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- Elijah Daniels, page 2

Healthwise

BRATTLEBORO MEMORIAL HOSPITAL | WINTER 2015

A Little Superhero's Guardian Angel: Sawyer's Story



Sawyer Daniels

“**H**e’s our little Superman,” remarks Tessa Daniels, as her two-year old son, Sawyer gallops around the living room on a sunny autumn day, wielding a plastic action figure as a battering ram and thwarting his mother’s attempts to maintain some order amongst the toys, blocks, books and other accessories of a busy young family’s life. “He really is a miracle.”

Sawyer is blissfully unaware of his superhero status as he continues with the work of being a healthy toddler. There are things to climb on, things to jump off, Ninja moves to practice, and a yogurt snack to share with the family dog.

A barely-visible pale strip of a scar running down his chest is the only remaining physical evidence of Sawyer’s dramatic first few days and weeks of life – an adventure that began with an eagle-eyed BMH Birthing Center nurse noticing eight hours after his birth that Sawyer’s color looked “a little off”.

The ensuing days found Tessa and Elijah Daniels following the giant Boston Children’s Hospital (BCH) ambulance on a harrowing ride to the BCH Neonatal Intensive Care Unit where their infant son underwent an immediate cardiac catheterization, followed by open-heart surgery at six days old.

February 2013

Tessa and Elijah Daniels were thrilled to learn that their second child was going to be a boy. They were excited to welcome a new baby into their growing family which included 18-month old sister Penelope and a horde of closely-knit cousins, aunts, uncles and grandparents. Tessa had a healthy and unremarkable pregnancy, cared for by the team at Brattleboro OB/GYN and Four Seasons Midwifery. “I had heard really good things about BMH, so I was excited to be delivering there,” she says. Her prenatal testing and ultrasounds raised no concerns, so when her

due date came and went with no signs of labor, her providers recommended that she be induced. “That was NOT what I wanted, but when I think about it now, it makes perfect sense – he needed to be with me, getting stronger and growing as much as he could,” says Tessa. When Sawyer finally came, he came quickly – so quickly that his dad Elijah, who had stepped out for a moment, almost missed his birth.

“We were over the moon with excitement,” they recalled. “Our parents came, Penelope came in for a visit, other family stopped in to meet him, – it was such a happy time. Everything was fine, everything was perfect.”

As darkness began to fall late in the afternoon, and all the visitors had departed, the new parents were enjoying some well-deserved rest. “We were remarking how great Sawyer looked – how he had no jaundice, his color looked great, he was beautiful, he was perfect,” remembers Tessa. “The lights were dimmed because I was going to try and take a nap, and then Lindsay came in and introduced herself as the nurse who was going to be taking care of us that evening.”

“I can’t remember exactly what she said,” says Tessa “but it was along the lines of ‘He looks a bit dusky, I’m going to bring him to the nursery so I can check him out.’”

After thinking that a routine check was taking longer than expected, Tessa and Elijah walked down to the nursery “And it was immediately clear that the team was concerned,” she says. “After that point, everything is a bit fuzzy,” she continues. “We called our parents and said ‘You have to come



Penelope, Sawyer, Elijah and Tessa Daniels

back, something is really wrong.’”

The BMH team gathered around Sawyer’s bassinet strongly suspected that he had transposition of the great arteries (TGA), a rare but serious congenital heart defect in which the two main arteries leaving the heart are reversed. TGA changes the way blood circulates, leaving a shortage of oxygen in the blood flowing from the heart to the rest of the body. Young Sawyer’s parents did not know at the time that the condition is almost always fatal without surgical intervention.

Though many of the details are hazy, Tessa and Elijah remember the medical team quickly moving to start an IV and put an oxygen hood on their brand new baby. “It was horrible seeing all that,” they recalled “But the Birthing Center nurses were so great. It took three of them to coordinate all the IV lines and oxygen tubing, but they made sure we could still hold him and have skin-to-skin time with him. They understood that we needed this time with our baby, and they did everything they could to make sure that happened, even though it must have been terribly stressful for them as well.”

A decision was quickly made to transport Sawyer to Boston Children’s Hospital, which has one of the nation’s premier pediatric cardiac surgery programs.

It was an exceptionally foggy evening, making a helicopter transport out of the question, so BCH sent their Advanced Life Support ambulance up to Brattleboro to fetch the newborn.

The wait for the BCH ambulance to arrive was excruciating. One of the few things Tessa remembers about those hours is Lindsay, the nurse who initially raised the concern about Sawyer’s color, coming in to her room. “She knelt down beside my bed and she said ‘I’m so sorry this is happening to you,’ and all I could think was ‘You saved my kid’s life!’”

“I think about this a lot,” says Tessa, as her voice tightens. “I think about how hard her job must be some days, having to tell parents that there is something wrong with their baby...”

“I think about all the ‘what-ifs’ says Elijah. “What if Lindsay and the other nurses didn’t have the skills and training to spot the problem? We are so incredibly lucky.”

Upon reaching BCH, Sawyer underwent a cardiac catheterization at one day old and had open-heart surgery to correct the defect at six days old. “The heart is the size of a strawberry at that age,” says Tessa, “So it’s amazing that they are able to make such significant repairs on such a tiny organ.” After 13

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Patient Safety Improvements:

ALWAYS ON OUR MINDS, EVEN THE ONES YOU DON'T SEE

At BMH patient safety is our highest priority. While some of our safety initiatives are quite apparent to anyone entering our hospital, many are implemented without fanfare and remain largely invisible to the patients they benefit. We thought you might like to hear about some of them.

The **BMH Radiology Department** is reducing the amount of cumulative radiation and contrast medium our patients receive and that our physicians and technologists are exposed to.

“We’ve always operated using the ALARA (As Low As Reasonably Achievable) standard,” says Marcy Rushford, Director of Radiology and Service Lines.

“But this new technology allows us to further customize the amount of radiation and contrast medium we use for each patient based on their body mass and other considerations – all without compromising image quality.”

New AIDR (Adaptive Iterative Dose Reduction) software acquired from Toshiba in May enables BMH’s CT and Fluoroscopy technicians to lower the level of radiation to which patients (and staff) are exposed and reduce the amount of contrast medium used to obtain quality images. Additional RadiMetrics software, acquired in August, allows a cumulative dosage report to be compiled for each patient, so that clinicians can evaluate whether other modes of diagnostic testing may be safer and more appropriate for

those patients who have already had repeated exposures.

Because CT and Fluoroscopy are two procedures in which higher dosages are typically seen, the new software will alert the team to patients who may be at risk of exceeding recommended dosage parameters, allowing a radiologist and the patient’s physician to have a peer-to-peer

discussion about whether alternative diagnostic testing might be more appropriate. “Their recommendation might be that we use an imaging modality without radiation, like MRI or ultrasound instead, both of which are excellent diagnostic tests,” says Marcy.

“But sometimes CT or Fluoroscopy is the most appropriate method of care.”

“These changes are a great safety benefit for our patients,” says Marcy “but also for our staff, who perform hundreds of these procedures each year. They carry an additional risk of exposure. In addition, we take steps to regularly inspect equipment to ensure safety; we are always striving to improve our imaging protocols and services to better meet the needs of our community.”

Bethany Miller, Lead CT and MRI Tech, is very pleased with the quality of the images she is able to obtain, even with the significant reduction in dosage. “For many of our procedures, we’ve been able to cut the dose by about 40% and still get excellent



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BMH's Community Health Team

Did you know that when you are a patient of one of the BMH Medical Group's Primary Care practices, you gain access to a wide range of free, integrated health care services through BMH's Community Health Team?

The Community Health Team (CHT), housed in the Dunham Building on the BMH campus, is comprised of specialists in many areas who work one-on-one with patients to address chronic health concerns, build healthier habits, and overcome barriers to accessing the care they need. CHT specialists work in conjunction with a patient's primary care provider to help patients develop plans and establish attainable goals for health and wellness.

CHT specialists include:

- **Behavioral Health Specialist** – Helps with emotional and mental health needs and with finding long-term therapy if needed
- **Care Coordinator** – Helps access services, manage medications, and makes sure that patients are getting the care that they need
- **Diabetes Educator** – Provides education and support for patients managing diabetes
- **Health Coach** –
 - Teaches and demonstrates how to buy and cook affordable, healthy food
 - Helps you make a diet that works for you, and introduces you to great, easy exercise methods
- **Registered Dietitian/Nutritionist** – Helps with diet planning, particularly if the patient:
 - Is on a variety of medications
 - Has very unique diet requests
 - Plans to undergo bariatric surgery
 - Has an eating disorder (may be referred to more specialized nutritional experts)
 - Other complicating medical factors (e.g. feeding tube, post-cancer, post-surgery, etc.)
- **Pediatric Medical Assistant** – Provides case coordination and refers children and their families to needed community services
- **Scheduler/Assistant** – Assists with scheduling initial patient appointments, any follow up visits, or appointment changes

- **Self-Management Coordinator** – Helps patients quit smoking and manage chronic health conditions through topic specific workshops
- **Clinical Social Worker** – Helps connect patients with services they need, including disability benefits, housing, elder care, support for end of life issues, Medicare enrollment, legal referrals, transportation assistance, and stress reduction groups

“CHT is a great resource for my patients”, says Sarah Fulham, MD of Brattleboro Internal Medicine. “They have a diabetes educator, a health coach to help patients develop lifestyle and nutritional strategies for weight loss and smoking cessation, and social workers who can help patients identify and connect with other supportive programs in the community, such as Senior Solutions or the Gathering Place.”

The CHT specialists focus on their patients' individual needs to develop personalized plans for wellness, set goals and monitor progress. “Everybody seeking better health has different needs, and different challenges,” says Wendy Cornwell, BMH's Director of Community Initiatives and Blueprint Project Manager for Windham County. “The great strength of the CHT model is that we can customize our approach to every individual and their particular life circumstances.”

The services of the Community Health Team are free of charge, but a referral from your primary care provider is required. You are eligible for the services of the CHT if you are a patient of one of these BMH Medical Group practices:

- Brattleboro Family Medicine
- Brattleboro Internal Medicine
- Maplewood Family Practice
- Putney Family Health Care
- Windham Family Practice
- Just So Pediatrics

Patients of Brattleboro Primary Care, HeartSong Health in Community, as well as those enrolled in SASH (Support and Services at Home) are also eligible for CHT services.

To learn more about the Community Health Team, call 802-257-3196 or visit www.bmhvt.org.

Sawyer's Story *continued from page 2*

days at BCH, Tessa and Elijah were able to bring their baby home to Vermont to get on with the business of healing and growing.

October 2015

Lindsay Cunningham has been a BMH nurse since 2008 and today is the first time one of her patients has returned specifically to thank her for the important role she's played in their lives.

"It's so great to see him doing so well," she remarks as young Sawyer, now 2 years old, tears around the BMH grounds looking for trees to climb and big rocks to jump from. "I'm not sure what I expected, but I wasn't expecting..." her voice trails off as she watches Sawyer order his dad to catch him as he flings himself off a boulder. "He was such a sick little boy, and look at him now!"

Tessa and Elijah brought Lindsay a vase of freshly-picked garden flowers, and gently encourage Sawyer to present them to her, but he is far too busy exploring to be re-directed. The three adults sit chatting on a bench in BMH's Healing Garden, Tessa and Elijah recounting some of the details of Sawyer's surgery and subsequent recovery.

"I don't often get to see my patients after they leave the hospital," says Lindsay. "So to have them come back to touch base is really special." While Sawyer may not yet be aware of the life-saving role Lindsay has played in his life, his parents certainly are.

"Lindsay's our guardian angel," says Tessa. "We wouldn't have even made it to Boston without her and we think about her all the time."

"We're always recommending BMH to people as the place to have your baby," Tessa continues. "Even after we were no longer technically their patients, the Birthing Center staff would call to check in and make sure we were doing OK. Lois, my midwife would call me while we were still at the hospital in Boston and remind me to take care of myself as well. It really makes you feel good that they care so much. They saved our kid's life, and that's the 100% truth!"

While the memory of Sawyer's dramatic entry into the world will always be part of the Daniels' family narrative, they are living their lives today secure in the knowledge that their son is healthy, happy, and thriving. Other than an annual visit to the cardiologist for a routine check-up, the only other medically-necessary procedure in Sawyer's future will be a treadmill test



Lindsay Cunningham, BMH Birthing Center nurse sees Sawyer for the first time since he left BMH as a newborn.

when he gets to the age when he might choose to play team sports.

Their experience has inspired Tessa and Elijah to reach out to other families coping with pediatric heart defects, and raising awareness has become a family tradition. In the early summer of 2015, as Sawyer's second birthday approached, a 16 member family team – siblings, aunts, uncles, grandparents and cousins – made the long trek down to Boston to join over 4,000 others in the Boston Children's Hospital Eversource Walk For Kids. Though many families walked the 7-mile course together in matching outfits, Sawyer's was the only team in attendance sporting fire engine red team capes. Emblazoned with "Sawyer's Warriors" across their backs, the team was led by a grinning red-headed toddler, perched on his dad's shoulders. His cape, the smallest of the bunch, read "I'm Sawyer!" and was accented with, what else: a Superman logo.

BMH's Care Management Team

Michele Rowland, Executive Director of Quality, Utilization and Care Management, and her team are reinventing Discharge Planning, using data to determine the most effective interventions for maintaining our patients' health, while carefully managing care transitions to prevent costly hospital re-admissions.

Discharge Planning has made advances in recent years, by beginning the process upon a patient's hospital admission, but there have always been gaps in the system for patients with complicated health conditions, or those who lack family and social supports outside the hospital. By making sure that information flows seamlessly between the hospital, primary care providers, and other agencies and programs, the team's goal is to prevent patients' needs from falling through the cracks.

The care management protocol at BMH kicks in whether a patient is admitted as an inpatient, comes through the Ambulatory Care Unit (ACU), or presents at the Birthing Center or the Emergency Department. Michele and her staff round on every inpatient, assessing their functional abilities and their need for additional support following discharge. The team makes sure to brief every patient's primary care provider on their recent admission, update their electronic medical record, and ensure that all orders for medications and follow up appointments are clearly understood. With staff covering all areas of the hospital, including the Birthing Center and the Emergency Department, the team gains insight into the complex needs of patients across all age groups and demographics.

"We have a wealth of resources right here at BMH, and in our community," says Michele. "The tricky part is to fit all those resources together and make sure that patients understand what is available to them, that physicians have a total picture of what's going on in the lives of their patients, and that the full spectrum of a person's needs is being considered when they are discharged from our care."

The future of Care Management involves using available data to "risk stratify" patients to determine which patients need additional focus and which interventions are proving to be the most effective. This approach fits in with the "Population Health" concept, which promotes high-quality, cost-effective care. By looking at clinical data, hospitals and

physicians can identify services that deliver the best care at the best value.

"In many ways, we've become data-driven scientists," says Michele. "We need to be tracking the outcomes of various care strategies so that we can validate their effectiveness, and we need to identify where these services will have the most impact. We have to be sure that we are using our health care resources wisely and for the best possible benefit to our community."

**"We have a wealth of resources right here at BMH, and in our community."
- Michele Rowland**

Michele credits the members of her team, Sue Troy, Chris Borgesen, and Pernille Stage, as well as the many other BMH departments and services who have learned to work together so effectively. Programs like those offered by the Community Health Team and the introduction of Joan Bowman's new role as Community Health Liaison, make it easier to link patients with the health insurance programs and other services for which they may be eligible.

"We are so lucky to have such a great team of people working together on behalf of our patients," says Michele. "Now that we've established these collaborative relationships, both within the BMH system and out in the community, we can offer our patients so much more in terms of prevention and wellness."

Clearing the Air

BMH is Tobacco-Free. Thank you for not smoking or using any tobacco products on campus, which includes BMH Medical Group practices.

- BMH is committed to providing a healthy, safe, and clean environment for our community.
- The use of all tobacco products, including e-cigarettes is strictly prohibited on all BMH properties.
- Adherence to the policy is the responsibility of all staff, volunteers, patients and visitors.

Interested in quitting? For information on free resources and/or workshops call 802-251-8456 or visit www.bmhvt.org.

Safety Improvements *continued from page 4*

image quality,” she says. “We never want to expose our patients to more radiation than is absolutely necessary, so being able to tailor dosages to each patient and monitor their cumulative exposure is something our entire team feels good about.”

Recently our **Pharmacy Department** upgraded their medication dispensing technology, a change that has been virtually undetectable by patients, but has made a big impact in improving safety behind the scenes. Nine new Pixys ES machines have been deployed throughout the hospital; a major step forward in enhancing patient safety and streamlining patient care. While BMH has been using Pixys automatic medication dispensing systems for years, this new model operates from a web-based platform, and can be accessed securely by any authorized user, making it easier to update a patient’s medications from anywhere within the hospital. Not only does this reduce the amount of time patients need to wait for medicines to be ordered, but it also reduces the possibility of medication errors.

These new machines can be programmed with the dosage and schedule of an individual patient’s medications and will ensure that the right medication in the right dose, at the right time, through the right route, is delivered to the right patient. Steven Kapral, BMH’s Director of Pharmacy points out that not only do the new machines offer significant safety improvements for patients; they also improve workflow for staff. “The feedback has been

99% positive,” says Steve. “Staff appreciate that the system is now web-based and housed on the BMH server, which makes it easier to access. The touch screen features are easy to navigate and the transition to using the new machines has been very smooth.”

Our **Birthing Center** has recently transitioned to a video-monitored keypad entry system, ensuring that only authorized staff and visitors will have access to the unit at any time. This new approach to monitoring access to the unit, coupled with the existing practice of fitting security transmitters on every baby’s ankle right after birth, means that parents can relax and focus on their new baby.

“Having a baby is a wonderful, and often overwhelming experience,” says Erinna Cooper, Birthing Center Director. “While parents are resting and bonding with their new babies we want them to be confident that we are keeping them safe.” BMH Birthing Center nurses all wear purple scrubs and pink identification badges so that patients and visitors can easily identify them as the only nursing staff authorized to have access to newborns on the unit.

All of these safety enhancements for the benefit of our patients and staff are part of BMH’s ongoing commitment to providing exceptional care to our community. The next time you come to see us as a patient or a visitor, you can be assured that your safety is our top priority.



Generations Born at BMH

Julie Stoughton's parents were the last generation of her family to be born at home. "My mother was born at home in Brattleboro, and my father was born at home in Hinsdale, so we've been in the community a long time," she says. "I was the first one born in a hospital, and I still have the card from my BMH bassinet!" Julie's been working at BMH for 13 years and serves as Lead Endoscopy Technician in the hospital's Perioperative Services Department.

"I've always loved this little hospital," she says, after a long day of endoscopy procedures. "It's family-focused, safe, and the care is excellent."

BMH has certainly been the focus of Julie's own family when it comes to birthing babies. Julie herself was born here, she had her son here, and her long-term OB/GYN doctor, Cheri Ann Brodhurst, just delivered Julie's second grandchild here at the BMH Birthing Center.

"I'm so happy that Cheri Ann was there to help Megan with her delivery," she says "She saw me through my risky pregnancy, and I never had a fear in the world. I knew she would take great care of my kids and their kids. They adore her too!"

"I guess you could say it's become a family tradition," says Greg Stoughton, Julie's son who is also in the "family business", working as an EMT for RJ DiLuzio Ambulance. As he and his wife Megan trade off the infant care and toddler-wrangling of two-week old Caitlyn and 17-month old Lucas in the BMH lobby, he reflects on their



Greg, Lucas, Julie, Megan and Caitlyn

experience at the BMH Birthing Center. "We never had a question about where we'd have our babies – we always knew it would be at BMH because you're treated like family here."

Julie's affection for BMH is shaped not only by her family's experience as patients, but also by the satisfaction she derives from working with colleagues who share her commitment to patient care. "People here want to see other people do well," she comments. "We want our patients to do well, but we also are really supportive of each other's efforts in helping patients get there." Having seen the inner workings of the hospital from so many angles, she has a good sense of what makes BMH unique. "I know the bones that hold this place together – the nurses, the techs, the doctors, the housekeepers, plant services, the cafeteria folks

and more – it's one family and I think our patients feel that."

Though it is still far too early for the youngest generation of Stoughtons to be planning where they will be delivering their babies, it would be safe to assume that there will be a strong lobbying effort in support of the family tradition.



Julie with grandson Lucas



Contributions

... making a difference

Donor Profile: Steve Kapral

Born and raised in Wisconsin, Steve Kapral, BMH's Director of Pharmacy, never really expected to settle down in Vermont. "Having spent the entirety of my life in Wisconsin – all 23 years of it at the time – I thought I should experience something else," he says. Fresh out of pharmacy school, he was hired at BMH in 1992 as a staff pharmacist and took over the department as Director, upon the retirement of his mentor, Ken Van Cott in March, 2015.

"I feel lucky to have chosen to be a pharmacist. In college, I had little idea of what I wanted to be – I just knew I liked science." He says as he reflects on his career path. At 23 years old, having held only one other position as a hospital pharmacist, he likely could not have imagined that 22 years later he would be running a busy and active hospital pharmacy in rural New England and that so many of the threads in his life would be woven together out of that choice.

"BMH has given me everything in my adult life, says Steve. "I met my wife Susan here, my two children Elijah and Anika were born here, and my wife and I have worked here for over 20 years." Steve's wife Susan Kapral wears two BMH hats as Director of Revenue Cycle Management for the BMH Medical Group as well as the hospital's Compliance Officer. Strengthening the family's ties to BMH, their son, Elijah has recently come on board as a part-time File Clerk for the BMH Medical Group.

Steve finds his role at BMH professionally fulfilling and ever evolving. "In a small community hospital setting, pharmacists are relied upon to be more clinical

than they are in larger hospitals," he remarks. "Particularly now that we have Hospitalists with whom we collaborate daily." The BMH Pharmacy is located steps away from the busy 3rd floor hub of the hospital's Special Care Unit, so Steve and his staff of four are easily accessible to nursing and medical staff in need of their services.

Steve and Sue both have been regular contributors to BMH's Annual Fund since they joined the BMH team in 1992 and 1994, respectively. The hospital's role as a vital community resource is a key factor in their support. "BMH employs a lot of people, and when people in our community get sick it becomes their focal point," says

Steve. "I give to the Annual Fund because it's the right thing to do and I want the hospital to remain viable." He notes the importance of hospital employees in representing BMH in the community, "It all stems from the employees here," he says. "If they're seen as supportive and positive about the hospital, that motivates others to contribute."

To Steve, the high quality of BMH's care is very important. "I think it's a source of pride for our community – that BMH has been here for over a hundred years and that we've been able to recruit top-notch practitioners who have helped us achieve such a high level of service. I'm just trying to do my small part to contribute to our mission."

Planned Giving

Planned Giving is legacy giving. It is a meaningful way to give back – to leave a philanthropic legacy to your community or the charities that you really care about. Unlike other types of philanthropy, these are gifts that are constructed now, but benefit the charity at some further date. Here at Brattleboro Memorial Hospital we count on, and are thankful for, the many donors that have chosen to name BMH in their will.

In 2007, the 1904 Legacy Society was created in remembrance of Thomas and Elizabeth Thompson who in the late 1800's left a large portion of their estate for the "kindred charitable purposes" of Brattleboro. Part of the fund, known as the Thompson Trust, was used in 1904 to build Brattleboro Memorial Hospital. This one generous gift has benefited millions of patients throughout BMH's 111 years of service to our community.

The 1904 Legacy Society honors those who have included BMH in their will or estate planning. These generous individuals automatically qualify for membership, no matter the size of their gift. Planned gifts have helped establish a strong hospital and today's gifts will benefit future generations. There are a number of ways to become a member of the Legacy Society, including leaving a bequest, charitable gift annuity, real estate or property trusts, or life insurance, pension or profit sharing plans. For more information about the 1904 Legacy Society, please contact Gina Pattison, Director of Development and Marketing, at 802-257-8314 or gpattison@bmvht.org.



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New Community Resource Liaison

Joan Bowman has been named the new Community Resource Liaison for Brattleboro Memorial Hospital (BMH). Joan has been at BMH since September 2013 where she was hired as the Health Care Navigator with the BMH Community Health Team. In Joan's new role she will be guiding patients through BMH's new provider-based billing system for Medicaid and Medicare patients and ensuring that eligible patients have access to financial assistance. Joan will also work with the hospital and physician practices staff to ensure that all patients have access to health insurance, know how to utilize their insurance, and understand what services are available to them.

Though the State of Vermont has recently re-located the services of its Health Care Navigators to other agencies in Windham County, Joan will continue her responsibilities as a Health Care Certified Application Counselor, now under the auspices of BMH. "Because we believe that access to high quality, affordable health care is a key component of our mission, BMH has picked up the responsibility for maintaining those services here in Brattleboro," said Steven Gordon, CEO/President of BMH. The expansion of Joan's

responsibilities means that she can now extend her services into New Hampshire, assisting NH residents with enrollment in NH Medicaid as well as using the www.healthcare.gov tool to find their best health insurance options under the Affordable Care Act.

"Joan has proven herself in terms of her exceptional communication skills with our patients, and I am glad that she is able to expand her role at BMH and in the community," said Gordon.

