A man with a friendly smile, wearing a white baseball cap with sunglasses perched on top and a black long-sleeved shirt. He is standing outdoors, leaning against a tree trunk on the left. The background is a soft-focus natural setting.

“ My BMH Team has given me time that I wasn’t sure I’d have. I am very grateful!”

- Terry Warren, page 2

Health *wise*

BRATTLEBORO MEMORIAL HOSPITAL | SPRING 2016

It Takes a Village

While he may describe himself as a “Jack of all trades, master of none,” Terry Warren has nonetheless spent the last few years gaining mastery over his complex health needs with the assistance of a small green notebook and a team of clinicians and specialists from Brattleboro Memorial Hospital: a primary care physician, cardiologist, nurse practitioner, cardiac rehab specialist, rheumatologist, orthopedic surgeon, diabetes educator and a lineup of other providers and staff scattered throughout the hospital campus.

Terry and his BMH team are all working together in a multi-disciplinary defense against a complicated array of chronic cardiac and diabetes-related health problems that threaten his life and need to be carefully and diligently managed. This is the team that sustains him – that monitors his bloodwork, his cardiac and kidney functions, his blood glucose – any and all of which can change from day to day. The team is also poised to respond to the seemingly endless associated challenges of Terry’s underlying medical conditions: a broken foot, fluid retention, anemia, and a host of other complications that crop up with regularity.

Terry has congregated all of his medical care at BMH and the BMH Medical Group – primarily for convenience, but he has also developed great relationships with his trusted team of providers. He is at BMH every Thursday these days, for a range of appointments that might include seeing his Primary Care Physician, Dr. Laura Metsch at Brattleboro Internal Medicine, getting blood drawn at the BMH lab to check his hemoglobin and Coumadin levels, visiting the Hematology Clinic if he needs an infusion, checking his weight to see if he’s been retaining fluids, checking in with Houghton Smith at the Community Health Team to talk about his diabetes management. He likes to get it all done in one fell swoop, circulating through the Center for Cardiovascular Health, the Community Health Team, the Coumadin Clinic, and the Lab, as needed. He meets with Advanced Practice Registered Nurse Phaedra McDonough and Dr. Mark Burke, his cardiologist regularly, both of whom have developed a nuanced understanding of his health profile.

“Most congestive heart failure patients like Terry have multiple diseases that all need optimal medical management to give them the best outcomes,” says McDonough. “We get to know our complicated heart failure patients really well.”

On his regular Thursday rounds, Terry is greeted by name wherever he goes throughout the hospital.

“Everybody’s so friendly – they all know me – the receptionists, the nurses; I’m one of the regulars,” he jokes. The green notebook goes with him everywhere, documenting his appointments, tracking his medications, listing side effects to watch out for. “I was never a very organized person,” Terry comments wryly, “until I got divorced and then had to start handling all my own medical issues.”

Born in Germany to a traveling military family with deep roots in New Hampshire, Terry grew up in Winchester, NH and maintains that he is “still related to at least half the town.” He left high school early for a job at the O’Neill paper mill in Ashuelot, NH, but after ten years there realized “I had gone as far as I was going to go in that place, so I went and got my GED and got a job as a part-time police officer.” Full-time police work followed, then a job in plastics recycling, then a move into the retail sphere, starting in the Jewelry Department at Walmart, where he drew the line at piercing ears. “I did that once, and then never again!” he jokes with a slight shudder. He moved up the ladder into managing electronics, and was happily ensconced in a job managing the stocking of new stores across New England when his health began to decline.

Diagnosed with diabetes in his mid-thirties, Terry has since developed a series of related health concerns over the years. “I have neuropathy in my feet from the diabetes, so I keep breaking my foot because my nerves can’t feel how much pressure I’m putting on the foot. I go see Dr. Vranos at BMH Orthopaedics and Sports Medicine when that happens, and he puts me in ‘the boot’ until it heals up.” His congestive heart failure requires a careful balance of medications that need to be regularly monitored and adjusted. “I come in to get my blood tested every week, and to get weighed,” he says. “If my hemoglobin is low I have to get an injection, and if my weight is up it’s usually because I’m retaining fluid, so they have to adjust my medication for that.” He’s had multiple heart surgeries, and has run out of surgical options, so maintaining his disciplined regimen of medications and therapies is critical.

On top of all of his own health concerns, he’s recently had to take on the role of coordinating his aging mother’s medical care as well. She’s a fiercely independent New Englander who Terry describes as “determined!” with

“ I really liked the way he dealt with me - very honest and direct. ”

— Terry Warren



(l. to r.) Diane Vergara, RN (Oncology), Houghton Smith (Diabetic Educator), Jeff Harr (Cardiac Rehab), Gloria Solar, RN (Oncology), Terry, Phaedra McDonough, NP (Center for Cardiovascular Health), Dr. Laura Metsch (Brambleboro Internal Medicine), Dr. Robert Burke (Center for Cardiovascular Health), Laurie Dix, RN (Center for Cardiovascular Health)

a chuckle. Between the two of them, most of the week is taken up by various medical appointments with Terry serving as chauffeur and care coordinator. “It’s my full-time job now,” he says. “Taking care of myself and taking care of my mom.” His younger sister, Cathy and her husband also play large support roles in Terry’s life. “My little sister has really stepped up,” he says. “Because as much as I don’t like to admit it, there are things that I just can’t do anymore. It’s hard to admit I need help, but I do.”

As Terry’s team gather with him to take a group photo on an unseasonably warm day in February, the mood in the group is jocular and light-hearted. “It takes a village to take care of Terry!” someone exclaims. They tease Terry that he looks like a teenager in his new baseball cap and demand his autograph on copies of a newspaper ad that features his picture – but the circumstances that connect them all are serious.

“We just click,” Terry says of his BMH team. “Personality-wise, we all get along. I respect them and they respect me.” He chose Dr. Metsch as his primary care provider because she had been his ex-wife’s grandfather’s physician. “He was very particular,” Terry emphasizes, “So I figured if he liked her, I ought to give her a try, and she’s been great.” He met his cardiologist, Dr. Mark Burke on a visit to the BMH Emergency Department. “I really liked the way he dealt with me – very honest and direct, so I asked him if he was taking

new patients, and I’ve been with him ever since.”

According to Metsch, cases like Terry’s illustrate the benefits of using technologies like electronic medical records. “Terry has multiple complex conditions, spanning multiple fields that are being treated with many different medications,” says Metsch. “It would be impossible for one provider to effectively care for him, so being able to easily see what other providers on his team are doing, review his lab tests, communicate questions or concerns amongst members of the team – that really helps us manage his care.” She is quick to point out the important role that Terry plays in keeping himself healthy. “He is extremely attentive to his health and very compliant with his whole medical regimen.”

Metsch believes that the smaller, more personal feeling of a community hospital like BMH works well for patients like Terry. “I think it’s been more comfortable for him, that community feeling,” she says. “Given that he is coming in to see one or more members of the team every week, and sometimes multiple times in a week, I think it feels somewhat familial to him.”

“Terry has done a wonderful job of working with his team and trusting us to care for him,” says McDonough. “It helps that we have an open door policy for all of our heart failure patients. Terry can stop by the Center for Cardiovascular Health any time he feels poorly or needs attention and we will see him. We like to think of ourselves as an extension of his family!”

A New Era in Emergency Medicine

With a medical career that spans thirty years, the last sixteen specializing exclusively in Emergency Medicine, it's not surprising that George Terwilliger, MD, Site Director of BMH's Emergency Department has witnessed a tectonic shift in the way his specialty is being practiced these days.

"So much has happened in the field in the last thirty years," says Terwilliger who trained as a family physician, but switched to full-time Emergency Medicine in 2000. "Historically Emergency Rooms were, in many hospitals just that – a room, staffed by a rotation of doctors from multiple specialties, each taking their shift." Those were the days before Emergency Medicine became a board-certified medical specialty in the late 1990's.

"There were very few of us full-timers back in 2000," says Terwilliger, noting that many hospitals, BMH included, were relying on locum tenens physicians (physicians brought in to fill staffing gaps) to staff their Emergency Departments. In the 1990s, a growing consensus began to emerge that Emergency Medicine needed to become its own specialty, with specific training, residency, and board certification requirements. It also became clear that new models of staffing Emergency Departments needed to be developed.

"We've always struggled with a shortage of ED docs," says Terwilliger. "Most of them want to live in or near cities, so it's always been tough to staff rural EDs." To respond to this challenge BMH and Cheshire Medical Center/Dartmouth-Hitchcock Keene (CMC/DHK) have entered into a unique partnership that staffs both facilities' Emergency Departments with a team of board-certified, residency-trained Emergency Medicine specialists.

There has been some understandable confusion about the model, which Terwilliger is happy to clarify. "Essentially, we are one Emergency Medicine team that practices in two places, he says. "The core team is made up of a group of highly-skilled and experienced providers – physicians, nurse practitioners and physician's assistants – all of whom specialize in Emergency Medicine. While some work

exclusively at Cheshire or BMH, most work in both locations." While almost all members of the team are CMC/DHK employees, they operate within the protocols of the particular facility in which they practice, and are supervised by each facility's ED Site Director.

This innovative model has a number of benefits to patients. A team of board-certified, Emergency Medicine residency-trained physicians on site at each facility means that procedures requiring a high level of skill and expertise are now performed right in the

Emergency Department. "We're now routinely doing sedations, setting fractures, intubations – all those things that we used to have to either send patients to specialists or tertiary care centers for – or we had to wait for a surgeon or an anesthesiologist to arrive to handle them," says Terwilliger. This enhanced capacity means that patients can be treated effectively and experience relief more quickly than in the past.

Given that Windham County has the most rapidly growing population of residents over the age of 65 than any other county in the nation, the BMH ED team has developed a great deal of expertise in treating critically ill older folks. "Our skills in treating older, sicker patients continue to grow," says Terwilliger. "But we also have a great team of people outside of the ED



Dr. George Terwilliger

New Initiatives at BMH

Breast Cancer Risk Assessment Program:

The BMH Comprehensive Breast Care Program now provides screening, assessment, and support for patients who are at an increased risk for developing breast and ovarian cancer. Those considered to be at high risk have one or more of the following:

- Family history of breast or ovarian cancer
- Prior radiation therapy of the chest
- Multiple breast biopsies
- Extended exposure to estrogen (either had no children or had their first child after age 30) or through hormone replacement therapy.

All BMH mammography patients are now asked to complete a brief survey that assesses their level of risk of developing breast cancer. If determined to be at risk, the patient is referred to our Breast Care Nurse Navigator for preliminary screening.

Based on the level of risk, the nurse navigator will help patients make consultation appointments with high risk or genetic counselors to develop a personalized care plan that integrates risk reduction wellness activities and coordinated medical follow up, including screening appointments with a medical oncologist or a gynecologist as necessary.

Care plans may also include nutrition education and cooking classes with our dietitian, smoking cessation classes with our Community Health Team, and wellness activities (yoga, journal writing, and meditation). For those at high risk for a reoccurrence, an assessment visit with BMH Survivorship Training and Rehabilitation (STAR) program may be scheduled.

“Our goal is to empower those who are at high or genetic risk with the best possible tools for prevention and wellness,” says Kelly McCue, RN, DNP. “We use a multi-disciplinary approach to make sure we are addressing patients’ medical, wellness, nutrition, psycho-social and spiritual needs.”

Centering Pregnancy:

Brattleboro OB/GYN (BOG), a member practice of the BMH Medical Group, now offers a new option for prenatal care, called CenteringPregnancy®. This model offers patients the opportunity for extended prenatal visits and group support through the second and third trimesters of pregnancy.

In the Centering model, regular prenatal appointments occur in a group setting and typically last 90 to 120 minutes. Group members, all in the same stage of pregnancy, take their own blood pressure, weigh themselves, set personal goals, and have an

individual check-up with their clinician. The group, along with the clinician, then engages together in a facilitated discussion around important health topics.

“This model offers women a great opportunity to get support from other women sharing similar experiences,” says Heather M. Ferreira, CNM, WHNP of BOG. “It also offers them the resources of a clinician for a much larger block of time than is typically available in an individual appointment.”

BOG patients can now choose between joining a CenteringPregnancy group, or continuing with a schedule of individual appointments. Centering groups consist of 10-12 women and meet monthly.

CenteringPregnancy is an evidence-based innovation developed by Centering Healthcare Institute, which has been recognized for improving maternal child health outcomes, including preterm birth rates, low birth weight rates, small for gestational age, breastfeeding rates, and immunization rates.

Third Floor Improvements:

In response to the changing needs of our patients, BMH has undertaken a redesign of its third floor inpatient unit. Highlights of the renovation include converting all of the current patient rooms to single occupancy rooms and adjusting the configuration of some third floor rooms to meet the needs of patients with more complex needs.

“These changes ensure that we can continue to care for people as we do now, but with more efficient workflows for our nursing staff and more comfortable surroundings for our patients,” says Mary Urquhart, RN, Vice President of Patient Care Services.

The renovations will include designing and equipping the third floor to care for patients who require varying levels of monitoring. “The floor will be what we are calling ‘acuity adjustable’, says Urquhart. “This ensures that patients are placed in the type of room most appropriate for their condition instead of having two separate units.”

Changing the physical space will also align all of our medical and nursing staff to work together as a single team, providing better consistency of care and reducing the hospital’s reliance on traveling nurses.

“Medical protocols on how to care for patients have changed since the hospital was built,” says Kat McGraw, MD, Chief Medical Officer. “These renovations will enable us to better adjust our patient care to meet patient needs of today.”

A Journey to Family



Sara, Micah, Tracy and Rory Zaino

When Sara and Tracy Zaino set down the road to parenthood they likely never imagined what a complicated and often-frustrating journey it would be, but the arrival of their happy and healthy sons has put any previous challenges into perspective.

“Babies were always part of our plan,” says Tracy. Married in 2011, the couple started planning their strategy for becoming parents in the summer of 2012. They researched cryobanks, looking for the perfect donor and began the process of intrauterine insemination.

“I had always very much wanted to be pregnant and give birth,” says Sara, while Tracy quickly interjects “And I had not!”, so the decision about who would actually carry the pregnancy was not in question. With Sara being a healthy woman in her early thirties, they weren’t taking anything for granted, but were certainly not anticipating the maze of obstacles they encountered.

After undergoing six unsuccessful insemination attempts at another facility, the couple was referred to Dr. Judith McBean at Brattleboro Obstetrics and Gynecology/ Four Seasons Midwifery (BOG), a BMH Medical Group member practice. McBean specializes in infertility, and began working with the couple to assess their options.

“We liked her right away,” says Sara. “She was very down-to-earth and knowledgeable and made us feel

right at home.” Dr. McBean reviewed all of Sara’s medical records and tests and raised the option of In Vitro Fertilization (IVF), a process in which eggs would be harvested from either Sara or Tracy, fertilized with donor sperm, and re-implanted as fertilized embryos in Sara’s uterus. After further testing and consultation, the couple decided to move ahead with IVF using Sara’s eggs.

“Dr. McBean was great,” both women agree. “She went over everything with us – the risks and the potential complications – so we felt good about moving forward.”

Before attempting the retrieval of Sara’s eggs, Dr. McBean scheduled the first of two “mock transfers”, in which the patient’s anatomy is mapped out to ensure a smooth transfer of the fertilized embryos. “They practice to make sure that everything is fine. In my case it was really good that they did that, as it turned out I was among the 1% of women in whom it’s not so easy,” says Sara. Her egg retrieval was scheduled for early January, and while she was under anesthesia the team performed another ultrasound-guided mock transfer to further familiarize themselves with the details of her anatomy. A few days later, the couple went back for Dr. McBean to implant the fertilized embryos.

“We were watching it on the screen, and got to see the moment she placed the embryos,” they recall. “We’ll

never forget it -- it was the most amazing thing!” Tracy jokes, “It was surreal – like watching the weirdest video game ever!” The previous mock transfers had served an important purpose, as the particular features of Sara’s anatomy made the implantation among the more difficult ones Dr. McBean had ever performed. Both women laugh as they recall Dr. McBean’s persistence. “She was sweating,” says Tracy. “But she was very determined and wasn’t going to give up.”

On Martin Luther King Day the couple went in for blood tests and found out that they were indeed pregnant, but didn’t find out for another few weeks that they were expecting twins. “Dr. McBean brought up the ultrasound on the screen and you could see the two little egg sacs,” recalls Tracy.

Since they had decided to implant two fertilized embryos, discovering that they were pregnant with twins wasn’t a complete shock. Prior to starting the process, Dr. McBean had explained that it might result in two babies “And she wanted to make sure we were prepared for that!” they laugh. “It was a little surreal,” Tracy continues. “But I have a twin sister and part of me really wanted twins because I’ve seen all the benefits, even though I knew it would be harder at first.” “We always knew we wanted more than one child,” Sara chimes in. “So we figured ‘Well, while we’re at it...’”

The couple decided to stay with BOG and Dr. McBean for their prenatal care and scheduled their delivery at the BMH Birthing Center, even though they had other options closer to home. “Everyone at the practice was fantastic – such a warm and welcoming environment,” they recall. “We really liked that we started with one doctor and stayed with her all the way to the end,” says Sara. “She was great about guiding us through the process – both of getting me pregnant, then managing my prenatal care and ultimately delivering the babies.”

As the due date approached, Dr. McBean reviewed all the eventualities the couple might find themselves faced with, including natural birth, medications, induction and C-section. “By then she just knew us, and we knew her, so we felt we could really trust anything

she said to us,” says Sara. The couple also has high praise for all the staff of the BMH Birthing Center. “It was a fantastic experience,” says Sara. “I’m actually a little sad that I won’t be having any more kids because I really loved everyone at both BOG and the Birthing Center. We couldn’t have asked for a better experience.”

“I didn’t exactly opt for a C-section,” says Sara, “But I was already into a 36-hour induction that didn’t seem to be going anywhere, and so, with Dr. McBean’s guidance we decided the section was the best option. On September 18, 2015 at 12:08 and 12:09 pm respectively, Micah and Rory Zaino were born to the parents who now dote on them completely. While Sara and Tracy’s nights may feature a lot less sleep these days, they could not be happier. “All of it has been so worth it,” Sara comments as she and Tracy coordinate a double diaper change with military precision. “It was definitely a marathon and not a sprint, and there were moments where it all felt so hopeless and like it was never going to happen...” The couple credits Dr. McBean for her optimism and encouragement throughout the process. “There are times, going through this when you feel totally overwhelmed, and she was so great about keeping us focused on the end result we were after,” says Tracy. “She’s really the full package,” adds Sara. “She’s got so much experience on all sides – infertility, obstetrics, and gynecology. We really came full circle with her – she put the babies in me and then pulled them out nine months later!”

“In addition to medical care, my role is to help educate aspiring parents, and support them as they focus on their goals,” says Dr. McBean. “For couples like Sara and Tracy, who were very motivated to become parents, it can be frustrating when things don’t go exactly as planned or hoped, but with new technologies and advances in medicine, there are so many new options to pursue. As a physician, it’s exciting to be able to offer these options and see families be formed.”

Sara and Tracy have a unique perspective on the challenges of being new parents. “Someone commented the other day that we don’t seem to get too stressed out when the babies cry,” says Tracy. “After all we went through to have them – the crying, the sleepless nights – we just wanted them so badly that all the hard parts are no big deal.”

“We’re so grateful to everyone who helped us get here,” says Sara as she hands off one of the babies to Tracy for a post-feeding burp. “When we tell these boys how they were born, Dr. McBean will always be a part of our birth story. She’s a big part of our family.”



Emergency Medicine *continued from page 4*

that we work with to keep these older folks healthier at home.” He cites the resources of the Care Management Department and the Community Health Team as well as a team of full time hospitalists working on the inpatient units as particularly helpful. “Because people are getting the supports they need, and they’re being followed throughout the continuum of care, we can keep a lot of these people close to home, whereas in the past we might have needed to send them to another facility,” he says, pointing out that good follow up care and continued in-home support also helps keep patients from having to return to the ED for treatment.

Terwilliger is particularly impressed with the level of education, skill, and experience this new team of providers brings with them. “We’re hiring five new docs for the team this summer,” he says. “This is a top-notch team of well-trained ED physicians who come out of great residency programs. They’ve practiced all over the country and all over the world and are great people to work with.” Some of the new doctors already have ties to Windham County, and Terwilliger plans to encourage them all to engage with their new environment. “This is the best community to live in,” he says. “We’ve got the best food scene in Vermont, great arts – I’m very invested in this community and I want them to be too.”

One of Terwilliger’s responsibilities as Site Director at BMH is to develop policies and protocols that streamline patient care and

ensure consistent practice at both sites. He credits BMH’s Director of Emergency Services, Brian Richardson with many of the systemic improvements in the way patients are routed through the ED. “We’ve focused a lot on work flow issues – making sure that patients get seen as quickly as possible,” says Terwilliger. “Patients use to spend too long in the waiting room, but with our new system, we can get patients seen by the Triage Nurse and get them into the

appropriate treatment room quickly and efficiently.” He notes that the new protocols have cut wait times almost in half since their implementation, now averaging only 19 minutes from the time a patient presents at the admitting window to seeing a



provider. “We’re much better able to keep the waiting room empty, so there is often the appearance that we’re not very busy, but the reality behind the scenes is quite different.” Nearly all the treatment rooms in the BMH ED are now private, while strategically deployed noise machines help ensure patient privacy.

Terwilliger and his team have been working within the newly expanded and upgraded Emergency Department for almost two years now, and the improvements in the physical environment have been very well-received. “The new space is fantastic!” he exclaims enthusiastically. “It’s every bit as good as we had hoped, and I’m so proud of what our community was able to do in raising the funds to make it a reality.”

Takes a Village *continued from page 2*

“When we first met Terry, his diabetes was out of control,” reflects Houghton (Hoty) Smith RN, BMH’s Certified Diabetes Educator with the Community Health Team. “But with a team approach we were able to get the diabetes under control, which was the most important thing initially.” Smith recalls that when he and McDonough started taking care of Terry together they were able to reverse his diabetes to the extent he was able to go off insulin for a period of time. He notes that Terry was initially very pessimistic about his future. “He was almost giving up, didn’t think anything could be done, but as we started to work with him and he started to pay more attention to his health, he saw the results and I think his outlook has changed dramatically. He’s had time tacked on to his life with this very intense team approach to his health.”

Smith emphasizes the importance of optimism and a positive outlook for anyone grappling with complicated and serious health issues. “People like Terry should know that there is always hope for anyone who has a set of serious diagnoses – that a team of people can actually make a big difference in improving his health and his outlook on life.”

While Terry does project a decidedly upbeat attitude, the gravity of his situation does not escape him. “My health is serious. I’m seriously sick, but there’s nothing I can do about it except what I’m already doing, so why let it get to me?” he shrugs.

There have been dark periods for Terry though; times when he’s found it difficult to summon up his usual cheeriness.

“I used to *live to fish*,” Terry reflects. “But last year I didn’t even get my line wet. I just wasn’t feeling it.” His loss of enthusiasm may be related to the loss of his fishing buddy, Gordy,



who passed away last year after neglecting a constellation of health concerns much the same as Terry’s. “We had a lot of the same issues. He had diabetes, a bad heart, lost a few toes, and he wasn’t taking care of himself,” says Terry. “He had a sore foot he didn’t take care of and ended up losing half the foot.” Terry goes on to describe Gordy’s subsequent decline, including a serious fall alone in the snow, resulting in frostbite that damaged his hands and feet, which contributed to a tumble into the woodstove and significant burn injuries. “After that he got real sick,” says Terry “He told his wife ‘I’m tired, I’m done. And after that he went straight downhill.’”

Gordy’s passing has clearly served as a cautionary tale for Terry. “I take one day at a time, now and I don’t let anything bother me. I can’t afford to let anything bother me!” he declares emphatically. “I’ve got to take care of my mother, and my own health, so I don’t have time to feel sorry for myself.”

“I’ve always been a happy person,” he says. “I always have a joke ready, whether it’s appropriate or not!” He credits the positive attitude of his medical team as key factors in

maintaining his optimistic outlook. “My team here at BMH keeps my spirits up,” he says. “Just today, Tanya who does my INR (a test used to monitor patients who are being treated with blood-thinning medications) took one look at me and said ‘Dang Terry, you’re looking good today!’ Stuff like that keeps me motivated.”

Terry is both optimistic and realistic about the future. His complicated medical conditions and the potentially serious ramifications of neglecting his prescribed routines have prompted some difficult conversations with his medical team. “Dr. Burke came right out and asked me if I had my end-of-life plans in order, and told me that if I didn’t, I should,” says Terry. “I’m glad that he’s honest like that, I really am – even if it’s a hard pill to swallow.”

“When the time comes, I already have a plan: I want to be cremated and tossed in the ocean. Hopefully I’ll land right in the middle of a school of bluefish and stripers. Then I’ll get some fishing done!” he jokes. Then, as if on cue, he checks his watch, consults the ever-present green notebook, and excuses himself to head out to another appointment with another member of his team.



Contributions

... making a difference

Donor Profile: Wendy Cornwell

Wendy Cornwell has worked at Brattleboro Memorial Hospital since “Well...let’s just say ‘forever,’” she laughs. Though her nursing career at BMH began on the medical/surgical floor, Wendy has spent the better part of a few decades working through virtually every department of the hospital -- as a nurse in the ICU, Supervisor of the evening shift, then Post-Anesthesia Care, Nurse Educator, Director of Education and Community Health, and now as the Director of Community Initiatives and Blueprint Project Manager for the VT Blueprint for Health program.

Throughout her entire tenure at BMH, Wendy has been a faithful supporter of the BMH Annual Fund, special events, and capital campaigns for the Richard Building and the Emergency Department. “It’s ‘Walking the Talk,’” she says. “You have to believe in what you’re doing and believe in the institution that is supporting you to do it,” she says. “This hospital has placed a lot of confidence in me over the years, and the hospital administration has been very supportive of our community initiatives, so I feel like I should return that confidence with my financial support.”

Wendy was born in Brooklyn, NY and visited Massachusetts in the summers with her family, eventually migrating north with her husband to settle permanently in the region. Though she and her husband live in Orange, MA, she’s been making the regular commute up to Brattleboro for years now, and considers it somewhat of a second home. “Brattleboro is very unique,” she observes. “The thing that impresses me the most is the vast amount of community resources that are available to people. Currently the community is working hard to improve how we work together as a team to provide health care.”

Wendy sees BMH as having a particularly important role in this community. She appreciates how the hospital’s focus on innovation and improvement has had a positive impact on the patients served by one of the initiatives she oversees -- the Community Health Team (CHT), a collection of skilled health care professionals available to assist patients with the tools and support they need to reach their personal health goals. CHT services include individualized nutrition

education and health coaching, diabetes education and management, tobacco cessation classes, social work and care coordination services. She credits her team with providing critical services for members of the community who need support in managing their health concerns. “What I love about this team is that they are so patient-focused, and really take the time to understand the complexity of patients’ lives.”

Over the years, Wendy has witnessed enormous change in the health care field. “This is the most challenging time in health care that I’ve ever seen,” she remarks. The level of complexity in patients’ lives, particularly those with mental health and substance abuse issues, as well as the socioeconomic factors that impact her patients’ health are constant challenges. “We’re living in a much more uncertain health care environment than in years past,” she notes. As Vermont and the nation move toward a healthcare model that is much more focused on patient outcomes and the health of entire communities as measurements of success, she sees BMH as being well-positioned to respond to these new dynamics. “Our leadership is always looking to the future, and has such a willingness to embrace innovation,” she says.

“This hospital is like a little jewel in so many ways; as a health care provider and as an employer. It’s a very important institution in this community that keeps growing and improving,” says Wendy, noting that while the community may appreciate BMH as a long-standing community institution, they may not realize what it takes to keep such a resource afloat. “I think the community knows that there is a lot of caring here, but they might be surprised to know how many people wear so many hats and how people step up to the plate and juggle so many different roles to make it all work.”

Wendy sees her support of the hospital with her gifts to the Annual Fund as an extension of her commitment to her profession and to the community. “You come to the institution to give of your skills and everything you have to offer. I’ve really appreciated the opportunity, particularly later in my career, to do this important population health work. There has been a lot of faith placed in me by this hospital, so I feel like I should give back.”



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WHEN?

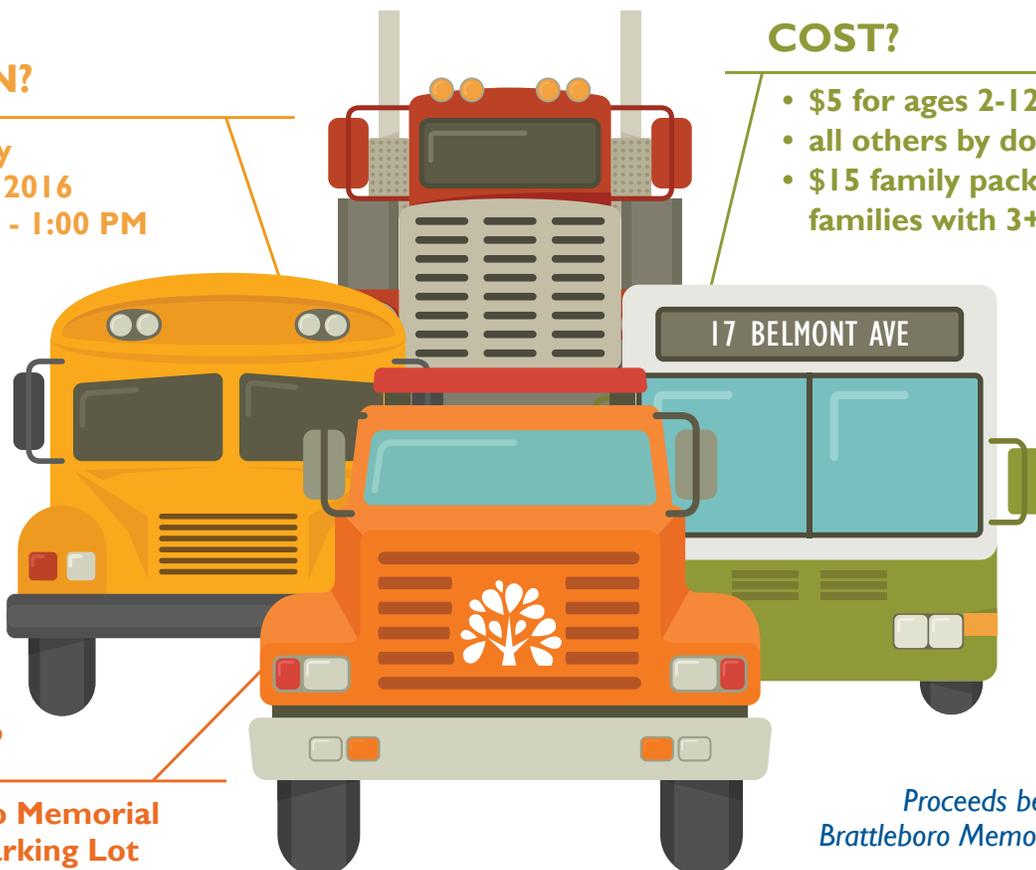
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- \$15 family pack, for families with 3+ children

WHERE?

Brattleboro Memorial
Hospital Parking Lot



*Proceeds benefit
Brattleboro Memorial Hospital*