

ED Renovation Project Creates New Doorway to Exceptional Care

Workers recently unearthed a copper-colored box, approximately the size of a large toolbox, while excavating hospital grounds for the new Emergency Department renovation and expansion project. The box, a time capsule, is believed to have been placed there when the current ED was built more than 30 years ago.

Hospital officials are understandably excited about the discovery. Three decades may not sound like such a long time, but many of the consumer technologies and medical advances available today would have seemed like the imaginings of a science fiction writer in 1982. Those who lived in that era may recall compact discs as an emerging technology, the opening of Walt Disney World's EPCOT in Orlando, Florida, the introduction of the Toyota Camry, the dedication of the Vietnam Veterans Memorial in Washington D.C., and the implanting of the first artificial heart into patient Barney Clark.

Yet the Emergency Department remained unchanged during that time span even as the needs of the community evolved. Approximately 6,000 patients accessed care from the ED in 1982. Today, that number has swelled to more than 14,000 patients per year. Simply put, BMH needed to update its Emergency Department to meet the needs of the community both now and in the future. As BMH President and CEO Steven R. Gordon notes, nearly three out of every four patients are admitted through the ED. "It really is the front door of the hospital. The portal of entry for healthcare in the community," he says.



Steel for the new awning is already up. The main entrance should open this summer.

"It is time, beyond time actually, where we need a new emergency department to really reflect the quality of care we're providing to the community."

Gordon's words were echoed in the comments made by Commissioner of the Vermont Department of Banking, Insurance, Securities and Health Care Administration (BISHCA), Stephen W. Kimbell, in his approval of BMH's Certificate of Need application last fall. Kimbell called the proposed renovation "critical" to the hospital's ability to serve its patient population as well as to bring the facility in compliance with current building codes with regards to safety and accessibility.

The urgency is so great that construction has begun in advance of fundraising efforts. A groundbreaking

ceremony was held in November, and the mild December weather enabled work crews to excavate the area and pour concrete footings for the additional 2,500 square feet of space. As the weather turned colder, efforts have been concentrated on the interior. The main entrance area has been completely demolished and a newly reconfigured lobby, cafe/gift shop and Emergency Department waiting area will be completed sometime this spring.

As the construction carries on, BMH continues to become more and more excited about the enhancements to our patient care that the new Emergency Department will afford. Though this is

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ED Renovation Project continued from page 1

Steven Gordon
President/CEO

Kathleen McGraw, MD
Chief Medical Officer

Bonnie McKellar
VP Physician &
Business Development

Michael Rogers
VP Finance

Mary Urquhart
VP Patient Care Services

just the first of four phases, once completed in early summer it will provide a triage function for minor emergencies. Akin to an urgent care clinic, the triage area will allow BMH to more quickly and efficiently treat the vast majority of our walk-in patients.

The second phase of the project will last the entire summer. This will include reconfiguring the ambulance entrance as well as enhancements to existing exam rooms and the nurses station. BMH Director of

Plant Services Rob Prohaska has been posting regular updates on the construction, including photos, on a blog at www.bmhed.org. Visit the site for the latest progress reports and further details about this project.

When the final phase of the project is completed in the spring of 2014, BMH expects the impact to be felt beyond the hospital's walls. It will help attract new healthcare providers to the community at a time when many of the current physicians are nearing

or have already reached retirement. In addition, it will maintain BMH's place as a high quality healthcare facility for our region. All of these changes will help contribute to the vitality of Brattleboro in the new millennium, much like when the hospital was originally established at the turn of the 20th century. The only question then will be what to put in the time capsule commemorating this new phase in the history of Brattleboro Memorial Hospital.

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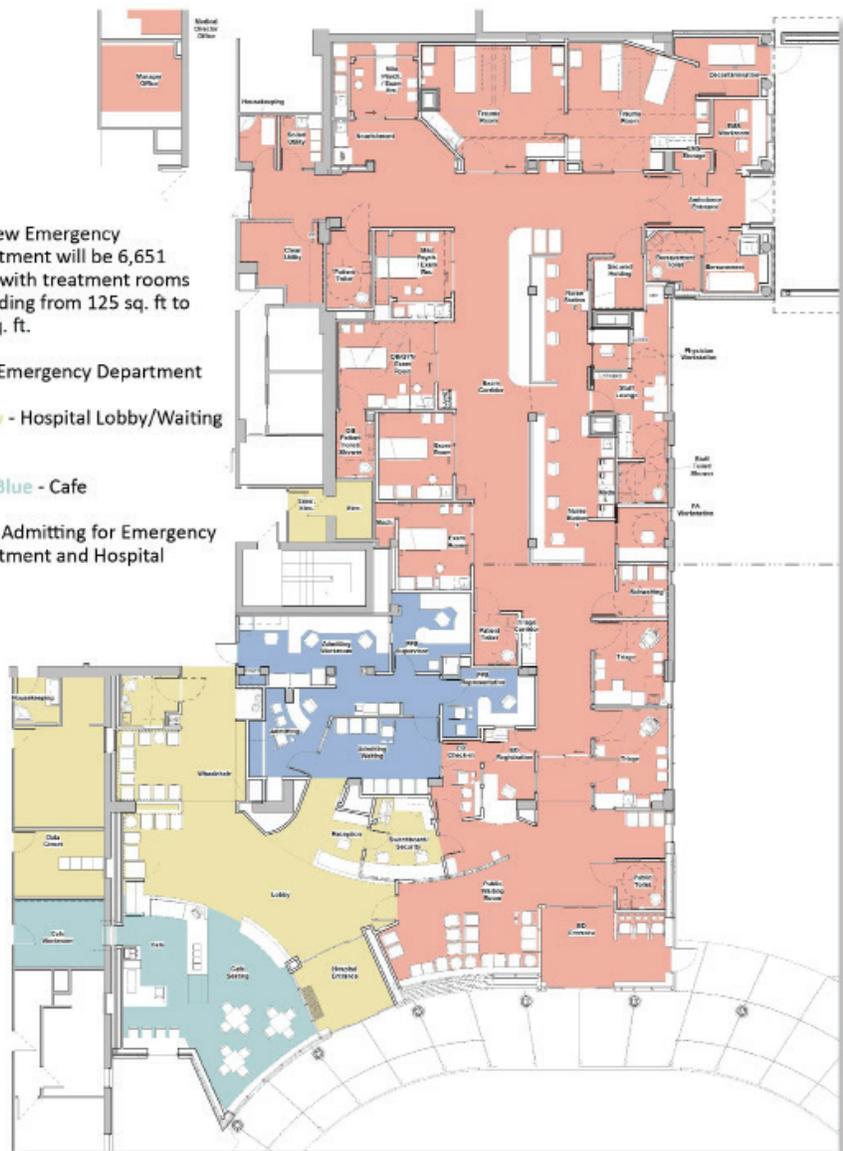
Please call Ellen Smith at 802-257-8314 if you have comments about this newsletter and/or suggestions for future articles.

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

The new Emergency Department will be 6,651 sq. ft. with treatment rooms expanding from 125 sq. ft. to 140 sq. ft.

- Red** - Emergency Department
- Yellow** - Hospital Lobby/Waiting Area
- Light Blue** - Cafe
- Blue** - Admitting for Emergency Department and Hospital





ED Staff Work to Shorten Length of Stay

Even with renovations to the Emergency Department going on all around them, Nurse Manager John Starkey has his staff preparing for when the expansion is completed to ensure as seamless a transition as possible. The creation of separate entrances and treatment areas for walk-in patients and those who are brought in by ambulance will certainly make providing care for all ED patients more efficient. Starkey says communication between the staff on the floor will be equally important to ensuring a patient's Length of Stay is as short as possible.

Length of Stay, or just LOS for short, is the time tracked from the moment a patient enters the ED to the time they are admitted into the hospital or discharged after receiving care. Emergency departments have always used LOS as an evaluation tool. But now it becomes even more crucial since federal healthcare regulators will be using it as a benchmark.

"Our overall LOS for all patients across the board is about 2.3 or 2.4 hours right now. The goal is to get that below two hours," says Starkey. "It's a two-pronged battle to get the lower-acuity patients in and out as well as to get our higher-acuity patients upstairs quicker. But it is doable."

BMH's ability to achieve that goal starts with the addition of new physicians who are Emergency Medicine specialists, says Starkey. Through a contract with Dartmouth-Hitchcock Keene, BMH has been able to staff the ED with these specialists. They are trained to assess a patient's condition and determine the course of treatment quickly. Starkey has also taken the additional step of cross-training nurses from the Medical/Surgical and Special Care Units to work in the ED. This has not only eased the burden on his own staff during busy periods, but it has had an impact on LOS. "When we call a Medical/Surgical nurse about a patient who needs to be admitted, there is more recognition of what we're going through. It's made the process of getting patients admitted more efficient," Starkey says.

Next steps include cross training the switchboard and admitting staffs to assist the ED during busy times and implementing staff huddles once or twice a shift to ensure all staff members are coordinating care in the best way possible. Starkey cautions that it's going to be a while before they can start getting an accurate measure of how well everything is working. Ultimately it is these changes that are helping BMH stay ahead of the curve and adapt to the changes in the healthcare system. "The future of any hospital or healthcare facility ED is the more you can cross-train people to different duties, the better it is for delivering patient care, and that's where we're going," says Starkey.

Introducing

Sean Amos, MD
Hospitalist



Before I joined BMH I was: working as a hospitalist in Vermont. I am from the west coast, but am happy to call Vermont my home.

What I've learned about Brattleboro since coming here is that: Brattleboro is a warm, wonderful community. There is a lot to offer here and the traffic is much better than in California.

You may not guess it by looking at me, but I: don't mind cold weather. Unless it gets really cold. I can't say I am a fan of too many below 0 F days.

To me, "Exceptional care for our community" means: meeting needs with compassion and teamwork.

New Faces in Emergency Department



George Terwilliger, MD
Site Director of BMH ED



Thomas Cochran, MD



Sarah Johansen, MD



Harnmeet Sethi, MD



Q & A with Kathleen McGraw, MD BMH's New Chief Medical Officer

Kathleen McGraw, MD, joined BMH as Chief Medical Officer in January 2013, coming from Baystate Franklin in Greenfield where she developed an award-winning Hospital Medicine program. She continues to live in Montague with her partner Jaye Pope, while their daughter, Zephyr Pope-McGraw, attends Turners Falls High School. They also have a son, Azure Pope-McGraw, who is a sophomore at the University of Vermont.

HW: Before getting your medical degree at UMASS Medical Center in Worcester, you had a different career?

MCGRAW: That's right. I have master's degree in industrial geography from UMASS-Amherst. Most people don't have any idea what that is. But industrial geography is looking at the world of employment and work through the lens of location. For example, why certain industries are in certain places and what the change has been in those industries over time.

All my life I have carried an interest in healthcare. Access to quality healthcare is such an important factor in the quality of life we enjoy. While I was working as a policy analyst for the state of Massachusetts I had this nagging feeling about still wanting to pursue medicine. In the early-1990s, I founded the Community Health Center of Franklin County with the help of a physician named Sarah Kemble. The Community Health Center has since grown to have many services, including a dental practice and two school-based sites. I realized that my passion for medicine wasn't going to let me go. So I started commuting an hour and twenty minutes each way to Worcester for medical school.

While I was finishing my residency at the Baystate Medical Center in Springfield, I heard a rumor they were interested in starting a Hospital Medicine program at Baystate Franklin. When I spoke with them I essentially said I may be green in medicine but I'm not green in life

and so they hired me to start their hospital medicine program.

HW: What sort of impressions did you have about BMH while interviewing?

MCGRAW: BMH felt to me like a place where I could really integrate the many different pieces of myself, my knowledge and experience in a way that would allow me to facilitate appropriate change. It feels small enough that everybody knows each other really well, and small enough to be nimble. People at BMH feel very invested in doing the right thing by the patient.

HW: So the community aspect of the community hospital...

MCGRAW: Yes. Even during my residency program I was on the community track, which looks at healthcare delivery at different levels of the community. You have the community hospital but you also have the community of the hospital. I am a "big tent" person. I think everyone has something to add. They see what I may not see unless I stand in their shoes.

HW: That makes sense given your pre-medical school background. You had a head start on the administrative side of things that a physician might not have.

MCGRAW: Absolutely. But I couldn't do this job without being a clinician. I think you don't have integrity without really walking the walk. The truth of the matter is I think better when I go back and forth between clinical and administrative roles. I'm a better clinician and I'm a better



Kathleen McGraw, MD

administrator when I'm doing both. They provide a balance and they draw on different ways of thinking for me. When I do one and then go to the other it feels refreshing and new in a way that's informed by the other. So for me, having a foot in both parts of that is really ideal.

HW: Is your approach part of a new direction for the role of a CMO?

MCGRAW: BMH has made a commitment to Hospitalist physicians for patient care delivery and now to me, as a Hospitalist CMO. Hospital Medicine is an entire discipline looking at the world of health care from within the hospital. That is new. In that respect you could say that is a new direction for the hospital. Hospital medicine is very progressively-oriented. When you go to the national meetings it's very exciting because people are looking at the future of healthcare delivery as part of what we're shaping, and there's an embracing of that. It is a relatively new field of medicine, and it doesn't have a long history of "we've always done it this way." I think that progressive way of thinking will serve BMH well as we adapt to the many changes in healthcare that are coming. I think

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Journey to Better Heart Health Begins at

the Center by: R. Mark Burke, MD, FACC

Most are aware of the burden heart disease can impose on a person and on a family. What many may not realize, however, is how much of a role it plays in the larger community and in the cost of health care. Nationally, of the top ten reasons for admission to the hospital, exclusive of pregnancy related issues, coronary atherosclerosis (the disease that causes heart attacks) is number one. And of those top ten reasons for admission, six are for cardiovascular issues.

On top of all of this, the organization and structure of the delivery of health care in the United States is undergoing dramatic changes. Health care is approaching 20% of the gross domestic product. By contrast, the military accounts for roughly 5% of the GDP. The US spends approximately \$8,000 per person every year on health care. This economic impact has driven many changes in the health care marketplace, including the recognition that the delivery of care needs to be more efficient and better organized and the focus needs to be not only on treatment, but also on prevention.

In line with these needs and in recognition of the prevalence of cardiovascular disease in the community, BMH is excited to announce its new Cardiology Center. Slated to open in the late spring, the center will be housed in the Richards Building and will consolidate the two current cardiology practices under one roof. It will also incorporate diagnostic services, such as stress testing, echocardiography, and electrocardiography (EKGs). We will also be working closely with Dartmouth Hitchcock to bring specialized services to Brattleboro, including Vascular Specialists who evaluate and treat peripheral arterial disease (also known as PAD).

In our new center, scheduling will be consolidated both for visits with the doctor and for diagnostic services, which will make it easier for you and for your doctor to get you the care you need. And, with the help of our electronic medical record (EMR), communication between doctors is rapid and effective. This EMR also automates medication prescriptions to reduce the chance of interactions and errors.

As the focus of health care shifts and becomes more regional, the center, with its coordinated and centralized care delivery, will easily integrate with OneCare, the Accountable Care Organization (ACO) recently approved by the Centers for Medicare and Medicaid Services. The ACO coordinates healthcare regionally between Dartmouth and Fletcher Allen and the community hospitals so that the entire region becomes responsible for the health of its Medicare and Medicaid members. It's to all our advantage – patient, provider and community – to reduce the cost of care while improving the health and productivity of the community.

Most important of all, the center will promote a more personalized approach to your care or the care of a loved one. And, as health care expands its focus from taking care of the ill to preventing illness, the center will remain at the forefront of prevention and wellness.

R. Mark Burke, MD, FACC is Medical Director of Cardiovascular Services and a board-certified cardiologist practicing at Brattleboro Cardiology, a member of BMH Physician Group. He can be reached at 802-257-1444.



Mark Burke, MD

Introducing

Cynthia L. Howes, CPNP
Just So Pediatrics



Before I joined BMH I was: living in central Maine. I worked as a Pediatric Nurse Practitioner at Waterville Pediatrics in their two offices. The primary office is in Waterville, Maine and their satellite office is in Skowhegan, Maine. I worked there for over 16 years. I am also trained to teach children Pediatric Clinical Self Hypnosis. This has proven to be a great adjunct in proving care to children.

What I've learned about Brattleboro since coming here is that: the area seems very proactive with supporting children and families. There are multiple opportunities for enrichment for the artistically talented child as well as organized activities for the athletic child. There is a large network of outdoor activities such as hiking/biking trails that are actively supported by the community.

You may not guess it by looking at me, but I: have two young adult sons that enjoyed growing up in rural locations. We enjoyed hiking, biking, kayaking, skiing, and camping. I love gardening and long distance bike rides. I have done the 180-mile Trek Across Maine for the past 3 years. I have also taken up mountain biking and have the scars to prove it!

To me, "Exceptional care for our community" means: providing comprehensive care to children taking into account the family unit's unique needs and background. Guiding and supporting parents as they parent is gratifying. Knowing that you are helping to create the next generation of healthy adults is rewarding.

802-254-2253

Imaging Services Get Enhancements



The new home for the updated MRI machine

Community members who attended the February 6 Open House held by the Diagnostic Imaging department got a first-hand look at the new state-of-the-art CT scanning equipment as well as a tour of the recently renovated and upgraded MRI suite.

Computed Tomography equipment, better known as CT scan, has become the standard of care in emergency situations. This is largely due to the speed with which it can take an image of the head and neck following an accident or

injury, evaluate the abdomen for appendicitis or the spine for injury. The upgraded technology BMH has invested in is capable of processing higher resolution images at a faster rate, while cutting in half the amount of radiation exposure. It also allows for advanced imaging and reconstructive techniques, as well as the expanded capability to perform CT-guided fluoroscopic biopsies. These features will ultimately enable BMH to provide improved and safer care for more patients here in the community.

The new permanent home for the MRI equipment is on the ground floor of the Richards Building. This location offers more convenient access for the Oncology Department, the Comprehensive Breast Care Center and Southern Vermont Orthopaedics and Sports Medicine. The patients in these areas utilize MRI services more frequently.

In addition to the MRI suite's improved accessibility it was designed to have a calming, even soothing, effect on patients. Everything about the environment, from the lighting to the wall murals, to the choice of flooring, makes the space feel open and airy. The new MRI equipment even opens at both ends to help patients feel less enclosed, and the magnet it uses is one of the quietest available.

Of course, the images taken by the upgraded MRI are stellar. This is not only because of the technological advancements, but part of the manufacturer's training for the new equipment includes working with our technicians on ways to make patients as comfortable as possible. Pillows, eye masks and headphones with music are all available. The idea is that calmer patients move around less on the table, which leads to a sharper image. This holistic approach to the environment has been a large part of how MRI services have been evolving in the United States. BMH is proud to be able to make it part of the radiological services offered to patients in southern Vermont.

Q&A with Kathleen McGraw [continued from page 4](#)

that we will see over time many more folks who are in the role of CMO or CEO coming from the field of hospital medicine.

HW: Have you given thought to short-term and long-term goals? How do you prioritize what needs to be done?

MCGRAW: There are a lot of changes happening right now that are from the outside. That's one of the exciting things about BMH. Vermont is leading the nation in health care reform. We're in the early years of electronic medical records. We're paying attention to patient quality and safety in ways we never did in the past, and paying attention to the patient experience. Figuring out how to take all those changes in health care and actually

implement them to make sure our patients, right here and right now, are getting high quality, error free, experienced care is a really tall order.

I'm not bringing newly invented things from my own head. There is so much out there. The question is how do we implement it? That's really what I'm trying to do. Part of that is meeting each member of the medical staff one-on-one. In the absence of a CMO, there had not been a physician voice at the senior level of the hospital for some time. My role is integrating the physician perspective and medical quality into the care we deliver here in the Brattleboro community.



The Community Health Team

Brattleboro Memorial Hospital has joined a state-wide network, the Blueprint for Health, to help people manage chronic diseases. During the past year, a team comprised of a nurse care coordinator, a behavioral health specialist and a health coach, collectively known as the Community Health Team (CHT), have been working with patients in two local medical home practices.

Medical homes are primary care practices certified by the National Committee of Quality Assurance (NCQA). This certification means that these practices have met rigorous standards for providing high quality patient care, not only at the time of certification but also on an ongoing basis. Their goal is to help people manage their chronic diseases and improve their level of health and wellness. While improving the quality of people’s lives by improving their ability to self-manage their diseases, the Community Health Team, in collaboration with certified medical homes, also works toward saving health care dollars.

Community Health Teams exist all over the state of Vermont and serve the 14 hospital service areas. The Brattleboro Memorial Hospital service area team includes Richard Davis RN, Care Coordinator; Michelle Harmon MA LPC, Behavioral Health Therapist; Nancy Schaefer BS, Health Coach; Houghton Smith RN, Certified Diabetes Educator; Terri Kneipp, Healthy Living Workshop Regional Coordinator, Secretary and Tobacco Cessation Program Coordinator; and Wendy Cornwell RN, Director Community Initiatives/Blueprint Project Manager VT Blueprint for Health, Brattleboro Health Service Area.

In order to be eligible for services of the CHT a person has to either be enrolled in the SASH (Support and Services at Home) program or be a patient of one of the certified medical home practices. These practices include Windham Family Practice and Brattleboro Primary Care.

The CHT services are provided at no cost to patients and the team works with people as long as they are committed to their health improvement. Services include helping people access state and local services and benefits, providing medication management, care planning, weight loss programs, nutrition counseling, short-term behavioral health therapy, and diabetes management.

The CHT program is patient-focused, meaning that services are individualized to meet each patient’s needs. Community Health Team members make home visits when appropriate and assist with most age related and chronic disease problems that people face. The CHT also works with pediatric populations and their families.

Putney Family Healthcare, Just So Pediatrics and Heart Song Health have made a commitment to be certified by the NCQA on or before September 1st, 2013. This commitment to certification enables these practices to also receive the services of the Community Health Team. Within the next 1-2 years, it is hoped that many more practices will become certified so that the number of Community Health Teams can expand and provide services to more people in Windham County.

As more physician practices commit to becoming NCQA certified, the future plan for the Community Health Team is to expand the number of team members serving the Brattleboro hospital service area. The mission of CHT is to partner with patients to improve their ability to manage their health conditions and their overall quality of life.

Introducing

Gerald Doherty, PA-C
Family Practice
Brattleboro Family Medicine



Before I joined BMH I was:

working in Emergency Medicine at BMH, prior to that Emergency Medicine at Cheshire Medical Center.

What I’ve learned about Brattleboro since coming here is that:

this community is a blend of wonderful eclectic, artistic and diverse individuals.

You may not guess it by looking at me, but I:

am an accomplished back country skier and mountaineer.

To me, “Exceptional care for our community” means:

caring for each patient as if they were family.

802-251-8455

BMH Art Exhibit Honors Farmers, Support Stroll



A painting by Caryn King hangs in the hallway of BMH

Since mid-fall, the halls of Brattleboro Memorial Hospital have been graced with paintings by local artists who draw inspiration from agricultural and natural settings.

The show, "Farm Art," is presented in collaboration with Strolling of the Heifers, and was curated by artist Caryn King. It will remain on view through May when another exhibit will take its place. All of the works are offered for sale, and a portion of the proceeds will benefit Strolling of the Heifers.

The artists represented in the show are Caryn King, Georgie, Lesley Heathcote, Lynn Hoeft, Nancie McLean, Steven Meyer, Janet Picard, Margorie Sayer, Robin Stronk and Morgot Torrey. All live and work in the Brattleboro area.

"All of the artists are inspired by — and also celebrate — local land, farmers, farm animals, wildlife and the natural world here in Southern Vermont," King said. "We're excited to be showing these works through the generosity of Brattleboro Memorial Hospital."

Ellen Smith, executive director of Development and Community Relations at BMH, said that hosting the display helps the hospital raise awareness about its commitment to local agriculture.

"Eating locally grown and produced foods is a healthy choice for individuals and a good way to support our community," says Smith. "Whenever possible, we use locally-sourced ingredients and foods in both the cafeteria and items on patient room service menus."

For more information about the art, or to purchase paintings, people may phone Caryn King at 802-380-7006.

Get Away Safely

A large world map fills one of the corridor walls inside the Brattleboro Memorial Hospital Travel Clinic, on which the staff places pins indicating all the destinations its clients visit during a given year. Given the size of Brattleboro it's surprising to see just how many pins are on the map, not to mention the diversity of countries in which they are placed. But as Jean Bristol, RN, points out, members of this community are connected to many parts of the world through mission work and service learning trips as well as business relationships.

When traveling to these off-the-beaten-path parts of the world, it's important for travelers to be aware of the health and security threats awaiting them. Located on the third floor of the Dunham building, the BMH Travel Clinic is a comprehensive resource for safe travel services and a CDC-authorized dispenser of the Yellow Fever vaccine.

The World Health Organization (WHO) advises travelers "to consult a travel medicine clinic or personal physician 4-6 weeks before departure if the travel destination is one where exposure to any vaccine-preventable diseases may occur." For most travelers who stay in resort areas, simple preparation and taking precautions can eliminate most risks. However, if you're traveling outside North America or Western Europe, more preparation may be needed to protect your health.

A pre-travel visit with the BMH Travel Clinic nurse will include: pre-travel consultation and assessment, trip research and risk identification, and vaccines (yellow fever, typhoid, rabies, tetanus/diphtheria, polio, hepatitis A, hepatitis B, Japanese encephalitis, meningococcal, and malaria). You will also get advice on what to do if injured or ill while abroad.

Every traveler who visits the BMH Travel Clinic leaves with an individualized disease prevention plan, a printed profile of the country to which they are traveling, the phone number to the U.S. Embassy should they lose their passport or need safe haven in the event of civil unrest, and a yellow WHO card containing all their vaccination information.

Make sure you're protected against the host of life-threatening diseases that are common in many countries around the globe. Call 802-257-8235 for a personal appointment or email jbristol@bmhvt.org.



Contributions

...making a difference

Remembering Senator Robert Gannett (1917-2012)



Senator Gannett relaxing with his beloved dog Toby

The passing of Senator Robert Gannett last August, at the age of 94, was widely acknowledged as a loss not just in Brattleboro, but the entirety of Vermont. That's because even in the early days of establishing his law practice in town with James L. Oakes, Gannett immersed himself in politics on the state level while simultaneously giving his time to several organizations that remain cornerstones of our community.

Gannett and his wife, Sarah Alden "Aldie" Derby Gannett, moved to the area in 1946. Stephen Baker remembers Gannett would commute by train from his home in Putney to the law firm of Fitts & Olson, which is where the two first met. "When we

incorporated our business in 1947, Bob was clerk of the corporation. Our families, along with the Richards family, soon became very close," recalls Baker.

He began commuting northwards as well upon being elected to the Vermont House of Representatives in 1953. Gannett stepped away from state politics after six years in order to dedicate more time to his legal career, but not before his culminating accomplishment in 1959: the establishment of the representative town meeting form of governance in Brattleboro.

For the next decade and a half, Gannett kept his political involvement strictly on the local level as a Town Meeting Representative. It

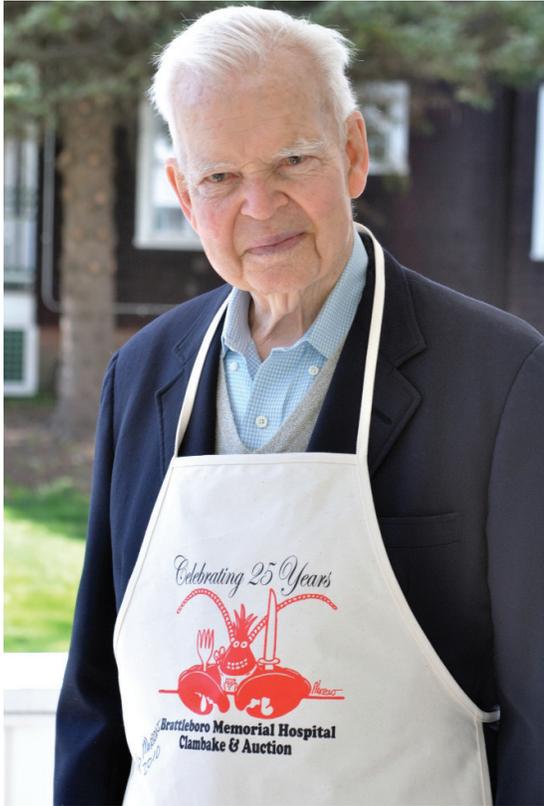
was a post he maintained for nearly the rest of his life. When he returned to the Statehouse in Montpelier in 1973 it was as a Senator, where over 20 years he became well respected as someone who put the needs of Vermonters above partisan politics. His colleague, Senator William Doyle (R-Washington), told Brattleboro Commons editor Randy Holhut that Gannett was "the conscience of the Senate" and that "he preferred to give others credit when something was accomplished."

Gannett's public service spread well beyond elected office. He helped found Brattleboro's Rotary Club in 1950 and, at various times, provided leadership to the Vermont Community Foundation, Brattleboro Retreat, United Way of Windham County and Brattleboro Memorial Hospital, for which was a corporator. In February of 1995, the hospital honored Gannett for his efforts as Honorary Chairman of a Capital Campaign that raised \$2.6 million. He developed the plan, recruited volunteers and made personal solicitations to local businesses, organizations and individuals on behalf of BMH. The building at the west end of the hospital campus has been known as the Gannett Building since that time.

Baker remembers hospital fund drives as an opportunity to collaborate with his friend. "I think that Bob and all the Gannetts have been major contributors to BMH, both financially and through their community activities," says Baker. "The hospital has really been their

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Remembering Senator Gannett continued from page 9



Senator Robert Gannett

primary focus in the community and I think they've done an outstanding job."

When Gannett passed away on August 26, 2012, the family requested that donations be made to BMH in lieu of flowers. In addition, a large gift to the hospital was part of his estate. This final gesture is befitting of the Gannetts' commitment to having a strong community hospital in town, says his longtime friend, Chuck Cummings. "Bob felt the hospital was an intricate part of Brattleboro, and without it the town could not thrive," says Cummings. "He was always generous and he will be greatly missed by the hospital both now with the current drive and in the days ahead of us."

A photo album of Senator Gannett participating in several hospital events can be found on the BMH Facebook page, which is located at www.facebook.com/BMHVT. Please visit and feel free to share your own memories of this beloved community icon.

Charitable Transfers from IRAs: Another Way to Support BMH

by: Christopher Chapman, VP & Principal, Trust Company of VT

Happily, Congress has extended for yet one more year its temporary liberalization of IRA rules so that individuals age 70½ and older may make direct transfers totaling up to \$100,000 per year to charities without income tax consequences.

Taking advantage of the extension will come in handy for those who want to contribute to BMH's campaign for a new Emergency Department and who have Traditional IRAs to draw from. Just sayin'.

The window of opportunity is limited. To pass through it, a contributor must be age 70½ or older and make the gift from a Traditional IRA. Although a conventional distribution can be made from other types of IRAs, such as the Inherited IRA and Simple IRA retirement plans, the exemption of a charitable distribution from inclusion on Form 1040 is only available when a Traditional IRA is involved. The amount is limited to \$100,000 per year.

Here is a punch list summarizing the advantages and limitations:

- **Who?** Anyone age 70½ or older at the time of the contribution.
- **How much?** Up to \$100,000 per year.
- **From where?** Transfers must come directly from your IRAs to BMH.
- **What are the tax implications?** Funds transferred to a charity from a Traditional IRA are not recognized federally as income and therefore are not taxable. However, they are also not eligible to be used as an income tax charitable deduction.
- **Does this transfer qualify as my minimum required distribution?** Yes, IRA charitable rollovers count toward your minimum required distributions for that year.
- **How do I know if an IRA charitable rollover makes sense for me?** You are at least age 70½ and
 - You do not need the income from your required IRA distribution; OR
 - Your other charitable gifts bump into the IRS' 50% rule for charitable gifts (you can only deduct up to 50 percent of your adjusted gross income each year); OR
 - If you do not itemize deductions, this is a handy technique to accomplish a charitable gift and avoid a taxable event when gifting IRA funds.
- **What is the procedure to execute an IRA charitable rollover?** To complete an IRA charitable rollover, the first step is to contact your IRA provider to learn its procedure. They will help you with the necessary paperwork. Make sure that you contact the Development Office at BMH when you direct the rollover so we can keep an eye out for the check from your IRA provider.



New York to Brattleboro...Baby on Board

Each year Brattleboro Memorial Hospital provides care to approximately 100,000 people. And every day brings a new story of lives impacted, injuries healed, bones set, lives saved and babies born. This past July, Eloise Scott Dickson joined the narrative of BMH.

When New York City residents Nancy and Elliot Dickson were interviewing midwives and hospital staff for the delivery of their first child, they had specific ideas about what they wanted as a birth experience. As they researched the more than twenty-five hospitals and birthing centers in the New York metropolitan area they became increasingly concerned. Nancy and Elliot knew what they wanted for the birth of their first child but, as they spoke to more and more of their friends, they became increasingly anxious. They were told stories of how these soon-to-be parents had to fight with midwives and hospital staff for their birthing choices to be honored. And then a friend recommended Brattleboro Memorial Hospital. Nancy tells their story:

“When we went to Brattleboro OB/GYN and Four Seasons Midwifery and met Lois Trezise for the first time, there was this immediate sense of calm. Everything we wanted to have happen was just an assumed part of the process. Before we even visited BMH’s Birthing Center it felt like this weight had been dissolved.

Lois couldn’t stop talking about the Birthing Center nurses, and after our first, brief interaction with them I could see why. If you had asked me a week before if I was ready to have a baby I would have said, ‘absolutely not!’ But after the tour of the facility, I was sitting there on the bed with Lois on one side and Elliot on the other and it was the first



Elliot and Nancy Dickson

time I thought there would be two really supporting and calm influences with me. I felt totally ready.”

On July 24, 2012, Eloise Scott Dickson was born. *“The birth was just incredible from start to finish. It felt like she was coming into the world already loved, already cared for. Having your first child is supposed to be one of the most important moments of your life and it was for us because Lois and the staff at BMH made us feel like this birth mattered and that we mattered as a family. To feel valued that way was remarkable.”*

It is the new lives that BMH helps to usher into the world, the hands we hold at the end of life, and all the many ups and downs in between that give the mission of BMH meaning—providing community based quality health services delivered with compassion and respect. Thank you for your gifts of support.

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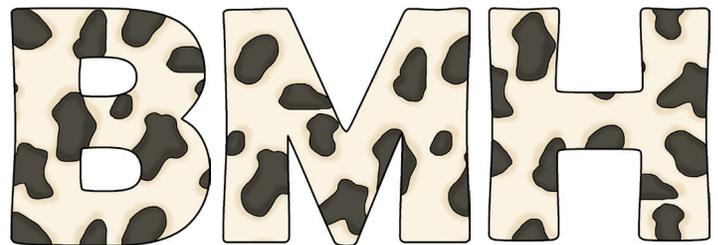
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DOC'S Talk

Columns written by a member of the BMH medical or administrative staff are available on the BMH website. Some columns you may find are:

- Breast Disease - *Dr. Joseph Rosen*
- Travel Safely - *Jean Bristol*
- Guidelines for Limiting Screen Time - *Cindy Howes, NP*
- Diabetes Awareness - *Hoty Smith*
- Men's Health - *Dr. Craig Rinder*
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