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FALL 2016

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THE
University of Vermont
HEALTH NETWORK

Alice Hyde Medical Center

A new issue for an exciting new season

It has been several months since we last produced an issue of *To Your Health*, and many exciting things have developed during that time.

New partnership expands available services

First and foremost, in May 2016, Alice Hyde Medical Center joined The University of Vermont Health Network. This affiliation strengthens a long-term partnership between Alice Hyde and The University of Vermont Medical Center, formerly Fletcher Allen Health Care, which have been clinically affiliated since 1997. Joining The University of Vermont Health Network is the next logical step in the development of our relationship with our regional partners to bring high-quality care close to home. Over the course of our clinical affiliation, specialists from UVM Medical Center have come to Malone to offer services. In recent years, we have collaborated with UVM Health Network–Champlain Valley Physicians Hospital to bring additional specialists to Malone in the areas of Cardiology, Oncology, Pulmonology, Vascular Surgery and Interventional Radiology.

Countless members of our community have benefited from this affiliation to date, and our patients will continue to see more advantages as our relationship gets stronger. In addition to the clinical affiliation opportunities, the hospital will benefit from greater purchasing and negotiating power, as well as access to capital resources and enhanced technology.

We also have a new name and corporate logo, and new signs on our campus to remind everyone of our enhanced relationship with the UVM Health Network. But with all of the exciting changes and benefits we enjoy, we will nevertheless continue to be the local community hospital you've come to know. We will maintain our local board of directors, management team, workforce, licensure, medical staff and endowment. We will continue to offer the same high-quality services with all of the benefits you have come to expect from Alice Hyde.

Welcoming new talent to our medical staff

So far during 2016, we have added several new providers to our medical staff, some of whom represent the establishment



of new programs here at Alice Hyde. We have welcomed John H. Kim, MD, to our medical staff, establishing our new Gastroenterology practice. Read more on page 6. We have also added Vladimir Medved, DO, who has come on staff to begin a Pain Medicine program with an outpatient practice. Long-time community provider Louise Tichenor, PA, has joined our Pediatrics practice. We also continue to grow our Primary Care practices. Marina Medved, DO; Brianne Gravell, FNP; Terri Redmond, FNP; and Rob Stout, PA, are all new additions to our team. We are experiencing incredible growth in our Primary Care practices, and we will continue to work to provide our patients with access to the preventive services they need to stay healthy.

We look forward to continuing to provide you with useful and important health information, as well as updates on our Medical Center. In the future, we will look to transition this newsletter to an email format. If you wish to provide your email contact information, please visit alicehyde.com/newsletter to sign up.



Douglas F. DiVello, MPH, FACHE
President and CEO

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Douglas F. DiVello, MPH, FACHE, President and CEO

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Improving patient care

Accountable Care Rounding unites your medical team for your health

EVERY day, around 10:30 a.m., employees, patients and visitors alike will notice a sizable cohort of nurses, doctors, pharmacists, dietitians, physical therapists and discharge planners gathering in patient rooms on our Medical-Surgical Unit.

It's called "Accountable Care Rounding," and the new model is meant to improve patient care by enhancing communication and coordination between involved practitioners and providers, and with patients and their families.

Patient-centered care

"We think of the model as a bubble," says Rajiv Pant, MD, Director of the Hospitalist Program, who, along with William Latreille, MD, Chief Medical Officer, and Julie Marshall, Vice President of Patient Care Services, spearheaded the effort to bring Accountable Care Rounding to UVM Health Network-Alice Hyde Medical Center. "At the center of the bubble is the patient with their family and all their needs. We wanted to bring the providers and practitioners involved in their care inside that bubble to talk about patient needs, care plans and discharge plans."

Here in Malone, Accountable Care Rounding, based on a model developed by Emory University, began small and has grown.

"We started with the doctor, nurses and discharge planning," Dr. Pant explains. "Pharmacy came to visit and see the model one day, and we realized they had a lot to contribute, so they joined the team. Our dietitian came to observe one day, and the same was true with her. She had much to contribute, and patients had many questions for her. It's continued to evolve as we've progressed."



STRENGTH IN NUMBERS: The team meets with a patient for their daily Accountable Care rounds.

Teaming up for your health

Dr. Pant says that the team meets with each patient, and often, with their family only for a few minutes, but the conversations have a lasting impact.

"It gets all of us on the same page and allows us to be responsive to the patient's needs," he says. "For example, if a patient is concerned about the cost of a particular prescribed medication, Pharmacy can consult on less expensive alternatives and the physician can determine whether or not the change would be appropriate. It means the patient is receiving more comprehensive care."

Patients and families report that Accountable Care Rounding helps them feel more connected with their care plan, and the care team's increased exposure to the patient contributes to that.

"I understand each patient's case and condition much better than I would by reading about it in a chart," says Liz Cassini, Dietitian. "I used to see my patients once in the morning. Now I see them before, during and sometimes after rounds. This gives me more exposure to them and

I'm able to see the bigger picture in terms of their needs and concerns."

Improving care coordination

Michael Dufort, Pharmacy Director, says Accountable Care Rounding has given his department the opportunity to be more directly involved in patient care, as well as in the care team.

"We're interfacing directly with physicians, RNs and patients," he says. "This results in quicker resolution of problems, enhances patient safety and improves patient care. Our staff appreciates this opportunity and looks forward to continued involvement."

"This allows the patient and the family to be part of the decision-making process and become more involved in their care," says Jeanette Messenger, Nurse Manager, Medical-Surgical Unit. "We also discuss any barriers to discharge to ensure that the patient has a safe and seamless discharge. It also allows everyone involved in the patient's care to discuss issues efficiently with everyone's input."



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EXPERT CARE: Dawn Smith, Lead Mammography Technologist, helps a patient during a mammogram.

DENSE BREASTS An inside tale

Breasts come in all different sizes and shapes. They also contain a mixture of fibrous, glandular and fatty tissue.

Some women have breasts that are almost entirely fatty. Others have breasts that are

filled with more fibrous and glandular tissue and not much fat. Their breasts are considered dense.

Dense breasts can be a challenge for doctors when reading a mammogram. That's because on a mammogram, dense breast tissue looks white—and so do breast masses and tumors. This means cancer may be

hidden by dense breast tissue.

You can't tell if your breasts are dense by feeling or looking at them. The only way to determine the density of your breasts is with a mammogram. Radiologists—doctors who read mammograms—classify breasts into one of four categories, ranging from almost entirely fatty to

extremely dense.

Talk to your doctor if you learn that you have dense breasts. Having dense breasts is linked to a higher risk of breast cancer, though it doesn't mean your risk is high overall. There are many other risk factors for breast cancer, and your overall risk depends on all of your risks combined.

Sources: American Cancer Society; American College of Radiology

key questions and answers about breast cancer

WHEN it comes to breast cancer, you can't be too curious. The more you know about breast cancer—especially how to detect it—the more you might be able to protect yourself from this all-too-common disease.

1 **Q** What are the warning signs?

A The most common symptom is a new lump in your breast. Often, cancerous lumps feel different from noncancerous ones. Lumps that are painless, hard, oddly shaped and feel as though they are firmly attached within the breast are more likely to be cancerous. But breast cancers can also be tender, soft, smooth, round and moveable. They might even be painful.

So alert your doctor if you notice a new lump or mass—or if you have:

- ▶ Swelling of all or part of a breast.
- ▶ Dimpling or puckering in the breast skin.
- ▶ Redness, scaliness or thickening of a nipple or breast skin.
- ▶ A nipple turned inward.
- ▶ Breast or nipple pain.
- ▶ Nipple discharge other than breast milk, such as blood.

Keep in mind, too, that breast cancer sometimes spreads to lymph nodes under the arm or around the collarbone—even before the original tumor in a breast is large enough to be felt. This means you should also tell your doctor about any lumps or swelling in these areas.

2 **Q** How often should I have a mammogram?

A Most women should have a mammogram, or breast x-ray, every year starting at age 45. At age 55, talk to your doctor about switching to every other year. Regular mammograms are a must, because they can find tumors that are still so tiny that they can't be felt by a doctor. And detecting breast cancer at an early stage increases the chances that it can be treated successfully.

However, if you have an above-average risk for

breast cancer—for instance, if you have a family history of the disease—you may need to start getting mammograms earlier. Talk to your doctor about a screening schedule that is best for you.

3 **Q** What is digital breast tomosynthesis?

A Digital breast tomosynthesis, or 3-D mammography, is one of the latest technological innovations in women's health care. It enables images of the whole breast to be taken in slices, helping your doctor differentiate between normal breast tissue and true breast lesions. While all patients can benefit from the use of 3-D mammography, women with dense breasts will see significant benefits.

Dense breast tissue can hide cancer on traditional mammograms, resulting in delayed diagnosis and worse outcomes. Women with dense breasts often require supplemental screenings, such as ultrasound or breast MRI procedures. These additional screenings are not only time consuming and expensive, they also leave the patient with a greater sense of uncertainty and stress throughout the extended process. 3-D mammography increases cancer detection across all breast densities. With 3-D imaging, there are also fewer false positives. Women are significantly less likely to need to come back for additional mammographic views, making the experience more convenient and less stressful.

NOW OFFERING 3-D MAMMOGRAMS

This new technology is now available at UVM Health Network—Alice Hyde Medical Center, providing the women in our community with the most advanced technology in breast health.

To schedule a mammogram, talk to your primary care provider.

What is a gastroenterologist?

IF you're having problems with your digestive system, your primary care doctor may refer you to a gastroenterologist.

A gastroenterologist is a doctor who specializes in preventing, diagnosing and treating disorders of the gastrointestinal tract. That includes the esophagus, stomach, intestines, pancreas and liver.

Rigorous training

Gastroenterologists are highly educated. Like other doctors, they complete four years of medical school. They then receive three years of training in internal medicine, which is followed by a three- to four-year fellowship in gastroenterology. They may also become board-certified.

Specific conditions that gastroenterologists address include:

- ▶ Gastroesophageal reflux disease (GERD).
- ▶ Stomach ulcers.
- ▶ Celiac disease.
- ▶ Diverticulitis.
- ▶ Inflammatory bowel disease.
- ▶ Cirrhosis.
- ▶ Pancreatitis.
- ▶ Cancer.

Some of these conditions may also require surgery, which gastroenterologists don't perform. But they do work with surgeons to make sure patients receive the best possible care.

Gastroenterologists, however, may perform procedures that allow patients to avoid surgery.

For example, there are nonsurgical techniques to remove stones from the bile ducts in the liver and to treat certain tumors.

Other procedures that gastroenterologists commonly perform include:

Colonoscopy. This involves a long flexible tube with a light and camera. It allows doctors to directly visualize the large intestine—the colon—for signs of cancer and growths (polyps) that can be removed before they become cancerous.

Endoscopy. This procedure involves instruments similar to those used for colonoscopy. But they're used to examine and treat the esophagus, stomach and other organs.

Welcome, Dr. Kim

We are excited to announce that John H. Kim, MD, joined our Gastroenterology practice in May of this year. Dr. Kim has more than 20 years of experience in the field of gastroenterology. He most recently served as the Chief of Gastroenterology at Flushing Hospital Medical Center in Flushing, New York. He attended medical school at Yonsei University College of Medicine in Seoul, South Korea, and completed his residency and fellowship training at Maimonides Medical Center in Brooklyn. He is board-certified in Gastroenterology and Internal Medicine.

Dr. Kim specializes in performing screening and



John H. Kim, MD, Gastroenterologist at UVM Health Network–Alice Hyde Medical Center, consults with Cathy Hosler, MOA, and Melissa Maloney, LPN, about a patient.

therapeutic colonoscopy for the detection and removal of polyps and for inflammatory bowel disease. He also performs upper endoscopy (EGD) to diagnose gastroesophageal reflux disease (GERD), peptic ulcer disease and stomach cancer. He is trained in therapeutic endoscopic retrograde cholangiopancreatography

(ERCP) to treat biliary and pancreatic disorders. Dr. Kim's expertise also extends to diagnosis and treatment of hepatitis and other liver diseases.

"I'm excited to have the opportunity to develop relationships with patients here in the community," says Dr. Kim. "I really believe in the importance of listening to

my patients and catering to their needs. It is important to me to be available to them, answer their questions and make them feel comfortable."

UVM Health Network–Alice Hyde Medical Center now offers Capsule Endoscopy, which is a new technology used to evaluate the small bowel. We also have state-of-the-art Olympus 190 Series endoscopes for better visualization of the gastrointestinal tract.

Dr. Kim is accepting new patients at the Gastroenterology practice on the campus of The University of Vermont Health Network–Alice Hyde Medical Center, located at 16 Third St. in Malone, New York. Call **518-481-2401** for more information, or contact your primary care provider for a referral.



Make way for baby

THEY are images from the not-so-distant past: an anxious dad pacing the waiting room, eager for word of his wife and new baby. Grandparents given just a peek of their newest grandchild. A new baby's siblings, aunts and uncles kept away.

What a difference a few decades make. Today, childbirth is often considered a family affair, with loved ones and friends visiting the hospital and even attending the birth.

Having a baby is a joyful

event that many moms understandably want to share with others. And more women are glad to be welcoming their babies through a family-centered approach to childbirth.

We're proud to offer this style of maternity care, which can help family members be more involved in the birthing process within the safe environment of the hospital.

Doctors and nurses focus on delivering high-quality medical care—on what's best for mom and her baby. But women are encouraged to make personal choices during the process as well. And families and friends are welcome to be involved.

Guiding principles

We know that mothers and their families want a personalized experience during and after the birth of a new baby. And we embrace a family-centered model of childbirth by:

- ▶ Recognizing the individual needs of the mother and her family.
- ▶ Providing coordinated, compassionate care before, during and after the birth.

To learn more about our childbirth program, including childbirth classes, call **518-481-2244**.

- ▶ Encouraging strong bonds between a mother and her newborn and helping establish a good feeding routine.
- ▶ Having an experienced, skilled and caring medical staff.

Here for new parents

One thing that hasn't changed over time is that new parents usually have questions and concerns about caring for a newborn.

You can be assured that staff members are available 24 hours a day to answer those questions and to offer support and encouragement for new families.

CERTIFIED NURSE-MIDWIVES

They deliver more than babies

Did you know that there is a group of medical professionals that offer top-quality care for women of all ages, through every stage of life? They are Certified Nurse-Midwives (CNMs).

Midwives are probably best known for helping women give birth. But CNMs also care for women from the time of their first menstrual periods through menopause—and beyond.

Each CNM is a licensed registered nurse who graduated from an accredited college or university, obtained an

advanced degree in midwifery, and passed a national certification exam.

This background, along with extensive hands-on clinical training, enables them to offer a full range of primary care to women, such as:

- ▶ Providing well-woman exams, including doing Pap tests and breast exams.
- ▶ Providing information about health screenings, tests and vaccines.
- ▶ Counseling women about family planning.
- ▶ Treating sexually transmitted infections.

- ▶ Writing prescriptions for treatments and medications.
- ▶ Offering health education on topics such as basic nutrition and parenting.
- ▶ Helping women navigate menopause.

The University of Vermont Health Network–Alice Hyde Medical Center recently hired two new Certified Nurse-Midwives. Kristina Colwell will begin seeing patients at our Women's Health practice in November. Ash Draper will begin seeing patients in December.



For an appointment, call **518-481-2896**.



Visit UVMHealth.org/AHMC
and click "Find a Doctor."

Stay-well TIPS for families



IT'S a fact that families share more than just quality time together—they share some unwelcome germs too. These tips can help your family stay well.

Practice prevention

The best way to prevent the flu is for everyone, starting at age 6 months, to get an annual flu vaccine. Also, some people—including those with chronic health problems or people 65 and older—may need a vaccination against bacterial pneumonia.

While there isn't a cold vaccine yet, you can remind everyone to practice these healthy habits:

- ▶ Keep your distance from sick people.
- ▶ Cover coughs and sneezes with a tissue or the inside of your elbow.

- ▶ Wash your hands often with warm water and soap. Scrub them well for about 20 seconds (about the time it takes to sing "Happy Birthday" twice). Use paper towels to dry your hands.

When sickness strikes

- To ease cold and flu symptoms:
- ▶ Get lots of rest, especially while a fever is present.
 - ▶ Drink plenty of fluids, such as

water and clear soups.

- ▶ Gargle with warm salt water to relieve a sore throat, or use sprays or lozenges.

You also can try over-the-counter medicines for a headache, stuffy nose, cough and other symptoms.

However, kids and teens should not take aspirin—it may increase their risk for a serious disease called Reye's syndrome. And nonprescription cold medicines may not be safe for younger children.

Also, you can ask your doctor about antiviral medicines to help you recover more quickly from the flu.

Most people recover from colds or the flu within two weeks. Seek a doctor's advice for a high fever, illness that lasts for 10 days or longer, or any breathing problems.

Keeping track of your family's health care is easy with our online patient portal. Sign up at UVMHealth.org/AHMC.