Exercise for Arthritis: Panel Discussion

Monday, April 26 – Tai Chi: Good Exercise for Those With Arthritis

Monday, May 10 – Our Joints: The Good, The Bad, The Ugly

their word *pharmakon* could mean either health-restoring potion or deadly poison.

Like the “drugs” we purchase at our pharmacies, the stuff we buy at our supermarkets and swallow every day as “food” can also be either beneficial or detrimental to our health and longevity. We are now increasingly aware of the literally grave implications of consuming what has come to be called the Western diet. This is as true for joint disease as it is for heart disease and diabetes.

Western science is now demonstrating, using “scientific methodology” that regular Tai Chi and yoga practice can induce a more balanced immune system and enhance muscular and nervous system coordination and function, thus promoting joint health and overall somatic equilibrium.

The ARTHRITIS SERIES that will run from March 26th through May 10th (with my presentation ending the series) offers a wealth of information on this increasingly common disorder, and will focus in detail on all the therapeutic elements I touched on in this historical survey. I encourage you to attend each presentation and ask plenty of questions.

Healthwise is published for our patients and their families, our friends, and our community three times a year by Brattleboro Memorial Hospital.

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GRAPHICS ~ Nicole A. Zinn

Healthwise articles are written by the editor unless other attributed. Please call the editor at 802-257-8316, if you have comments about this newsletter and/or suggestions for future articles.

Local Doctor's Experience In Haiti

Brattleboro Memorial Hospital medical staff member, Craig Goldberg, DO, returned home in mid February after spending two weeks doing medical disaster relief work in Haiti with the agencies AMURT and AMURTEL. He describes his experiences in this article.

According to Dr. Goldberg, “The Haitians are a beautiful, peaceful, deeply spiritual and loving people. I felt honored and privileged to be able to help them in some small way. Even with no functioning government, minimal police presence, and no capability for anyone to enforce any kind of law, I saw peacefulness everywhere. The people generally have great respect for each other. Even when a sudden unexpected truck full of mattresses pulled up to one of the refugee camps and people started getting pushy in a line, the self-appointed community leaders quickly brought the crowd under control and organized the distribution peacefully.”

Dr. Goldberg, a BMH osteopathic physician, and three other doctors and two nurses set up a medical camp at Acra, one of the large refugee camps where about 4500 people are living. Just before they were about to start seeing patients, close to 100 people lined up in front of them and started singing a song in Creole which translates as “God is everywhere”. Dr. Goldberg says, “They sang joyously for about five minutes until we started seeing our first patients. It was a very touching moment, of which there were many.”

Dr. Goldberg tells the story about when he went to do a needs assessment at Citi Aucayes, a camp of close to 5,000 people. He says, “I was brought almost immediately to examine a baby who had been born two days before in a tiny room made of some bed sheets as the only shelter. Fortunately, the baby seemed okay and had started breastfeeding. It was unclear, however, how long it was going to be before the baby’s parents received any food or clean water.”

On the night of February 1st, the group from AMURT received a phone call from two nurses who had been doing relief work in the mountains about an hour from Port-au-Prince. They had found an orphanage there with 53 children living in the most horrific conditions.

Dr. Goldberg says of this part of the trip, “One of the children, a little girl about one year old was terribly sick, possibly with meningitis. There was no food or medicine there. The next day we packed up some boxes full of medicines, 100 lbs of flour and 100 lbs of beans, some cooking oil and some salt and went up to meet the nurses at the orphanage. The conditions we found these children living in are unimaginable, particularly if you



didn’t see it for yourself. No toilet, no clean water, no toys or books, no mattresses, no blankets (it is cold there at night), no food in sight and children who just looked blankly into space without playing or speaking. But if you went up to almost any one of them and held them and spoke to them they immediately smiled and lit up.”

The medical team started an IV on the very sick little girl, gave what medical care they could to others who needed it, and drove the sick girl to St. Damien’s Children’s Hospital in Port-au-Prince where she was found to have pneumonia. They spent the next three days networking with everyone they could to get help for the other children. By the time Dr. Goldberg left, the Red Cross had already brought mattress pads to the children and Unicef and The World Health Organization were working to get better accommodations and help for them.

Dr. Goldberg says, “If I could have stayed and worked for three months straight I would have in a heartbeat. The people in Haiti need everything, but they also appreciate everything. This disaster has taken from them what very little they had to begin with.”

The spring rains are due to start at the beginning of May. The tarps and plastic sheets that are being given to some will not hold up against tropical rains and hurricanes that continue for up to four months. The shelters to be built by the Europeans will

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Dr. Goldberg's experience in Haiti *continued from page 3*

be too few and too late for many. The Haitian people need tents desperately. AMURT's goal is to try to raise enough money to buy at least 2,000 tents. One six-person tent can be bought for \$200.

AMURT also needs school and art supplies for children to use in their "Child friendly spaces" that they are creating in the refugee camps which will ultimately become "Integrated Health and Education Camps". In order to meet these expenses, Dr. Goldberg is trying to



raise \$400,000 within the next two to three weeks.

He asks that readers please pass this message on to anyone you know who might be willing to help. Please specify in the comments section online, or in your check memo "Haiti tents". Checks can be made out to AMURT and sent to Amurt, C/O Peter Sage, 2502 Lindley Terrace, Rockville, MD 20850.

Dr. Craig Goldberg thanks people in advance for their assistance with this project.

Cornerstone Pediatrics Moving

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from age six months to five years, but thanks to the generosity of Phi Theta Kappa at Landmark College, the "Reach Out and Read" program at Cornerstone Pediatrics in Bellows Falls is able to give a free age-appropriate book to each child from age six months on through high school to take home when they come to Cornerstone Pediatrics for their well-child visit.

In addition, Cornerstone Pediatrics offers a free lending library which features books about parenting for parents of the practice's patients and the general public.

Drs. Rooney and Slowinski are both board-certified pediatricians and fellows in the American Academy of Pediatrics.



We replaced George's knees. And restored his life.

George Haynes of Brattleboro didn't have a leg to stand on—because both knees were failing, making a simple stroll a painful ordeal.

Working with Dr. Jon Thatcher, George underwent bilateral knee replacement at BMH. Surgical expertise is just part of our clinical excellence in orthopedics—George regained his strength as one of the first patients in our Richards Building's physical therapy suite. George says "the therapists were experts, and the results were phenomenal." So good that George recently climbed Mayan ruins in Belize, for a view he couldn't have seen on his old knees.

If joint pain is keeping you from the life you want to lead, call our orthopedic specialists at 802-258-6400.



Brattleboro Memorial Hospital
EXCEPTIONAL CARE FOR OUR COMMUNITY

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BMH Creates All New Website!

Brattleboro Memorial Hospital has totally revamped its website! Earlier this year, the new BMH website went live. You can check out the all-new look of our website at the same URL address used for the earlier BMH website: www.bmbvt.org.

The updated BMH website enhances the online presence and matches the streamlined look and feel of the new logo.

Besides a totally new look, the browser will find such new features as *Find A Doc* and *Map & Directions*, the latter offering not only maps for visitors to find the hospital, but a campus map with what building is where, and a list of where each of the many services offered at BMH is located.

In addition to other new features such as *eGreetings* (where family or friends may send an e-mail to a hospital inpatient), the website has a rotating link from the home page for particularly pertinent information such as updates on the H1N1 flu. Other new ideas and items to enjoy on the new BMH website include patient information on preparation for tests, details on services available

at BMH, and links to physician websites and other local websites such as the Chamber of Commerce, Rescue, Brattleboro Area Hospice, and the Vermont Department of Health.

BMH Offers New Support Groups: Diabetes, Prostate Cancer, Ostomy

Brattleboro Memorial Hospital announces that it is now offering a monthly Diabetes Support Group meeting. The new support group, facilitated by Vidda Crochetta, meets on the first Saturday of the month, with the next meeting scheduled for April 3, 3:00-4:30 p.m., in the Tyler Conference Room on main hospital first floor. Crochetta will work with Houghton Smith, RN, the BMH Certified Diabetes Educator on planning the programs. The monthly support group is sponsored by Brattleboro Memorial Hospital. Call Vidda Crochetta at 802-579-1377, or e-mail him at ViddaCrochetta@gmail.com for further information.

Two other newly organized support groups are now being offered at Brattleboro Memorial Hospital: one for prostate cancer patients; the other, an ostomy support group for patients who have had surgery to create an opening from an area inside the body.

BMH ostomy and wound specialist Joan Punt, RN, will facilitate the Ostomy Support Group. Meetings are planned for the second Mondays of the month, with the next meeting on Monday, April 12th, 5:00-

6:30, in Tyler Conference Room. Joan will plan meetings depending on the interest and according to the needs of the group. There is no need to register, but for more information call 802-275-3608.

The new Prostate Cancer Support Group is facilitated by Craig Rinder, MD. Dr. Rinder is a urologist on the BMH Medical Staff. This monthly support group meets on the second Wednesday of the month, with the next meeting scheduled for Wednesday, April 14th, 5:30-6:30, in Tyler Conference Room. For more information about the prostate cancer group, contact Lisa Holabird at 802-254-8222, although again, there is no need to register for these support groups.

A change to note about another long-standing BMH support group regards the Breast Cancer Support Group. It is now being facilitated by the new hospital Comprehensive Breast Care Program navigator, Kelly McCue, RN, OCN, CHPN. For information about this support group, contact McCue at 802-251-8437.

BMH Plans Renovations *by Prudence MacKinney, VP Planning/Professional Services*

Brattleboro Memorial Hospital is continuing to invest in our facility by upgrading critical parts of the hospital's infrastructure. Last year we completed a Master Facility Plan that identified the top priorities for the campus. The top priorities for this year are a new data center and proper ventilation for the Laboratory.

In the spring of 2010, we will start renovations to create a location for the Information Services Department, including a new data center. The data center houses all of the hospital's computer servers and is required for the electronic medical record and other data systems for hospital operations. Data centers are expensive to build; they must have precise climate control and fire suppression systems, and be very secure. The Master Plan identified the current Brew Barry Conference Room as the best location for a data center to serve the hospital for 30 or more years.

Renovations will start in the old Rehab Services area on the ground floor of the main building where we will create new conference rooms to replace the Brew Barry Conference Room and other conference rooms.

We will also create an exercise room for the many perinatal programs offered by the BMH Birthing Center as well as other hospital exercise programs. We have decided to keep the name of the new conference center Brew Barry to continue to honor the memory of one of the hospital's most dedicated volunteers.

The BMH Medical Laboratory, located next to the new conference center, will have a new heating, air conditioning, and ventilation system installed. We will also move the histology lab and tissue processing room to be nearer to the main clinical lab. In addition, we will create appropriate space for the new chemistry analyzer currently being put into service (see article elsewhere in this Healthwise about the new instrument).

We have many other goals for the facility including renovation of the Emergency Department and moving the Cardiac and Pulmonary Rehab programs to new space. The timeline for these projects will depend on the hospital's financial performance and the regulatory atmosphere at the state level.

BMH Hires New Laboratory Director

The hospital is pleased to welcome Martha Goodwin, BS, MT (ASCP), as the new administrative leader of the BMH Medical Laboratory. Martha was most recently the Lab Director at Rutland Regional Medical Center. She served in the same capacity before that at Ocean Beach Hospital in Ilwaco, Washington, with her prior experience including serving as supervisor at Northeast Health Systems and, for almost ten years, as a Laboratory Officer in the U.S. Air Force.



Martha Goodwin

Martha received her bachelor of science degree in laboratory science from the University of Massachusetts, Lowell.

BMH Lab Medical Director, Christopher Appleton, MD, and lab supervisor Carolyn Allan along with the rest of the lab staff are pleased that Martha has joined their ranks.

BMH Plans for More Tech Tours

Brattleboro Memorial Hospital has been giving Technology Tours recently to show the community to come learn about some of the hospital's state-of-the-art instruments and services. BMH Technology Tours for this spring include a visit to our Rehabilitation Department on Tuesday, May 11th at 5:30 p.m., and a tour of our BMH Oncology Unit on Tuesday, June 8th at 5:30 p.m., both of which are located in the new Richards Building.

The tour of the Rehab Department will show some of the equipment used to help patients regain mobility following a joint replacement, a debilitating illness such as a stroke, or an accident. The tour of the Oncology Department will feature the new comfortable space BMH has created for our cancer patients to receive chemotherapy, along with some of the newer treatments and drug therapies.

Watch for more information closer to those dates.

The Vermont legislature is considering a number of options as far as bills to control healthcare costs. The situation at both the state and federal level is very fluid and changeable. BMH will try to post items of major importance on its website at www.bmhvt.org as they are updated.

Why Must I Sometimes Wait To Be Seen in the Emergency Room?

by John Starkey, BMH ED Nurse Manager

The Emergency Department (ED) at BMH sees approximately 13,000 patients each year. Upon arrival, each patient is interviewed quickly by our triage nurse who decides whether or not the severity of the illness or injury requires immediate interventions. The decision made by the ED Nurse is based upon a proven triage system called the Canadian 5 level ESI (Emergency Severity Index). This system sorts patients according to the patient's need for immediate interventions from those who can safely wait before being seen by the physician. This system is like those used by the military when dealing with multiple victims all at once.



John Starkey communicates with ED nurse David McCormack

The BMH ED strives to see all patients as quickly as possible within the triage system.

Factors that may directly affect your wait time in the ED

- *Time of Day* – We generally are busier between the hours of 11:00 a.m. and 10:00 p.m.
- *Day of Week* – We are generally busier on Friday, Saturday, Sunday and Monday.
- *Volume of Patients* – If you arrive during a busy period when there are a lot of patients in the ED, the wait may be longer.
- *How sick are the other patients when you arrive?* – The ED staff will attend to the sicker patients first. If you are one of the sicker patients, we will be attending to you more quickly.
- *Delays in lab or X-ray results* – The busier our ED gets almost always reflects on how busy our other departments are.
- *Delays in contacting a primary doctor or a specialist* – It takes time for your doctor to come over to the ED, or to have a specialist come from somewhere else to attend to you.
- *Delays for admission or transfer* – Patients may wait to be admitted because a room needs to be cleaned, or the staff might be waiting to discharge another patient to make room for you.
- *Delays in getting you discharged* – The ED doctor wants to be exact with his instructions, because we quite often won't see you again. We want to get it right the first time.

The Emergency Department continually evaluates methods to decrease patient wait times. We have implemented some process changes and we have also added staff. There is now a Physician Assistant or a Nurse Practitioner in addition to the ED physician on some shifts. We hope to further decrease wait time in the future by expanding and renovating the Emergency Department.

Patient Parking Improvements

by Prudence MacKinney

Parking for patients on the BMH campus will continue to improve with the opening of an off-site lot for employees this spring. The hospital is creating a lot for 46 cars on leased land behind Millennium Pizza on Canal Street. All students doing clinical rotations at BMH will be required to park in the off-site lot. Employees will be assigned to use the lot on a rotating basis. Employees who volunteer to use the lot will be welcome! More spaces in the current BMH parking lot will then be designated for patient parking.

Our vision is the best experience for every patient, every time you use BMH services. We believe providing more accessible parking will help achieve the vision.

Safety in Medical Radiation Addressed at BMH *by Ed Elliott, MD*

Recently, there has been much discussion in the news – television, newspapers, magazines, the internet – concerning the use of radiation in medicine. Radiation can be used for diagnostic imaging or for therapy (as in cancer patients).

In recent years, concern has been raised about the increased use of testing using radiation for both adults and children, and the potential harmful effects of this radiation. While no conclusive evidence exists, some studies have demonstrated slight increases in cancer risk with diagnostic X-ray exams.

The discussions, however, can be confusing and sometimes misleading. What is clear is that, when your doctor or healthcare provider has ordered an X-ray test, the goal must be to limit the radiation exposure to the smallest amount of radiation possible. Strategies for reducing exposure include:

- using tests only when there is a clear medical need or benefit
- using the lowest amount of radiation for adequate imaging
- evaluation of only the area of the body of concern
- avoid multiple repeated studies as much as possible
- consider the use of other diagnostic imaging tests, such as ultrasound or MRI, when possible.

The Radiology Department at BMH has taken several steps to encourage the safest use of medical radiation possible. Ongoing communication helps educate doctors and healthcare providers about the appropriateness of any ordered exams.

The Brattleboro Memorial Hospital Radiology Department has been a long-standing adherent to the ALARA philosophy – as low as reasonably achievable – using as low a radiation dose as possible to provide the necessary information during testing.

Diagnostic equipment and instruments at BMH use low-dose radiation as much as is available. The digital mammography units require less radiation than earlier analog mammo units, and the hospital utilizes ‘pulse fluoroscopy’ for procedures requiring fluoroscopy (upper GI series, etc.), also reducing the radiation dose. The dose for CT protocols at BMH is also individualized, using the lowest dose possible to acquire accurate exams. The fact that BMH offers digital radiography and a computed radiography system helps reduce the need for repeating exams, thus reducing additional radiation.

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BMH Medical Lab Upgrades With Hi-Tech Chemistry Analyzers

by Carolyn Allan, BMH Lab Supervisor



Brattleboro Memorial Hospital Laboratory recently replaced its chemistry analyzers with the **Vitros 5600** and **Vitros 350**. The 5600 boasts “e-Connectivity”, which means there is a secure, two-way connection through a virtual private network between the analyzer and the Ortho technical team. This enables continuous monitoring of the system to ensure efficient operation and automatic red flags that alert BMH Lab staff to potential problems – before they happen!

With patient safety as its primary concern, BMH purchased Ortho’s smaller 350 as a back-up instrument for general chemistry testing in the event unscheduled repairs are needed on the 5600. These two instruments combine the latest technological advances in laboratory testing with an option of expanding the BMH Lab test menu.

The staff is currently being trained on these new instruments, and the BMH Lab looks forward to performing many of the lab tests that are currently being sent to outside labs. This will mean a speedier turn-around-time for patient results.

Some staff attended one-week classes for introduction to the 5600’s technology in Rochester, New York, and two Ortho systems engineers made themselves available on-site at BMH, running comparison studies and training all techs in use of both the 5600 and the 350. The Lab’s goal was a “go-live” date in late March.

Reminder

All BMH Lab tests are done in the
Richards Building
Monday through Friday: 7 AM - 6 PM
Saturday: 8 AM - 12 Noon

New BMH Board of Trustees



Seated in front row (l to r): BMH CEO Barry Beeman, Ex Officio; James F. Baker, II, Chairman; John M. Meyer, Secretary; Kirsten Beske, Vice Chairman; Back row: Benjamin Taggard; Carl Lynde; Leslie Morey; Burton D. Tepfer, MD; Denise Paasche, MD; Peter Carvell; George Idelkope, MD, Ex Officio; and Richard C. Carroll.

BMH Supports Local Organizations

Year in and year out, BMH is asked to support local organizations and events in the Brattleboro area. As a community hospital we are pleased to be able to lend our support to these organizations in a variety of ways.

Organizations the hospital supports each year are the United Way, Girls on the Run, Red Cross Blood Drive, Big Brothers/Big Sisters Bowl-A-Thon, holiday-related collection boxes in the lobby, and miscellaneous golf tournaments.

However, because we are also a nonprofit organization which counts on donations and support from the community, we try to be judicious in our selection process as far as other local nonprofits to which we lend support. In order to make decisions regarding which other events and/or organizations will be supported in a given year, a committee reviews the many requests. Events being supported by BMH for this year include Daffodil Days (which directly benefits BMH cancer patients); Walk, Run & Roll for the Walk-In Clinic; the Buddy Walk for Down Syndrome; and the Relay for Life.

In addition, the committee from time-to-time approves the participation of hospital employees to use internal communication tools for occasional special events such as the Komen Breast Cancer Walk.

As a member of the greater Brattleboro community, BMH is pleased to be able to help our fellow local nonprofit organizations and agencies where possible.

Safety in Medical Radiation

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At BMH, a Radiation Safety Committee meets quarterly and as needed to monitor radiation exposure to employees and patients, and to maintain safety policies and procedures. A nuclear physicist surveys and calibrates all radiology equipment to ensure safe operating conditions, in compliance with State of Vermont standards. In addition, exposure charts are maintained and, whenever possible, patient protection with lead aprons and other shields are utilized.

Recently, the BMH Radiology Department pledged to adhere to the goals of the “Image Gently” campaign, an initiative through the Alliance for Radiation Safety in Pediatric Imaging.

Patients are encouraged to discuss the need for radiology exams with their doctor and healthcare providers. It is important to keep in mind that imaging techniques that do not use radiation, such as ultrasound and magnetic resonance imaging (MRI), are often very acceptable alternatives.

However, it’s also important to remember that there are times when a test using radiation is the best way to get the vital information needed to make the best clinical decision or diagnosis for the care of the patient. When a diagnostic X-ray exam is ordered by a doctor or healthcare provider, the patient can be reassured that radiation safety is taken very seriously at Brattleboro Memorial Hospital.

More information can be found at these helpful websites: www.imagegently.org; www.radiologyinfo.org; www.acr.org

Top Questions About Colon Cancer Screenings & Colonoscopy

1. Why is there so much talk about colon cancer?

Colon cancer is the third most common cancer. In Vermont, there are about 330 new cases per year and 24 of them are from Windham County. Many people know someone affected by this disease.

2. Can colon cancer be prevented?

Yes, to a certain degree. All major health authorities recommend colon cancer screening for people beginning at age 50. Screening is testing people for the disease, even if they have no symptoms. Individuals should not wait for a symptom, such as rectal bleeding, to have their colons checked. People presenting with symptoms typically have advanced cancer. Those with cancer found by screening have earlier stages of the disease.

3. Should I have testing to look for colon cancer?

Yes, if you are 50 years or older. People with family members who have a history of colon cancer or polyps should begin testing by age 40, at the latest.

4. What is a polyp?

A polyp is a benign growth that can turn into cancer. By removing polyps, we may be preventing cancer and the need for an operation.

5. What kind of tests are there to detect polyps or cancer?

The vast majority of patients have a colonoscopy to look for growths. There are other alternatives such as X-ray tests, sigmoidoscopy, and stool collections which look for blood.

6. If there are multiple options, what should I do?

As mentioned, the vast majority of people protect themselves from colon cancer by having a colonoscopy. It is the most complete, most comfortable, and most accurate type of exam. It is also the only test that can deal with abnormalities definitively, by removing growths. It is done once every 10 years if no abnormalities are found.

7. I've heard the preparation for colonoscopy is awful! Is that true?

Some people do have a hard time as they need to drink a gallon of salty water over a period of four hours to cleanse the colon. There are alternative "clean outs" and almost everyone can get through the process.

8. Once I've gotten through the prep, what will happen?

You will come to the hospital for about three and a half hours to receive intravenous fluids, go under sedation, have the colonoscopy, and recover for an hour. Someone will have to drive you home afterwards.

9. How dangerous is a colonoscopy?

Generally quite safe. But, there can be serious complications like bowel perforation or over sedation. Even taking into account the chance of something going wrong, the potential benefit of finding a problem is felt to outweigh the risk in almost all patients under age 76. According to guidelines released last year, patients age 76-85 should carefully weigh the risk-benefit ratio. Patients over age 85 should not have colonoscopy screening.

10. How much will this cost me?

This answer varies upon several factors such as whether or not you are insured, your insurance's deductible and co-payment policies, and whether or not you are a Medicare or Medicaid patient. What is found during a colonoscopy, like a polyp, can also affect your out-of-pocket costs. However, colonoscopy is often covered by health insurances provided you meet the coverage criteria and according to Vermont law, preventative tests (like colonoscopy) should be covered. Contact your insurance for their coverage policy.

11. Is the United States making progress getting rid of colon cancer?

Yes, the incidence of new discoveries of colon cancer is decreasing. However, about four in ten Vermonters have not been tested.

12. I've never been advised to have a colonoscopy. What should I do?

There could be many reasons for that. You should be proactive with your health and ask your doctor about getting tested for colon cancer.

13. Are there better places than Brattleboro Memorial Hospital to have colonoscopy?

No. BMH has all the equipment, expertise, and facilities to do excellent colonoscopies. Nationally recommended guidelines of "scope withdrawal time" and "polyp detection rate" are being met. I believe the personalized nursing care at BMH is outstanding.

14. What's with this virtual colonoscopy people talk about?

A virtual colonoscopy is a CAT scan-generated image of the colon lining. It is not yet approved by Medicare and other insurances because, while it may find abnormalities, a colonoscopy would still be needed for further assessment.



Jeffrey Potash, MD, is a gastroenterologist on the Medical Staff at Brattleboro Memorial Hospital.

The author, Jeffrey Potash, MD, is a board-certified gastroenterologist on the BMH Medical Staff.

BMH Supports Safety for Our High School Athletes

Brattleboro Memorial Hospital and Brattleboro Union High School (BUHS) are working together in the interest of helping make sports safer for local students. As part of its Sports Medicine Program, BMH has supported a certified athletic trainer (ATC) at BUHS for the past two years. Certified athletic trainers are bachelor's- or master's-prepared professionals who provide injury prevention and treatment to athletes, along with education to the athletes, their coaches, and their parents.

Stephanie Pruitt, ATC, was hired by BMH in July 2009. She spends most of her time at the high school attending practices and games for the high school athletic teams. The

ATC also works with the BMH orthopedic surgeons providing follow-up care to injured athletes, and with the BMH Rehab Services Department providing therapy for the rehabilitation of sports injuries.

The BMH Sports Medicine Program also supports local athletes with a physician in attendance at the home football games. BMH Orthopedic Surgeons William Vranos, MD, Elizabeth McLarney, MD, and Jon Thatcher, MD, rotate game coverage. Sports Medicine



Stephanie Pruitt, ATC

Director Dr. Bill Vranos oversees the program and consults with Stephanie. Dr. Vranos says, "Stephanie is a terrific addition to our sports medicine team. Any injured athlete gets an immediate evaluation by her. She can contact us through our 'hotline' and we have been able to virtually guarantee that injured athletes get seen within 24 hours. Based on

Stephanie's initial evaluation, we can have the appropriate testing arranged ahead of time. The school and the athletes and their families seem to be very satisfied."

Chris Sawyer, BUHS Athletic Director, is pleased with the relationship between the hospital and the high school. He stated, "Having an athletic trainer present at all home games for all sports and the majority of all practices has proven beneficial for the prevention and emergency care of injuries, as well as the rehabilitation and the ability of our athletes to recover from injuries and get back on the fields and courts."

Eileen Casey, BMH Rehab Services Director, concurs. "Stephanie has done a great job establishing relationships with the athletes and coaches at the high school. The athletes know they can come to Stephanie with any injuries or concerns and she will do her best to ensure their safety and get them back in the game as soon as possible."

The athletic trainer also provides injury prevention information for coaches and students and serves as a liaison between the school, the BMH orthopedic offices, and the BMH Rehabilitation Services (physical therapy) department.

To learn more about the Sports Medicine Program at BMH, go to www.bmhvt.org/services.

Dr. Orlan's Practice Moves to Permanent Site

The offices of Windham Internal Medicine have moved to the Medical Office Building, contiguous with the main Brattleboro Memorial Hospital buildings. BMH internist Richard M. Orlan, MD, is now practicing in his newly located office on the upper floor of the Medical Office Building in Suite 1201. Dr. Orlan's office can be reached via the elevator in the new Richards Building by getting off on the 1st floor and following signs to the Medical Office Building (the lower level is the ground floor).

Dr. Orlan is board-certified in internal medicine, geriatrics, and also in hospice (end of life) and palliative medicine (chronic disease / pain management). He earned his medical degree at Ross University School of Medicine in the British West Indies, and his internship and residency were both at Mount Sinai School of Medicine in New York City.

To contact Dr. Orlan's office, call 802-275-3640, or you can check out his website at www.windhaminternalmedicine.com.

Windham Internal Medicine is one of two practices recently coming under the aegis of BMH, the other being Windham Family Practice with Thomas O. Evans, MD.

Dr. Evans' newly named practice remains in the same office on the 2nd floor of the Gannett Building at 21 Belmont Avenue in Brattleboro. His telephone number also remains the same: 802-257-7792.

The hospital is actively recruiting for both an internist and a family practitioner for these practices.



Richard Orlan, MD

Brattleboro Primary Care Adds Healthcare Providers

Brattleboro Primary Care recently added two new nurse practitioners to the staff, both of whom are accepting new patients. Brianna Seaver, BA, MSN, EMT, RN, NP, joined the internal medicine section of the primary care group in December. Mark B. Robel, RN, MSN, CPNP, specializes as a pediatric nurse practitioner.

Brianna is a native of Greenfield, MA, and currently resides in Bernardston, MA. She graduated from Northfield Mount Hermon School in 2000, after which she earned her undergraduate degree at Boston University. While obtaining a BA in Psychology, she began work as an emergency medical technician (EMT) in the Boston area, receiving the 2005 City of Boston EMS Citation Award for extraordinary service, and also the Massachusetts State Police Lifesaving Award.

In 2007, Brianna obtained a master's degree in nursing and received her nurse practitioner degree at the MGH Institute of Health Professions, affiliated with both Massachusetts General Hospital and Harvard University. For the past two years, she worked in primary care for UMass Correctional Health Services at MCI Norfolk. Brianna recently received special recognition as a Department of Corrections Employee of Excellence. An accomplished swimmer and scuba diver, Brianna is also a certified rescue diver. For an appointment with Brianna, call 802-258-3905.

Mark Robel graduated from Simmons College School of Nursing in 2002 with his MSN in nursing. Specializing as a pediatric nurse practitioner, he is certified by the Pediatric Nursing Certification Board. Mark's area of concentration

during his graduate studies was children with special healthcare needs, and his master's thesis involved stigma and parents of children with special healthcare needs. Before coming to Brattleboro Primary Care, Mark was involved in the start-up of the Coordinated Care Clinic at Massachusetts General Hospital which helped provide a "medical home" model for children with significant medical issues. While at Simmons, Mark was chosen as a LEND Fellow at Children's Hospital Boston – Leadership and Education of children with Neurodevelopmental Disabilities. During this year-long fellowship, Mark participated in a wide variety of educational and clinical programs, culminating in meetings in Washington, DC, on Capitol Hill to discuss healthcare policy in the 21st century.

Mark and his family live in Whitingham, have two cats, one dog, a 120-gallon salt water aquarium and ten chickens. He and his spouse have also recently ventured into the hospitality business by purchasing the Readsboro Inn. Life is very busy, but Mark really enjoys the pace of life in Vermont, and says that working at Brattleboro Primary Care rounds out a very full life! For an appointment with Paul, call 802-258-3905.

The location of Brattleboro Primary Care is in the Gannett Building on the Brattleboro Memorial Hospital campus. Their eight board-certified pediatricians and internists, along with several allied healthcare professionals including the two new nurse practitioners mentioned above, provide primary medical care for the entire family.

BMH Internist, Dr. Eric Pofcher, to Take Post at New VA Clinic

Eric Pofcher, MD, announced to staff at Brattleboro Memorial Hospital that he will be the clinic physician at the new Veterans' Administration Clinic at Exit 1 in Brattleboro. His current practice will close some time in May.

Dr. Pofcher says that it has been a pleasure working with patients in his private practice, and praised the BMH staff as very patient-friendly healthcare providers who are dedicated to patient care. He says his patients have been wonderful, but that he felt the time had come to move on to a new chapter in his life.



Eric Pofcher, MD

Dr. Pofcher says his patients should be getting personal letters close to the time of this publication.

BMH Medical Staff's Excellence in Clinical Nursing Award – First Recipient Honored



Eileen Baker with her husband and parents

At the December Medical Staff meeting, the inaugural Excellence in Nursing award was given to Eileen Baker, RN. Eileen received her award from Dr. Paul Righi; her nominator and past Medical Staff President. Dr. Righi, introduced Eileen, recounting her varied nursing experiences over the years, the compassion she rendered while working on the BMH medical/surgical unit, and her patient-centered focus through personal struggle. Eileen currently works in Occupational Health.

The award recognizes excellence in clinical nursing, exemplified by accurate patient assessment, thorough understanding of a patient's medical condition and treatment plan, and a nurse who can effectively communicate both that understanding and pertinent information to the physician, the patient, and the family. Equally important is that the recipient is a person of good character who provides compassionate care in the time-honored tradition of nursing, who has a patient-centered focus in their time management, and who works collaboratively as a vital member of the healthcare team.

Eileen, there with her husband and parents, thanked the medical staff. She attributed her clinical practice at BMH to the senior nurses she worked with from multiple areas, and her principles of practice to Nursing Leadership. BMH played a part in her choosing nursing as a career as she was a candy striper here in the 1960s!

Eileen spoke to the medical staff about the partnership of care – nurses and physicians – and for us to recognize teaching moments, discussions, and providing direction. And she expressed appreciation when the doctors look for the best nursing can do. With a twinkle in her eye, she ended her acceptance speech by saying, “We (nurses) may...even begin a physician of the year award...perhaps...to bring out the best of both worlds!”

Annual Giving Update... Winter 2010

Here's some good news! Brattleboro Memorial Hospital is well on the way to making our Annual Giving goal, and the year is not even half over!! We attribute this wonderful success to the great generosity and charitable spirit of our community. Thanks so much for your support!

The BMH fiscal year runs from October 1st to September 30th. So when you look at the following update of gifts received this year, please bear in mind that these include all annual gifts since October 1, 2009.

Our Annual Giving goal is \$175,000 this year, and we have listed three areas for which you can designate your gift to BMH in fiscal year 2010. The gift totals to date are as follows:

Unrestricted gifts: \$96,620

Electronic Medical Records: \$6,370

Uncompensated Medical Care: \$11,277

Total giving thus far: \$114,267 or about 65% of our goal.

You will notice that the lion's share of giving is unrestricted. Many people prefer to make their gifts unrestricted because they trust that BMH understands how best to designate these dollars. We not only appreciate your investments in our hospital, but also the confidence that goes into an unrestricted gift, in the knowledge that BMH will spend your money wisely and prudently.

For those of you who have made gifts to EMR and Uncompensated Care, we appreciate your heartfelt desire to make a difference in these very specific and tangible ways. All gifts, whether unrestricted or for a defined need, are investments in a strong community hospital. **If you have not yet given a gift to support BMH, or would like to make an additional donation, we invite you to do so using the reply form on the back of the Healthwise.**

- Development Office

Donor Profiles – Paul Shield



As Paul Shield scans an e-mail listing his fellow committee members – the ones who helped plan the first Brattleboro Memorial Hospital Clambake & Auction back in 1986 – he recalls that it was Susan Fenn who came up with the idea of a clambake. She had just been hired as the director of the hospital’s Foundation (former name of the Development Office). Paul continues down the list, recalling each member’s role in garnering support for the event.

“We didn’t have a goal. We just hoped it would be a success,” Paul admits. Of course, it became such a success that they have replicated it every year since. (This year’s will be the 25th and final.) “We were lucky that all the local merchants wanted to donate items to the auction. It really came to be the social event of the year.”

Shield was well-known by the local merchants and community, having been a partner with Dick Fleming in the operation of Fleming Oil. Paul and Dick had been very close friends since attending high school at St. Michael’s. After earning a degree from Boston College and a stint in the army, Paul eventually found his way back to Brattleboro and married Dick’s sister, Elaine, with whom he has a daughter and five sons. They now also have 12 grandchildren, ranging from infants to age 26. These progeny’s pictures occupy an entire section of

the family room wall in their Brattleboro home. Paul and Elaine spend winters on the east coast of Florida, which Paul says is quiet and beautiful like Vermont. They have no intention of leaving Vermont altogether however, even with their sons and daughter spread out across the U.S.

“I like what you see out that window,” Paul says, gesturing to the line of windows looking out over an icy pond and a snow covered field in front a distant backdrop of mountains. “I like that you can see the turkeys running around here and the deer; the tree frogs in the spring.”

A heart attack prompted Paul’s retirement from business in 1993. After that episode, Paul says he “saw the light” and took his cardiac rehabilitation seriously, including paying attention to diet and exercise. Now at age 79, Paul has other health concerns, including an auto-immune disease that has him taking steroids as part of his treatment, though “not Manny Ramirez steroids” he notes with a wink.

“If BMH wasn’t there I wouldn’t be here,” he says simply about his dedication to improving health care in the community. He has served on the BMH Foundation board of directors and was a hospital corporator as well as an individual donor. He looks forward to seeing what activity will replace the clambake after this year.

“When we started, we did a guesstimate and said if we get ten years out of it that will be good, because people get sick of the same old, same old,” says Paul. “Then ten years has gone to twenty-five so I guess it was successful.”



Paul and Elaine Shield at an early BMH clambake

Do you remember this lovely little lobster???

What do **you** remember about the 1995 Brattleboro Memorial Hospital Clambake & Auction? Whether you have attended every one of the BMH Clambakes for the past twenty-four years or only one, we hope you have fond memories you are willing to share with us as we plan to celebrate the 25th and Final Clambake & Auction on July 17th.

In order to honor the twenty-five years of BMH Clambakes and the many volunteers who helped make this event successful for so long, a gala retrospective is in the making. As Sue Durkin, the 1995 and 1996 Clambake Auction Co-chair says,

“My children were all in elementary school during the time I was Co-chair of the BMH Auction. Most of my time was spent shuffling them from one activity to another, helping with homework and school projects. I loved the Clambake because it gave me the opportunity to work with women of all different ages and positions in our community, relationships that I still value today.”

We invite you to be a part of this special farewell event by having your memories included in the retrospective. **Please send us your memories—favorite auction item or skit, amusing incident, or a quote about what this event means to you.** (Please e-mail your thoughts to development @bmhvt.org.)

Back in 1986, the Southern Vermont Health Foundation (now known as the Development Office) hosted 261 people at the very first BMH Clambake. Susan Fenn, the first Director, started a tradition of building community involvement by inviting the Brattleboro community to join us on campus for this new event. In 1989, the BMH Auxiliary joined the Foundation in co-hosting this fundraiser and the auctions became a favorite component of the evening. Over the years, the Development Office has continued this tradition. With generous support of local business sponsorships, advertisements, or auction donations, as well as the thousands of event attendees, **we have**



raised more than \$800,000 for our hospital!

Secret plans are under way to resurrect several happenings from the past and we're sure you won't want to miss any of it. So watch for further details later this spring, **but mark your calendar now for Saturday, July 17th. It will be a fun evening!**

Come to the 25th and Final Clambake & Auction and help us *net* some clams!

By the way, just who is behind that lobster costume?



Numerous renovations are planned for BMH in the next several months. As a result of these planned capital improvements, naming opportunities are available. If you are interested in taking advantage of one of these naming opportunities, please call Ellen Smith in the Development Office at 802-257-8314.



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