

## BMH Prepares To Go Tobacco-Free in November

Effective November 20, 2008, Brattleboro Memorial Hospital will take a monumental, proactive step to implement a tobacco-free policy for all of its properties. The policy ban will apply to all patients, volunteers, visitors, medical staff members, vendors, and employees. This means as of Thursday, November 20 – in celebration of the Great American Smokeout Day – use of any kind of tobacco will not only be prohibited in hospital buildings as usual but elsewhere on all of the hospital properties.

As a healthcare organization, Brattleboro Memorial Hospital's primary mission is to protect the health of those in our community while promoting and supporting a community culture of healthier living. And, while BMH is not asking employees or patients and their families to stop using tobacco products necessarily, we are requesting that they refrain from tobacco use during work hours. It is hoped that the tobacco-free policy at BMH might help staff and members of the community think about the downside of tobacco use, also.

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## Oncology and Women's Imaging Departments in New Outpatient Building to Open Ahead of Schedule

by Prudence MacKinney, Vice President Planning/Professional Services



*The new BMH Outpatient Building is nearing completion. This view shows the convenient, covered patient drop-off on the Maple Street side of the new complex which also accesses new parking spaces.*

On August 11, 2008, two departments will begin serving patients in the new BMH Outpatient Building: the Oncology Department and the Women's Imaging Services (Radiology Department) will open their doors in beautiful new space on the second (top) floor of the building. The remainder of the building will open to the public in December 2008.

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## Strategies for Building Strong Bones

by Elizabeth A. McLarney, MD

How many times have you heard about someone who has had a minor fall, but ended up with a broken hip? This happens more often than you may think, and although age is a factor, the fault more likely than not lies with a disease called osteoporosis.

Did you know that approximately 320,000 hospitalizations occur in the US each year due to hip fractures? It's important to pay attention to the possibility of osteoporosis because, as a woman ages, she faces a far higher risk than her male counterparts of osteoporosis – a disease characterized by thinning bones and a high risk of fractures in the wrist, hip, and spine.

Our bones are in a constant state of turnover and repair, a process called remodeling. The remodeling process requires raw materials—calcium, vitamin D and exercise – to keep bones in good repair. Vitamin D deficiency is a common cause of osteoporosis, and supplementing with vitamin D and calcium has been shown to reduce hip fractures by 43%.

Adults reach peak bone mass in their 30s, followed by a slow decline. Women fare worse than men, because they have smaller frames on average than men—with less bone to start with. When they hit menopause in their late 40s or early 50s the rate of bone loss accelerates for a few years, leaving many women vulnerable to fractures.

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# Outpatient Building Ahead of Schedule

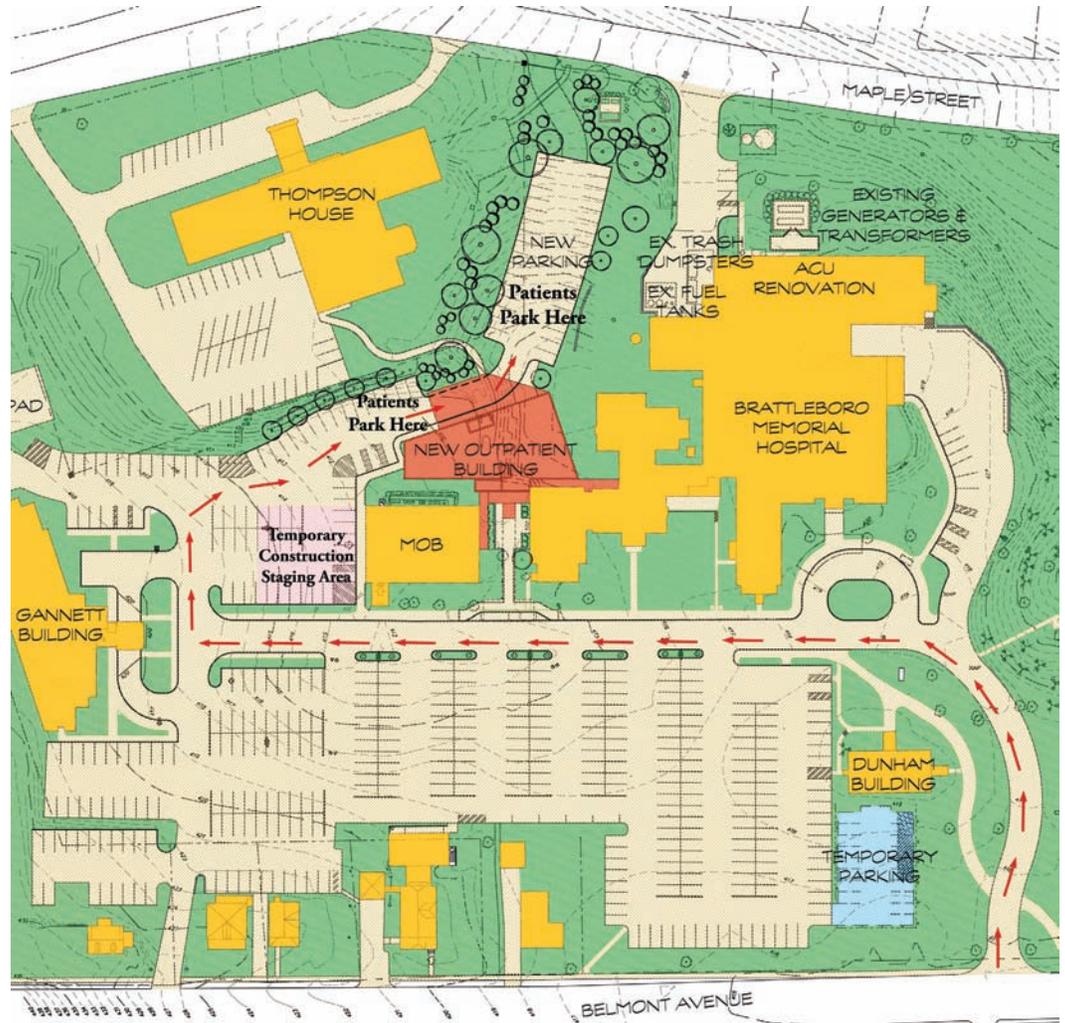
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After Oncology has moved into new space from its temporary quarters in the Medical Office Building (MOB) on August 11, the ramp that connects the MOB to the main hospital will be removed. This will make room for the new Outpatient Building front entrance off the main hospital parking lot. Once this front is constructed, the new building will be complete.

When patients make appointments for oncology, the Comprehensive Care Clinic (CCC), mammography, and bone density occurring on or after August 11, 2008, they will be advised to park near the back covered entrance on the Maple Street side of the Outpatient Building. The new parking lot will be open and other spaces closest to the building will be reserved parking for patients. (map at right) Patients will be pre-registered for the services initially available in the new Outpatient Building so they can go directly to the department. A friendly volunteer will be staffing the information desk on the ground floor to help people find their destination.

The BMH website ([www.bmhvt.org](http://www.bmhvt.org)) is an excellent source for up-to-date information about changes to the hospital campus.

Available in the new Woman's Imaging area is digital mammography with two state-of-the-art Hologic Selenia FFDM (full field digital) machines. We are pleased to announce that our wait time for a screening mammogram appointment is less than two weeks. In addition, the bone density unit, a Hologic Discovery Bone Densitometer, is new. Breast



*This BMH campus map shows (with the red arrows) where to drive from the front entrance around to the backside (Maple Street side) of the hospital to get to the new covered drop off for patients. The plan also shows parking.*

ultrasound will also be offered in the Women's Imaging area. The Oncology Department and CCC will have twice as much space as the former location. Four larger infusion bays look out to the northwest, and a private infusion bay is available. The department has an additional exam room and private offices for the nurse practitioners, physicians, and nurses.

The receptionist space in the new Oncology Department has tripled in size. Soon, BMH will have an attractive professional new building to offer better and more space to patients coming to the hospital for outpatient care. We appreciate the understanding from patients, their families, and our neighbors who may have been inconvenienced by the construction.

*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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*Please call the editor at 802-257-8316 if you have comments about this newsletter and/or suggestions for future articles.  
Thank you.*

## RECOVERY ROOM OPENS; AMBULATORY CARE UNIT RENOVATION ENTERS FINAL PHASE

On April 14, 2008, the first phase of the Ambulatory Care Unit (ACU) renovation was unveiled with the opening of the Post Anesthesia Care Unit (PACU), commonly called the Recovery Room. A larger, comfortable waiting room for families of surgical patients was another beneficial feature. Phase II of the ACU renovation was completed in mid-June, creating a two-room endoscopy suite and a minor procedure room in the former PACU location.

We have now moved to the final phase of the ACU renovation with the complete replacement of all the ACU patient rooms. From June through to mid-November, the current two-bed rooms will be replaced with 12 single rooms and a new central nurses' station will be created. During the renovation, the ACU will function in the 2<sup>nd</sup> floor medical surgical unit, and most inpatient medical and surgical care will be consolidated on the 3<sup>rd</sup> floor. The outpatient short stay area on the 2<sup>nd</sup> floor will remain open for outpatients and can be used, when needed, for overnight post-operative patients. An elevator will have priority use for patients to ensure easy transportation between the 2<sup>nd</sup> floor and the Operating Room.

Same-day surgery patients should continue to report to the Patient Registration / Admitting Office on the day of surgery. Family members will continue to wait in the new ACU waiting room on the 1<sup>st</sup> floor near the Operating Room.

You can count on the same high level of care BMH is known for during this final renovation. Once again, we thank you for your understanding and patience in the interest of having an efficient and up-to-date facility.

## BMH HOSTS NEW MS SUPPORT GROUP

A newly organized support group for multiple sclerosis is now offered at Brattleboro Memorial Hospital. The group meets in the Tyler Conference Room at BMH on the 2<sup>nd</sup> Tuesday of each month, 5:00-6:30 PM. For more information, call Bruce Gilman, 802-251-0928.

## JOURNEY TO EXCELLENCE TEAM OFFERS PATIENTS, STAFF, AND VISITORS WAYS TO HELP ENDURE HOSPITAL CONSTRUCTION AND RENOVATION

The BMH Journey to Excellence (JTE) team has been responsible for a number of goodwill gestures during the past year to make it easier for staff to manage the disruption of the Outpatient Building project and renovation at BMH. The Outpatient Building project and the attendant changes involved in the renovation of the hospital's same-day surgery unit (Ambulatory Care Unit) have caused some confusion for patients and visitors trying to find their way around the hospital. It has also created a level of noise, not only for patients and visitors, but for staff, which is not ideal for a hospital setting. So, while these changes and decibels are necessary for us to be able to offer the community a new spacious and convenient building for most BMH outpatient care, the JTE team has found ways to help try to alleviate some of their effects.

The JTE team has requested that all hospital personnel escort patients, families, and visitors to their destination rather than to simply point and give verbal instruction. The team's thinking was that it would provide a little extra care at a stressful time, and also an opportunity to talk about the end result of this disruption – that being new space for hospital outpatient care!

The team also provided 'Construction Survival Kits' to staff directly impacted by the construction. Enclosed with the survival kit, which was meant to offer a little humor in a stressful time, was this description of its contents:

*Tylenol.....to help you deal with the headaches of moving and construction;*

*Marble.....in case someone says "You've lost all your marbles", you can prove otherwise;*

*Flower Seeds.....to remember the seeds of change take time and effort but the end result is worth it;*

*Gum.....to remind you to stick with it...you'll make it;*

*Shoe Laces.....for pulling yourself together when you feel like you're falling apart;*

*Elastic Band.....to remind you to be flexible;*

*Hugs & Kisses.....to thank you for your tolerance and patience and for just being you!*

To honor the construction workers in early spring, Journey to Excellence invited the entire Outpatient Building and BMH renovation construction crew to a breakfast given in their honor. While various subcontractors come and go, the JTE committee wanted to recognize and appreciate the crew for their dedication through a long winter and for their commitment to excellence. More than 50 workers showed up to be thanked for their hard work and for keeping the new hospital construction on track and on time! See photo below.



## BMH INSTITUTES NEW CELL PHONE POLICY

**B**rattleboro Memorial Hospital has taken a good look at the cell phone usage within the walls of the hospital and has come up with a policy that will allow their general use throughout the hospital as long as they do not interfere with patient care, patient confidentiality, patient comfort, nor get in the way of staff workflow or activities.

Restricted areas as spelled out in a former policy have now been relaxed, as it has been found that most wireless devices used by the public actually have no negative impact on hospital medical devices.

However, please keep in mind the reason patients are in the hospital is to be cared for, to heal, and to rest. Hence, we ask you to avoid interfering with patient care including times when a nurse or other member of the healthcare staff is in the room to provide care for the patient. The same courtesy extended to a hospital roommate would also be greatly appreciated. And, please remember patient confidentiality when using a cell phone. Two-way radios may not be used by anyone within the confines of the hospital except when approved by hospital security. The staff thanks you.

## BMH EMERGENCY DEPARTMENT GOES “LEAN”

“A systematic approach to identifying and eliminating waste through continuous improvement”... that’s one definition of the ‘Lean’ operating principle. Hospitals are generally familiar with continuous improvement, but this concept takes on new components designed to maximize the efficiency of – in this case – the BMH ER.

Nurse Manager of the BMH Emergency Department, John Starkey, RN, says the ‘Lean’ system looks at value and non-value time and focuses on those situations (or items or other aspects) that are the *non-value time* elements. *Waiting* is one such element, including waiting for supplies, information (test results/X-rays), and patient care. The phrase *just-in-time (JIT)* might be familiar to some people, and having enough supplies for a certain logical amount of time, and not too much stockpiled, also helps to ‘lean’ the system.

The ER has already implemented a number of the ‘Lean’ tools including a more logical arrangement for some medical instruments (facilitated by observations from Dr. Langweiler); an orderly system for chart placement to facilitate treatment given by the physicians, nurses, and other caregivers; and something as simple as tape on the floor of the exam room for stretcher placement – a visual control system of the ‘Lean’ process.

‘Lean’ principles have been around for a long time, and were originally developed for the

manufacturing environment, and automobile plants in particular. But their concept is applicable for any system, and a well-functioning ER will employ good systems.

Hence, BMH decided to try the ‘Lean’ system, and has met with a fair amount of success with streamlining functions, both for patients and staff. It is an ongoing dynamic, as is any change, and the *‘leaning’* of ER exam rooms and systems is being done in phases...the first of which included four days of workshops. Examining value versus non-value time while addressing the ER flow was strategized and brainstormed by a small section of the staff. After that, two people at a time, or other select groups, are told to *‘lean’* a room, a phrase ER staff has become quite familiar with and to which they will apply any number of improvements to eliminate waste and provide better patient care.

One feature the ‘Lean’ process uses to eliminate waste is the collection of items in a particular ER room that are deemed unnecessary. They are put into an out-of-the-way section of the (same) room with the proviso that anyone finding they need any of these items during the next two-week period is allowed to enter it back into the inventory. After those two-weeks, any items left in the stash are put into an out-of-the-way section of the ER, and if they are found to be not-needed for the next 30 days, they get ‘recycled’. The ER staff has found this concept quite useful in eliminating

waste and creating space. Further reports of the ‘Lean’ progress in the BMH ER will appear in future issues of Healthwise. Stay tuned!

### ER ALSO INSTITUTES A PATIENT LIAISON

In an effort to further increase patient satisfaction at BMH, Patient Liaisons are now available to help with communication between patients in the ER and their families in the ER waiting room. The hospital has hired a Patient Liaison who facilitates this communication during the busiest times in the ER: 2:00-10:00 PM. The Patient Liaison also assists patient and family members at the bedside in the smaller details of their care (fetching a drink of water when appropriate, as an example).

In addition to helping the level of patient satisfaction in the BMH ER by providing continual communication between patients, families, and clinical staff, the new Patient Liaison also assists the ER coordinator, as time allows, in getting medical records, helping facilitate registration of patients, copying faxes of medical records, answering the phone, and other such tasks.

There are plans, currently, to recruit volunteers to also act as Patient Liaisons. If you want more information on being a volunteer Patient Liaison in the ER, please contact Christin Fagan at 802-257-8238.

## BMH 2008 EMPLOYEE OF THE YEAR IS ITS HEAD PHARMACIST

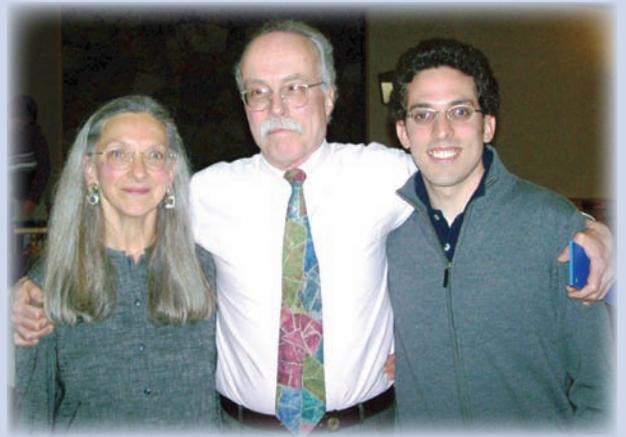
**B**MH pharmacist Ken Van Cott was celebrating 15 years at the hospital the evening of Employee Recognition when he was recognized as the 2008 Employee of the Year by hospital CEO Barry Beeman. Ken was nominated by each member of his staff, all of whom emphasized that their choice was a no-brainer because of his true and honorable service to all. They describe him as a team player, saying he is supportive and always ready to help when they need information to perform their job; that he doesn't hesitate to jump in when things get busy; that he often works late, takes short lunches, and/or comes in early for meetings. His staff also says he works weekends as needed and takes turns with fellow staff for holidays.

Ken is a leader who works hard to try to hold costs down; a leader who is always concerned that insurance company charge information is up-to-date. Ken has been involved with the Windham County United Way,

and has interests outside the hospital including reading, especially history, and cycling.

Ken is a very knowledgeable pharmacist whose dedication and competence help make BMH a safer hospital for our patients; who constantly researches new drugs and new ways of giving old drugs; who spends a lot of time on medication safety, implementing new procedures to make sure nurses and doctors have the necessary tools for the safe use of medicines.

Ken was hired as the Pharmacy Director by his VP, Prudence MacKinney, in 1992. He had been Director of Pharmacy at two Boston hospitals simultaneously. He is an avid bicyclist and was well known for cycling between the hospitals of Choate-Symmes Health Services!



*Ken with his wife Christy and son Christopher*

Fortunate for us, we were able to recruit Ken because his wife Christy was familiar with Brattleboro and wanted to move to a more rural area. Their son Christopher was going into 7<sup>th</sup> grade at that time. He is now 28 and working (back in!) Boston. We congratulate Ken on being named the 2008 Employee of the Year for his excellent work at BMH.

## THOMPSON MEMORIAL GARDEN PLANTED AND OPENED



The Thompson Memorial was re-dedicated on a sunny, but cold, day in December at the time of the hospital's Annual Meeting. This gave the principals of the Thomas Thompson Trust a chance to be on hand for BMH CEO Barry Beeman's ceremonial speech. Once the ground thawed, work began on planting and re-planting gardens, finishing walls and walkways, and placing a bench near the memorial stone, all complete now and ready for people to enjoy.

## Brattleboro Memorial Hospital Awarded Accreditation From the Joint Commission

by Mary L. Morgan, VP Quality / Patient Safety

By demonstrating continued compliance with the Joint Commission's national standards for health care quality and safety, Brattleboro Memorial Hospital has maintained its Gold Seal of Approval™.

Founded in 1951, the Joint Commission is dedicated to continuously improving the safety and quality of the nation's health care through voluntary accreditation. The Joint Commission's on-site survey at Brattleboro Memorial Hospital to determine continued compliance with the Commission's standards occurred in February of this year.

"Above all, the national standards are intended to stimulate continuous, systematic, and organization-wide improvement in an organization's performance and the outcomes of care," according to Darlene Christiansen, executive director, Hospital Accreditation Program, Joint Commission. "The community should be proud that Brattleboro Memorial Hospital is focusing on the most challenging goal -- to continuously raise quality and safety to higher levels."

This accreditation is proof of Brattleboro Memorial Hospital's organization-wide commitment to provide quality care on an ongoing basis. Joint Commission accreditation helps hospitals improve their performance, raise the level of patient care, and demonstrate accountability in the rapidly changing healthcare marketplace.

One of the focuses of the on-site survey included compliance with what the Joint Commission calls National Patient Safety Goals. The purpose of the Joint Commission's National Patient Safety Goals is to promote specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence and expert-based consensus for solutions to these problems. Recognizing that a soundly designed system is intrinsic to the delivery of safe, high quality health care, the goals generally focus on system-wide solutions, wherever

possible. Organizations providing care, treatment, and services relevant to these goals are responsible for implementing the applicable requirements or effective alternatives. Compliance with these requirements is assessed throughout the accreditation cycle, and on-site surveys are one of the mechanisms used to evaluate an organization's compliance with the National Patient Safety Goals.

One of these safety goals is known as the Universal Protocol. *Wrong site, wrong procedure, and wrong person surgeries* are one event tracked through The Joint Commission database. In response to continuing reports of *wrong site, wrong procedure, and wrong person surgery*, Joint Commission leadership agreed that it was necessary to get key organizations involved in efforts to prevent *wrong site, wrong procedure, and wrong person surgery*.

On May 9, 2003, The Joint Commission hosted a Wrong Site Surgery Summit, with the goal of obtaining consensus on the adoption of a "universal protocol" for preventing *wrong site, wrong procedure, and wrong person surgery*. The Summit was hosted by The Joint Commission in collaboration with: American Medical Association, American Hospital Association, American College of Physicians, American College of Surgeons, American Dental Association, and American Academy of Orthopedic Surgeons. The leaders of more than 30 other professional groups participated in the Summit. Summit participants agreed that a universal protocol would help prevent the occurrence of *wrong site, wrong procedure, and wrong person surgery*; that the protocol should be specific, so as to eliminate confusion about site marking and facilitate communication among surgical team members; and that it should provide the flexibility needed for unique surgical situations.

The Universal Protocol is one example of the hospital's commitment to patient safety and quality of care. BMH recognizes the importance of

adherence to this protocol. Though BMH has not had any instance of *wrong site, wrong*

*procedure, or wrong patient surgery*, we continuously strive to ensure that all of the recommendations from the Joint Commission under the Universal Protocol are followed; and we audit to ensure compliance with this protocol.

This is but one instance of how BMH strives daily to fulfill its mission: "To provide community-based quality health services delivered with compassion and respect."

Further information about the Joint Commission Standards and the National Patient Safety Goals is available at <http://www.jointcommission.org>.



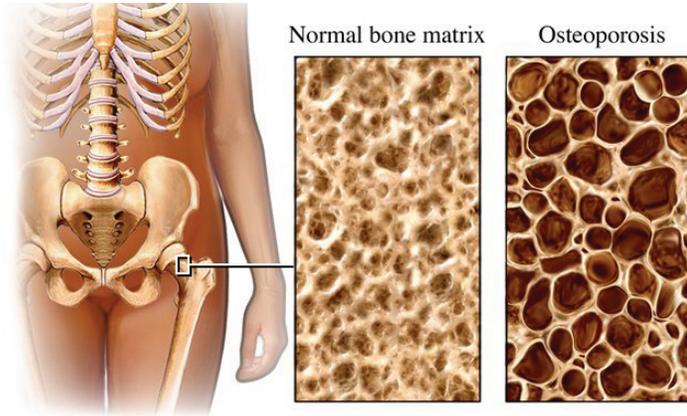
Mary L. Morgan  
VP Quality/ Patient  
Safety

### NEW CHAPEL/MEDITATION ROOM READY FOR USE

A recent survey completed by the Centers for Medicare and Medicaid Services reported the need for a "safe room" located within the Emergency Department. A "safe room" is required to care for suicidal and/or violent patients. To comply with these standards, the space formerly used for the chapel was needed. To make room, the hospital has moved the Chapel/Meditation Room from its former location near the Emergency Room to a new location on the main hospital level, immediately next to the Tyler Conference Room. It is for use of people wishing a quiet place to reflect or pray. Both the new ER "safe room", and the new BMH Chapel/Meditation Room are now completed and ready for our patients and their families use.

# Building Strong Bones

*Continued from front page*



## **Hormone Replacement Therapy or Not?**

To some degree women are helped by having higher estrogen levels prior to menopause. And until recently many women have taken hormone replacement therapy to maintain bone density. Following negative findings about the increased risks of heart attack and stroke associated with HRT, most physicians are presently reluctant to prescribe it for most patients.

Just about every woman can presume that she needs to follow the basic guidelines of getting recommended amounts of calcium and vitamin D for her age, plus plenty of weight-bearing exercise to ensure adequate bone density. But how does she know if she needs a bone-building drug as well?

## **Bone Density Test...Non-invasive, Safe, Valuable**

A non-invasive test – bone densitometry (known as dual energy x-ray absorptiometry DEXA) is considered the gold standard for measuring bone density and the future risk of fractures. This test can be used to measure bone density at the wrist, hip, and spine, all high risk areas for fractures. BMH, like most hospitals, offers this non-invasive, safe test.

The advantage of having a bone density test is that it can provide an early warning of what is all too frequently a silent disease. For many women the first sign of osteoporosis is the broken wrist, hip, or spine that comes with a fall.

Fosamax or Actonel are frequently prescribed for women who have suffered broken bones because of osteoporosis or who have low DEXA scores. Raloxifene, a selective estrogen receptor modulator (SERM), has some of the benefits of estrogen but without the risk of breast cancer associated with

estrogen replacement. It also increases bone mineral density and is prescribed for some women with osteoporosis. One negative side effect is that it can intensify hot flashes.

A recent study found that too often patients quit worrying

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*Did you know that two-million American men have osteoporosis? Go to [www.nof.org](http://www.nof.org) for more information.*

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about getting adequate calcium and vitamin D when they start taking medication, assuming that the drug is taking care of the problem. Researchers found that bone building drugs were far more effective when women also consumed recommended levels of calcium and vitamin D.

## **The Many Benefits of Vitamin D**

So we're back to the benefits of vitamin D, something people who live north of the Mason-Dixon Line are found to be severely lacking in, particularly during the months of September to March. This is because the sun contributes significantly to the daily production of vitamin D, and as little as 10 minutes of exposure is thought to be enough to prevent deficiencies. But we northerners must supplement vitamin D by taking it internally. Vitamin D is found in many dietary sources such as fish, eggs, fortified milk, and cod liver oil. The major biologic function of vitamin D is to maintain normal blood levels of calcium and phosphorus. Vitamin D aids in the absorption of calcium, helping to form and maintain strong bones. Recently, according to information from the Mayo Clinic website, research also suggests vitamin D may provide protection from osteoporosis, hypertension (high blood pressure), cancer, and several autoimmune diseases. Vitamin D is also thought to help prevent falls. So there are more benefits than helping stave off osteoporosis in taking vitamin D.

But, while medications and vitamins are effective, women can do much more to help themselves.

## **Weight-Bearing Exercise Is Important**

Lower your risk by getting regular weight-bearing exercise such as brisk walking, jogging, or hiking (depending on age and fitness). Yard work such as pushing a lawnmower is good exercise to help avoid osteoporosis, as are more fun activities like team sports, dancing, tennis, skiing, and bowling.

To help keep strong bones, you should avoid smoking and excess alcohol consumption. You should also consume the equivalent of one and one-half pints of reduced fat or fat-free milk or milk products per day as well as calcium-rich foods such as dried beans, green leafy vegetables, dried fruit, and calcium-fortified orange juice. And remember, in order to use calcium effectively, the body needs vitamin D which, again, is most readily available through sunlight, so get out there (in moderation) this summer!

If you're planning for good health in the second half of life, make sure you keep in mind these strategies for building strong bones. They're the frame that keeps your body strong and mobile. And be sure to check with your primary care provider whether you should be scheduled for a bone densitometry test, available at BMH, and as of August 11 in the brand new Women's Imaging Unit on the top floor of the BMH Outpatient Building.

*The author, Dr. McLarney is an orthopaedic surgeon in practice at Brattleboro Memorial Hospital.*



## LIST OF BASIC CHARGES

We strive to provide the best patient care experience for every patient, every time. We are providing this information to help answer some of your questions about our charges. The charges listed represent a small number of the most common charges asked for by our patients. These are average charges for a given inpatient or outpatient case. Average charges are estimates. Because every patient receives treatment based on their individual clinical needs, the specific charges to each patient will vary. Actual charges vary based on services delivered and medical condition. Additional tests or services not listed in the estimate may be ordered by your doctor or provider in order to treat, diagnose, or care for individual needs. Your out-of-pocket expense will depend upon your individual insurance coverage terms.

With the exception of the Emergency Room and a few other diagnostics tests, all of the charges listed here involve only Brattleboro Memorial Hospital. Your doctor, surgeon, radiologist, anesthesiologist, and other specialists are independent practitioners and will provide separate bills for their services.

These estimates of charges are valid through September 30, 2008.

The following table provides average overall charge information for the types of inpatient care provided most often at BMH.

DIAGNOSIS RELATED GROUPING	DESCRIPTION	ESTIMATED AVERAGE HOSPITAL CHARGE 2008
775 & 795	Vaginal delivery without complications (includes normal newborn care)	\$ 6,300
766 & 795	C-section without complications (includes normal newborn care)	\$11,600
470	Hip or knee replacement *	\$25,000
291,292,293	Heart failure & shock	\$10,600
193,194,195	Pneumonia (adult)	\$ 9,900
742,743	Surgical procedures of the uterus or ovaries (not cancer)	\$10,900
190,191,192	Chronic lung disease (emphysema)	\$ 9,300
371,372,373	Irritation or ulcer of the esophagus or stomach in adults	\$ 6,300
377,378,379	Bleeding from the stomach or intestine	\$11,800
310,311,313	Chest pain	\$ 7,300
64,65,66	Specific cerebrovascular disorders except TIA	\$17,600
481,482,493,494	Hip & leg fractures	\$15,500

*\*The type of prosthesis or device used contributes significantly to the total charge. The charge for these items can vary widely.*

This table provides average charge information for some procedures commonly performed as outpatient procedures at BMH.

DIAGNOSIS RELATED GROUPING	DESCRIPTION	ESTIMATED AVERAGE HOSPITAL CHARGE 2008
04.43	Carpal tunnel release	\$2,560
13.41	Cataract extraction w/lens implant (one eye)	\$4,400
20.01	Ear tubes (myringotomy)	\$2,890
45.23	Colonoscopy (flexible screening of large colon)	\$1,550
45.24	Sigmoidoscopy (flexible screening of descending colon)	\$ 404
51.23	Gall bladder surgery (laparoscopic)	\$7,473
53	Hernia repair	\$5,372
80.2	Arthroscopy (wrist, shoulder, elbow or knee)	\$4,060
80.6	Excise knee cartilage	\$3,732

CPT stands for Current Procedural Terminology. CPT codes are five digit codes that are recognized by all insurance companies, hospitals and physicians. These codes are used by the insurance companies and providers to identify the type of care you receive.

The following charges are the current actual charge for the specific tests or scans. Additional tests or supplies not listed may be ordered by your doctor or provider in order to treat, diagnose, or care for individual needs.

CPT CODE	LAB TESTS	HOSPITAL CHARGE 2008
80061	Lipid profile	\$ 57
81001	Urinalysis	\$ 15
82947	Glucose	\$ 20
84153	Prostate specific antigen (PSA)	\$ 95
85025	Complete blood count with auto diff (CBC)	\$ 40
86850	Antibody detection	\$ 48
86900	ABO group only (blood)	\$ 16
87430	Strep test – group A antigen	\$ 59
87491	Chlamydia test, amplified probe	\$135
88142	PAP screen, thin layer	\$105

CPT CODE	RADIOLOGY	HOSPITAL CHARGE 2008
71010	Chest X-ray (single view)	\$159
71020	Chest X-ray (two views)	\$159
71030	Chest X-ray (multiple views)	\$159
72020	Spine X-ray	\$159
77080	Bone density scan (usually in combination with a charge for spine x-ray image)	\$265
76856	Ultrasound, pelvis - complete	\$345
76830	Ultrasound, transvaginal (usually in combination with ultrasound, pelvis - complete)	\$345
76645	Ultrasound, breast	\$216

CPT CODE	MRI SCANS	HOSPITAL CHARGE 2008
70551	Brain & stem without contrast	\$1,275
72141	Cervical spine & canal without contrast	\$1,275
73721	Major joint of lower extremity without contrast	\$1,275
72148	Lumbar spine without contrast	\$1,275

CPT CODE	CT SCANS	HOSPITAL CHARGE 2008
70450	Head without contrast	\$687
71250	Chest without contrast	\$687
72192	Pelvis without contrast	\$687
74160	Abdominal with contrast*	\$933
76377	Multi planar reformatting (additional charge with most CT scans)	\$367

\*additional charge for contrast medium varies with type and amount. *continued on page 10*

## NEWS FROM RADIOLOGY

### “VOICE RECOGNITION” TRANSCRIPTION USED BY RADIOLOGISTS FOR PATIENT REPORTS

As our Imaging Services have grown over the years, so has the time it took for the radiologists' interpretative report to reach the ordering physician. There were many steps to the process including exam completion, dictation by the radiologist, report transcription in another department, back to the radiologist to electronically sign the report and distribution to the ordering physician. Then the ordering physician contacts the patient, who may be anxiously awaiting results.

Radiology monitored report turn-around time statistics with increasing concern. They also listened to the complaints of the patients and referring physicians who often waited days for the results. The solution? A speech recognition system. These systems are trained to recognize the radiologists' voices. As the radiologists dictate their report, the voice recognition program simultaneously generates the typed report. Once the dictation is complete, the report is instantly finalized and electronically signed by the radiologist.

The Hospital purchased the system and the Information Systems Department and the Radiology Department worked together to install it, going live in late winter of 2008. The results? In a recent randomly selected study, the report turn-around time ranged from 12 minutes to one-hour and 55 minutes. Having most of our reports available now in such a timely manner provides BMH physicians with prompt information about their patients.

So, while this is a relatively new development and still only a small sampling, we have received praise from our referring doctors about the decrease in turn-around time. As we continue to grow, we're confident that, with the new speech recognition system, we will be able to offer prompt interpretation of radiology exams.

## LIST OF BASIC CHARGES

continued from page 9

CPT CODE	MAMMOGRAPHY	HOSPITAL CHARGE 2008
76057	Bilateral screening	\$171
76056	Bilateral diagnostic	\$182
76052	Computer aided diagnostic, screening (additional charge with all mammographies)	\$ 58

CPT CODE	CARDIOLOGY	HOSPITAL CHARGE 2008
93005	EKG - tracing only	\$ 74
93010	EKG – interpretation and report (physician fee)	\$ 24
93017	Cardiac stress test	\$405
93231	Holter monitor recording	\$200
93307	Echocardiogram – 2d mode	\$775
93320	Echocardiogram – Doppler only	\$385
93325	Echocardiogram – Doppler color flow map	\$385
93350	Echo card stress	\$775

CPT CODE	EMERGENCY DEPARTMENT	PHYSICIAN FEE 2008	HOSPITAL CHARGE 2008
99281	ER visit level 1	\$ 57	NA
99282	ER visit level 2	\$109	\$141
99283	ER visit level 3	\$176	\$220
99284	ER visit level 4	\$321	\$356
99285	ER visit level 5	\$480	\$552
99291	ER critical care	\$610	\$687

The hospital's policy is to provide Charity Care for patients whose application documents an income level below 300% of the federal poverty guideline. BMH will also discount 3% of patient balances for the uninsured if payment is made in full within 30 days of receipt from the first statement. For both these programs, please call BMH Financial Counseling at (802) 257-8420.

If you would like additional information or have a specific question, please contact our Patient Liaison at (802) 257-8244.

## BABY BOOM

On Easter Sunday, the Birthing Center had a mini-baby boom with nine births in the 24-hour period. This compares to a more usual 1-2 babies born on an average day, so all hands were 'on deck', including full Birthing Center nursing staff and attending physicians. This actually brought the March total baby count to 45, when more normal numbers have been 30-33 per month. It looks like the increased patient satisfaction scores in the BMH Birthing Center (from 84.7 to 96.5) are catching on! Congrats to staff and all the new families!

## BMH Goes Tobacco-Free

continued from front page



BMH is offering free programs for members of the community and hospital employees who choose to quit using tobacco products altogether. Vermont Quit Network, sponsors these free multi-session tobacco cessation classes for employees and the public. They provide free nicotine replacement products, tools used by smokers to kick the habit. To register for the class, or for more information, please call 802-251-8456. In addition, BMH supports its employees by offering insurance reimbursement for acupuncture and dietary counseling and also for various quit aids and nicotine replacement therapy drugs.

Our patients are our first priority, and we are working together to develop coping and nicotine cessation strategies. Physicians, who are working with us to help facilitate a tobacco-free facility which includes all hospital properties, will also be working with their patients to help them toward the goal of being tobacco-free. We appreciate your help and support as we head toward our target date for a tobacco-free hospital campus at BMH on Thursday, November 20, 2008. Should you have any questions, please call us at 802-257-8318.

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## DR. RIGHI'S MEDICAL ASSISTANT GIVES THE "GIFT OF LIFE"

Some people may think this means that the subject of this article gave blood...often referred to as the 'gift of life'. But this person gave a lot more than that, and she gave it to a total stranger, too!

Kelly Lamere has been a medical assistant for BMH otolaryngologist Paul Righi, MD, for the past three years, and it seems one day earlier this spring, a 'grandmotherly' type patient came to see Dr. Righi. When Kelly was setting her up in an examination room, the patient



*Kelly Lamere*

mentioned that she was under a fair amount of stress, and wondered whether that might have been causing her symptoms. She told Kelly that she had been at the hospital a lot lately, to which Kelly asked, "Why were you in the hospital, did you recently have surgery or something?" The patient's response was that her hospital visits were to her grandson, one of her three grandchildren afflicted with juvenile nephronophythisis, a recessive kidney disease.

When Kelly learned that some of this woman's grandchildren had a genetic disorder of the kidneys affecting them whereby all three of them would need kidney transplants, she immediately felt a need to help. She asked about finding out if she was a potential donor.

The rest is history... With a blood test, Kelly found out she was a candidate for donating her kidney. She tells us she is a regular blood donor and felt this was just an extension of that. Her match was good, as it turns out, for the eldest grandchild of the Smith family, Kate – age 21 – who was already on dialysis. Kate's 14-year-old brother Samuel had been the first to need a transplant (and also on dialysis while awaiting his kidney). This finding had precipitated the need to test the other five children, whereby they found out that Esther, age 10, was also afflicted with the failing kidneys.

Kelly tells us that she found out that becoming a candidate to donate a kidney is multi-faceted. She not only had to pass the physical aspects (blood match and good kidney function, in addition to the necessity of being healthy enough and physically able to withstand major surgery), but there were also psychological tests. Kelly passed them all despite the fact that only 25% do pass the screening. The next step was for her to go to Fletcher-Allen Health Care in Burlington for the surgery.

The Smith family owns a farm in Charlotte where Kelly says they all have specific duties... Katie's is to care for the bunnies! (This could be called a "gentleman's farm" as the father of these six children is an engineer for IBM.) At any rate, the whole family is apparently very well grounded and, needless to say, incredibly appreciative for Kelly's sacrifice.

The very appreciative family put Kelly and her husband up in a local motel before, during (for Tom), and after the surgery. Kelly says that her boss, Dr. Righi, was very helpful in letting her have the time needed to give this gift of life to the Smith family. Her surgery was laparoscopic and her hospital stay was a couple of days, after which she experienced some of the usual discomfort associated with this type of procedure, but Kelly says it was all worth it! She wants everyone reading this to know that she not only feels completely well after only this short time, and no different except 'better for what I was able to do to help Katie.' She further says she was grateful that her health was good enough to be a donor candidate. "Knowing I helped someone like this is reward enough for me," says Kelly. The two have become friends: Katie sent Kelly an e-mail that read, "My belly really likes your kidney!" Kelly and her husband and daughter Amberle were looking forward to camping out with the Smith family over last Memorial Day weekend.

Kelly says she has she made wonderful new friends with the rest of the Smith family, but while she was in the hospital and now afterward, she has been receiving praises and kudos from

their friends and even other kidney transplant patients and donors from around many parts of the globe. It seems that the mother, Nancy Smith, set up a blog ([www.smithfamilykidney.blogspot.com](http://www.smithfamilykidney.blogspot.com)) and many of the people reading it know the family. None, however, really knew Kelly until now. One such was from 'Tracy in FL':

"Hi Kelly –

"I read the Smith's blog, and am truly touched by your selfless, thoughtful, and amazing gift—there really are no words. I am grateful to be able to watch such humanity in the world. Get well soon!"

Another such communication came from a friend of a friend of Kelly's (also a kidney donor) who said, "The universe thanks you," while also telling Kelly this was what someone had said to her. Other praises were from far-reaching members of the Smith family who told Kelly how grateful they were that she had given 'life' to their beloved Katie...all, needless to say, heartwarming and special to this special donor, Kelly Lamere.

### BMH HEALTH FAIR ALL NEW THIS YEAR!

On September 6, 2008, BMH will try something different for its 17<sup>th</sup> annual Health Fair. We're calling it "Launch Into Motion" and our goal is to get people up off the couch and moving. The day will start with a walk sponsored in part by Meeting Waters YMCA. There will be a stage for demonstrations – some participatory – with seating for an audience. Some of the features are yoga, Tai Chi, hip-hop dancing, martial arts, and Bone Builders. There will also be healthy cooking demos, sport footwear education, entertainment, free screenings, and fun for the kids like a moonwalk. The time is new, too: 9-12 noon. Watch for further information, or check out our website – [www.bmhvt.org](http://www.bmhvt.org).



## BMH PHYSICIAN OBTAINS RE-CERTIFICATION

**B**rattleboro Memorial Hospital physician David Albright, MD, was recently re-certified in Internal Medicine for the third time. Dr. Albright was originally certified in 1972 by the American Board of Internal Medicine. Recertification is required every ten years except for those who were originally certified before 1990. Dr. Albright was grandfathered and does not need to re-certify by examination but has been voluntarily recertifying. He feels that it is reflective of responsible practice to keep up with the recent developments in the field and as such has continued to pursue the re-certification process.

The process of re-certification involves successful completion of review modules in all areas of internal medicine in addition to a day-long final written examination.

Dr. Albright, who was recently appointed the new Chief Medical Officer (CMO) at Brattleboro Memorial Hospital, continues to practice internal medicine with a subspecialty in infectious diseases at Brattleboro Primary Care. In his role as the first CMO at BMH, Dr. Albright will assist the BMH medical staff and the hospital administration in such areas as quality, patient safety, and regulatory issues.

Dr. Albright received his doctor of medicine degree at Hahnemann Medical College and served his internship and residence at Allentown Hospital, all in Pennsylvania. He was awarded a fellowship in infectious diseases from Boston University.



*Valerie Rooney, MD*

## VALERIE ROONEY, RECEIVES SPECIAL ACHIEVEMENT AWARD

BMH pediatrician Valerie Rooney, MD, FAAP, was recently presented the Special Achievement Award of the American Academy of Pediatrics. Her award was for distinguished service and dedication to the mission and goals of the Academy with this particular mention: "for her tireless advocacy on a broad array of children's issues and healthcare policy".

## JOAN PUNT, CLINICS MANAGER/WOUND SPECIALIST, JOINS THE BMH STAFF

Joan Punt, RN, has joined the BMH staff as its Wound Specialist. Joan received her nursing degree at Lakeland Community College in Mentor, Ohio, and her BS in Education at Franklin Pierce University in Rindge, NH. Joan had experience as an enteral-stomal nurse at the Cleveland Clinic in Ohio for many years, and has most recently worked as an ICU and Emergency Room nurse in New Hampshire.

Joan joined the BMH staff in May and has been working with Dr. Greg Gadowski and Dr. John Bookwalter as her mentors in wound care during her orientation period. In July, Joan will be returning to the Cleveland Clinic to take an eight-week certification course in the wound care specialty. Upon her return, she will begin scheduling outpatients for wound care with referral from primary physicians.

Joan has also spent some of her orientation time assessing inpatient wound needs and evaluating nursing education needs for wound care. As part of her role as Clinics Manager, Joan will provide administrative oversight and management to both the Wound Clinic and Diabetes Clinic.

## CHRISTOPHER LADNER, MD, NEW MEDICAL DIRECTOR OF RADIOLOGY

BMH President/CEO, Barry Beeman announces that BMH radiologist Christopher Ladner, MD, has assumed the role of Medical Director, Radiology, a position formerly held by Edward Elliott, MD. The hospital appreciates the time and effort put into the role by Dr. Elliott, and we look forward to working with Dr. Ladner as the Radiology Department continues to expand.



*Christopher Ladner, MD*

## ORAL SURGEON ACHIEVES DIPLOMATE STATUS OF AMERICAN BOARD

Patrick W. Edmunds, DMD with Connecticut Valley Oral Surgery Associates, recently received notification that he achieved Diplomate of American Board of Oral and Maxillofacial Surgery.

## Dr. Bookwalter's Office Moves

BMH general surgeon John R. Bookwalter, MD, has relocated his office to the 1<sup>st</sup> floor of the Dunham Building in Dr. Langweiler's former quarters.

The new office address is 15 Belmont Avenue, but all of his other contact information remains the same. The main office number is still 802-257-7106.

Fellow surgeon Gregory Gadowski, MD, remains in the space they both formerly occupied on the upper level of the Medical Office Building. Dr. Gadowski's phone number remains the same: 802-257-2277.

Please note that, as of August 11, patients needing an elevator to get to the upper floor of the MOB will be able to access the new elevator bank by entering through the covered entrance on the back side of the BMH Outpatient Building. (See the map on p. 2 for the way to drive around to the new Outpatient Building covered entrance.)

## BMH NUTRITIONIST RECEIVES CERTIFICATE IN WEIGHT MANAGEMENT

Nutrition Services at Brattleboro Memorial Hospital now has a registered dietitian who also has certification in adult weight management. Carrie Quimby, RD, CD, MOEd, was recently certified by the American Dietetic Association where she gained knowledge in order to be able to counsel overweight individuals. She sees most patients at BMH, many of whom are referred because of heart disease or diabetes, on an outpatient basis.

With more than half of American adults overweight or obese, a nutritionist trained in clinical

weight management is an important adjunct to the hospital's services. With this new credential, Carrie can offer key information and tools for treatment options such as the appropriate use of obesity dietary supplements, application of popular diets and weight loss formulas, behavior modification, the role of exercise, and the possible medical complications of weight loss.

Carrie is a registered dietitian who is also certified by the



*Carrie Quimby, RD,  
CD, MOEd*

State of Vermont, and she says that obesity has become a worldwide epidemic which carries with it significant health burdens. She further says, "It is important to be vigilant against today's environment which encourages the consumption of high caloric density and low nutrient foods." Carrie says her new certification will allow her to help patients combat this epidemic.

## NEWS FROM THE BRATTLEBORO MEMORIAL HOSPITAL AUXILIARY

Since jumping into 2008, the BMH Auxiliary has been very active, starting with the Valentine Lunches. Our wonderful volunteers put together more than 800 lunches and delivered them throughout the community and surrounding areas. We sincerely appreciate the support of the community and the countless volunteers in this wonderful fund-raiser for BMH.



*Volunteers loading the Valentine Lunches into their cars.*

The coffee shop continues to be extremely popular for visitors, employees, and the community. Rose Ashworth, the manager, continues to explore ways to keep food choices exciting! Thanks to Rose, staff, and volunteers for all their hard work and dedication.

Remember, if you need flowers to cheer up a patient here at BMH or a gift in general, the "Attraction Gift Shop" has a wonderful selection of items; cards, jewelry, pottery, etc. JoAnne Rogers, the manager, is always on the lookout for unique and different

items for our patients, staff, and community.

This year, we elected to have our Annual Meeting at the New England Youth Theatre in Brattleboro. It was unseasonably warm, which added to this special evening along with the wonderful food and entertainment from students of the *Improv Troupe*. Several presentations were made including a donation to the Mammography Department at BMH from funds raised by the "Trim a Tree" sale in December. After announcing the new slate of officers, out-going Co-Presidents Doreen Lincoln and Dana Nelson were honored for their hard work, dedication, and support to the Auxiliary. We were honored to dedicate "Auxilian of the Year" to Jean Gilbert. Jean spearheads the "Trim a Tree" fund-raiser each year, volunteering countless hours toward this endeavor. Congratulations to Jean!

The Auxiliary welcomes our new slate of officers for the 2008 - 2010 term. Co-Presidents: Betsy Neumeister and Kathy Beeman; Vice-President:

Donna Burgoyne; Treasurer: Suzi Hamblin; and Secretary: Claire Lavender.

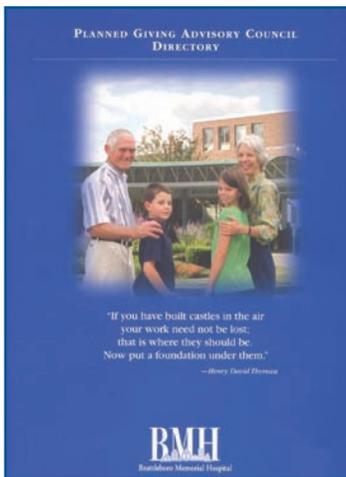
We are very excited and energized about fund-raising projects this year, some of which are relatively new. A "Mother's Day Basket" raffle was held in May, boasting many donated delights such as a Bed n' Breakfast stay, massage, and facial. Additionally, we had a "Father's Day Basket" raffle. The winner was drawn in June. An event featuring sterling and jade jewelry was also held in May, which proved to be an exciting fund-raiser. Look for a follow-up jewelry sale in September which will feature sterling and amber. Another "Auxiliary Yard Sale" is being considered again for this year. Please save your donations which we will gladly pick up if needed. We greatly appreciate and accept all items except clothing.

Our Annual Membership Drive takes place in June. As the Auxiliary moves forward, our direction will be focused on reaching out to our present members, employees, and our community. We appreciate that time constraints affect volunteering availability. The BMH Auxiliary will be exploring new ways to offer volunteer opportunities that require minimal time commitments, and yet still serve to give back to our wonderful community hospital. For more information about the Auxiliary, events the Auxiliary sponsors, or membership, please call Kathy Beeman at (802)257-4936; email: [beemvt@comcast.net](mailto:beemvt@comcast.net), or Betsy Neumeister at 254-2077; email: [neum1@sover.net](mailto:neum1@sover.net).

## PLANNED GIVING ADVISORY COUNCIL ESTABLISHED BY JONATHAN SECREST

**B**rattleboro Memorial Hospital recently established the Planned Giving Advisory Council. The group brings together community professionals who recognize the hospital's importance to the community, and who can serve as a vital link between the hospital and individuals looking to leave a lasting legacy benefiting the institution.

BMH was founded with a charitable gift in 1904 from the Thompson Trust, established as their legacy by Thomas and Elizabeth Thompson. Today, planned gifts constitute an important part of the hospital's financial integrity, and an opportunity for those who support the



hospital's mission to help to ensure that our community hospital will continue to be able to help others, as many of us have been helped.

The Planned Giving Advisory Council is an informal partnership of area professionals such as estate planning attorneys, financial planners, trust officers, accountants, and investment and insurance advisors. The group currently consists of about 20 individuals. Members bring a wide range of expertise in planned giving, and a shared commitment to supporting BMH. They assist the hospital in increasing the number of planned gifts in three ways: (1)

learning about and experiencing the hospital's programs and serving as ambassadors for the hospital in the community; (2) recognizing charitable planning opportunities to benefit the hospital; and (3) sharing experience and expertise with the development staff of the hospital.

The Council provides its volunteer members with an opportunity to develop and strengthen their relationships individually and as a group with the hospital. The group meets semi-annually, and members enjoy the benefits of networking and camaraderie in a group of like-minded individuals while working to strengthen the philanthropy program.

There are a variety of ways that anyone can leave a legacy for the hospital. Some may choose to leave a bequest in their wills, either a fixed amount or a percentage of an estate. Others may wish to establish charitable gift annuities or charitable remainder trusts, providing a substantial gift for BMH while enjoying secure lifetime payments of income along with significant tax benefits.

If you are a professional interested in joining the Council, or if you would be interested in discussing naming the hospital as a beneficiary or other planned gifts, please contact the Development Office at 802-257-8314. Or you can go to the hospital website at [www.bmhvt.org](http://www.bmhvt.org) and click on "Giving to BMH" in left hand index.

*Jonathan D. Secrest, Chair of the BMH Planned Giving Advisory Council, is an attorney at the Brattleboro law firm of Gale Corum Mabie Cook & Prodan, where he focuses on estate planning and probate matters. His youngest daughter Aleksa, a willful three year-old, was born at BMH.*

## NEW BMH "GRATEFUL PATIENT" FUND ESTABLISHED

As BMH President and CEO, Barry Beeman stated, "Vermont is headed toward a *perfect storm*. With an increased aging of our population and prevalence of chronic disease, coupled with a shortage of individuals interested in entering the healthcare field of work, we must make a commitment to development of new healthcare personnel."

Beeman continues, "BMH expects significant turnover in our clinical staff in the next few years due to retirement, so it seems only sensible that Brattleboro Memorial Hospital has made recruitment and retention of employees a priority in its strategic plan."

Each of these facts taken independently is a need for concern, but viewed as a whole it is a *perfect storm*. Not surprisingly Brattleboro Memorial Hospital has made recruitment and retention of employees a priority in its strategic plan.

The "**Grateful Patient**" Fund is a newly established fund that provides patients and their families the opportunity to recognize and thank BMH physicians, nurses and employees for the excellent care given but also help to ensure this high quality care continues. Gifts to the "**Grateful Patient**" Fund will help with recruitment and retention of quality health care staff in two ways:

1. Provide scholarship support to employees or community people who are interested in pursuing an advanced degree in clinical healthcare.
2. Loan forgiveness to current employees who have recently obtained an advanced degree which has enabled them to pursue clinical employment and whose pursuit of this advanced degree has caused them to incur academic loan obligations.

One recent BMH patient and a founding supporter of this fund stated, "*Recently, I experienced a medical emergency that in ten minutes demanded extraordinary help from my neighbors, ambulance services, and the emergency room crisis team. The on-call surgical team was brought in during the middle of the night. In a few hours, their combined efforts and concern saved my life.*"

If you are interested in learning more about the "**Grateful Patient**" Fund, or would like to make a gift to ensure high quality healthcare staff at BMH, please call Ellen Smith in the Development Office at 257-8314.

### ANNUAL FUND TO HELP WITH PURCHASE OF DIGITAL MAMMOGRAPHY

The Annual Fund goal this year is \$150,000, and monies raised will help with the purchase of two new digital mammography machines. To date, \$127,000 has been raised, for which we thank the community.

The BMH Radiology Department has purchased the new digital mammography units and the film 'digitizer' in order to put our patients' previous exams into digital format. Staff at the hospital is working to get everything in place in the Women's Imaging Unit on the top floor of the brand new BMH Outpatient Building. The target date to open both the new Women's Imaging Unit and the BMH Oncology Unit is August 11.

So, hopefully you can see that your gifts do make a difference. With the addition of digital mammography and other such important upgrades, many people in our community will have access to the technology necessary for early detection of breast cancer. We thank those who have already contributed for their kind support, and ask members of the community wishing to give to the Annual Fund to contact the Development Office at 802-257-8314.

### BMH RECEIVES KOMEN GRANT FOR BREAST CANCER EDUCATION AND TREATMENT

**B**rattleboro Memorial Hospital recently received acknowledgement of a grant from the Vermont-New Hampshire Affiliate of Susan G. Komen for the Cure in the amount of \$29,785. This grant money will be used for BMH breast cancer education and treatment. BMH launched its Breast Care Program in the Fall of 2005. The Program's goal is to improve women's access to the full continuum of breast care, from prevention to diagnosis and treatment.

The BMH Breast Care Program's Medical Director, Joseph Rosen, MD, along with the hospital Breast Care Advisory Committee, provide oversight for the Program's Breast Care Navigator, Gloria Solar, RN, who interacts with patients in many meaningful ways. A registered nurse in the hospital oncology department, Solar is trained in breast health and provides the necessary education and support to women who are experiencing breast health concerns.

The hospital plans to use the Komen grant money for the creation of an educational resource room and patient education materials for patients with breast health concerns. This resource will be housed in the new BMH Outpatient Building in August when the hospital Oncology Department and Women's Imaging Services move into the top floor suites.

Once the new space in the Outpatient Building is open, the BMH Breast Care Program plans to provide a wide array of educational materials including DVDs on germane topics and access to the internet for patient research purposes. Solar will also be available to women with breast health concerns for shared decision-making, particularly for newly diagnosed patients. Too, there also be space for a breast cancer survivors group to meet regularly.

The Komen grant money is also slated to be used for complementary therapy for the post-treatment phase of patient care including consultations with a naturopathic physician, nutrition education, the use of supplements, and yoga sessions.

The Komen grants are given specifically for the purpose of saving lives and ending breast cancer forever by empowering people, ensuring quality care for everyone, and energizing science to find the cure. It was named by the sister of Susan G. Komen who died of breast cancer. Members of BMH staff regularly participate by raising money for the race named after her which is held each year locally during the summer in Manchester, Vermont. BMH is also a sponsor of the event. In addition to funds totaling more than \$325,000 for local community programs such as

those granted to BMH for its Breast Care Program, the VT-NH Affiliate is proud to have provided \$108,450 for research in 2007.

The grant money was received in large part due to the efforts of Tracy Boucher, grant writer for the BMH Development Office. Boucher recently attended a five-day workshop on grant writing training offered by The Grantsmanship Center, a nationally-recognized resource in grant writing.

It covered such topics as the components of a proposal, researching funding sources, and writing and reviewing proposals. According to Boucher, "The hands-on practice that took theory and put it into practice was something from which I benefited greatly."

Brattleboro Memorial Hospital is very appreciative of the generous grant given to its Breast Care Program by Susan G. Komen for the Cure. The hospital is grateful that its patients will benefit from these resources.



*Tracy Boucher*

23RD ANNUAL  
**CLAMBAKE  
 &  
 AUCTION**  
 to benefit  
 BRATTLEBORO MEMORIAL HOSPITAL

**SERVING:**  
 Clam Chowder  
 Steamed Clams & Mussels  
 Boiled Maine Lobster  
 or Barbeque Chicken  
 or Vegetarian Dish  
 Corn on the Cob  
 Roasted Red Baby Potatoes  
 Roasted Onions  
 Blueberry Crumb Cake

**LIVE, SILENT  
 AND CHANCE  
 AUCTIONS!**

**AUCTION ITEMS INCLUDE:**  
 2 Red Sox Tickets with Overnight Stay in Boston  
 Food & Wine Tasting Package  
 Golf for 4 with Carts  
 Unlimited Car Washes for 1 Year  
 Plus Gift Certificates  
 for Get-aways, Dinners,  
 Jewelry and More

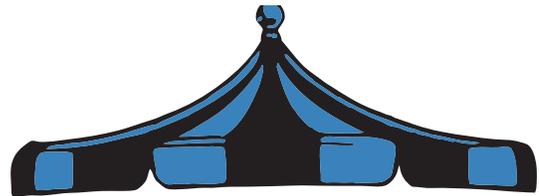
**DATE**  
 SATURDAY  
 JULY 19, 2008  
 5:30pm under the tent  
 on the hospital lawn  
 Food service begins at 6:30pm

**PRICE**  
 \$40.00 per person

**FOR TICKETS, CALL:**  
 (802) 257-8314

Deadline  
 For Reservations  
 Is July 11





*Launch into Motion*

&  
*Save the Date*

LAUNCH INTO MOTION



*Many new events coming to the fair*

**BMH 17<sup>TH</sup> ANNUAL HEALTH FAIR**  
**SATURDAY, SEPTEMBER 6, 2008**  
**9:00 AM - 12:00 PM**



Brattleboro Memorial Hospital  
*Caring for our Community*



**Brattleboro Memorial Hospital**

*Caring for our Community*

17 Belmont Avenue  
 Brattleboro, VT 05301

*Mission*

Brattleboro Memorial Hospital will  
 provide community-based health services  
 delivered with compassion and respect.

*Vision*

Best patient care experience-  
 every patient; every time  
 Best place to work-  
 employees / volunteers / medical staff

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