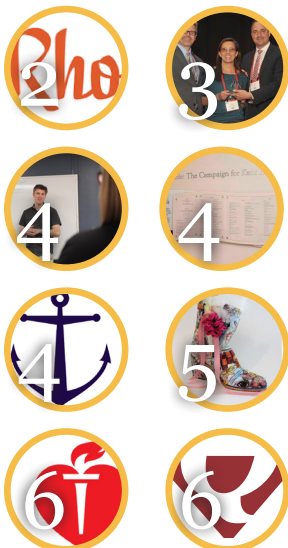


may 31, 2016  
volume 6 | issue 22



“Care New England chose to affiliate with Memorial because we believe in its intrinsic value and the important contribution it makes to improving the health of thousands of patients every year. The care the Memorial team delivers is with compassion and a sense of purpose that is infectious and motivating.”

## In this issue:



Good day!

Even though the entire health care industry nationwide struggles to readjust and redefine itself, and other hospital members of Care New England feel the impact of reduced reimbursements and government cuts, 2016 so far has been a particularly difficult year at Memorial Hospital.

Part of the Care New England family for just more than two years, Memorial ended the first quarter of fiscal year 2016 losing \$3 million a month, which is understandably untenable. Difficult decisions had to be made, making the gravity of the financial picture much more real for the hundreds of employees and physicians at Memorial, as well as the community it has served faithfully for more than a century.

If you noticed, I used the adjective “difficult” twice in this column already. There is just no better word to describe the current situation in Pawtucket. Care New England chose to affiliate with Memorial because we believe in its intrinsic value and the important contribution it makes to improving the health of thousands of patients every year. The care the Memorial team delivers is with compassion and a sense of purpose that is infectious and motivating.

Deciding on any level of workforce reduction was exceedingly difficult. Filing for state Department of Health (DOH) approval of our plan to relocate the obstetrics unit to Women & Infants and Kent hospitals—over the passionate pleas of women who have happily delivered babies there—was also incredibly difficult.

But, we brought Memorial into Care New England because we are committed to making it a viable facility and that means we need to advocate for changes that might be hard to accept. It was gratifying that the DOH director understood our stance and

*continued*

*continued*

approved our reverse certificate of need request. We are now relocating the care of all expectant mothers who planned to deliver at Memorial to either of our other hospitals that provide ob services. We believe this to be the best option for these patients because a low volume obstetric service in a low volume hospital is inconsistent with patient safety. And, after all, isn't that each of our goals—keeping patients safe?

While the census is still very low for a medical-surgical hospital, traffic into the Emergency Department has stayed steady, as has the volume of patients seen daily in ambulatory specialties. Staff and physician attrition over the past few months means we are now staffing more appropriately to patient volume. Both of these changes have helped trim the monthly losses at the hospital by more than a million dollars, which is a meaningful improvement.

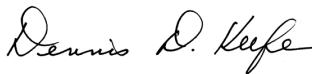
Based on this improvement, we have begun to consider modifying our original restructuring plan to retain modified medical-surgical capabilities at Memorial going forward. We now believe we can keep some critical care beds and inpatient med-surg beds open, keeping an eye on careful patient selection. This would retain key services within the community and should address the concerns of city officials who filed a lawsuit recently to stop any changes at Memorial, despite our best efforts to collaborate with them.

I sincerely hope the stabilizing that has been going on at Memorial will continue. It will enable us to work toward further improvements in health care delivery and operational efficiency, while at the same time devoting needed attention toward moving forward with the affiliation with Southcoast. In addition to the work on the needed regulatory approvals, we will begin, as appropriate, further developing our vision and plans together for an integrated health care delivery system—and a strong future for Memorial.

Indeed, we have heard much from the employees, physicians, patients, elected officials and members of the community about the value of Memorial Hospital. We hope that all of those words now translate into action. Let us all do our part to begin the rebuilding process, and give this hospital our patronage, advocacy and support.

I hope you have a great week ahead—and enjoy the start of a spectacular summer season!

Sincerely,



Dennis D. Keefe  
President and Chief Executive Officer



## Seventy-four physicians from Care New England named to *Rhode Island Monthly's* Top Docs 2016

Seventy-four physicians with privileges at four Care New England hospitals—Butler, Kent, Memorial, and Women & Infants hospitals—have been named to *Rhode Island Monthly's* 2016 list of Top Docs. Several physicians have privileges at two or more hospitals in the system. The list appears in the May issue, now on newsstands.

### Butler Hospital

*Hospice/Palliative Care* – Dr. Kate Lally; *Nephrology* – Dr. Richard Cottiero;  
*Neurology* – Dr. Joseph Friedman; *Psychiatry* – Dr. Robin Stern.



### Kent Hospital

*Allergy/Immunology* – Drs. David Katzen and Anthony Ricci; *Anesthesiology* – Dr. Vijay Sudheendra; *Breast Surgery* – Dr. Candace Dyer; *Cardiac/Thoracic Surgery* – Dr. Laurie Reeder; *Colon/Rectal Surgery* – Dr. Melissa Murphy; *Critical Care Medicine* – Dr. Ehsun Mirza; *Endocrinology* – Drs. Nathalie Campbell and Robert Dobzynski; *Gastroenterology* – Drs. William Chen, Christy Dibble and Joel Spellun; *continued*





*continued*

*General/Family Practice* – Drs. Denise Arcand and Emily Harrison; *Gynecology/Obstetrics* – Dr. Douglas J. Nisbet; *Gynecologic Oncology* – Drs. Paul DiSilvestro, Stephen Falkenberry and Katina Robison; *Hematology/Oncology* – Dr. Sundaresan Sambandam; *Hospice/Palliative Care* – Dr. Kate Lally; *Infectious Disease* – Dr. David Lowe; *Internal Medicine* – Dr. Brian Pickett; *Nephrology* – Drs. Christopher Cosgrove and Charles McCoy; *Neurology* – Drs. Joseph Friedman and Arshad Iqbal; *Neurosurgery* – Dr. Maria Guglielmo; *Otolaryngology* – Dr. Mark P. Andreozzi; *Plastic/Reconstructive Surgery* – Drs. David Barrall and Pierre Michaud; *Psychiatry* – Dr. Robin Stern; *Pulmonary Diseases* – Dr. Thomas Raimondo; *Rehabilitation/Physical Medicine* – Dr. Matthew Smith; *Sports Medicine* – Drs. Razib Khaund and Jeffrey Manning; *Urology* – Drs. Steven Colagiovanni and Angelo Cambio; *Vascular Surgery* – Dr. Guy Lancellotti.

## **Memorial Hospital**

*Breast Surgery* – Dr. Jennifer Gass; *Cardiac/Thoracic Surgery* – Dr. Laurie Reeder; *Dermatology* – Dr. David Pomerantz; *Gastroenterology* – Dr. Samir Shah; *General/Family Practice* – Drs. Emily Harrison and Susanna Magee; *Gynecologic Oncology* – Drs. Stephen Falkenberry and Katina Robison; *Hospice/Palliative Care* – Dr. Kate Lally; *Infectious Diseases* – Dr. Glenn Fort; *Nephrology* – Drs. Christopher Cosgrove, Richard Cottiero and Charles McCoy; *Neurology* – Dr. Arshad Iqbal; *Orthopedic Surgery* – Dr. Robert Shalvoy; *Otolaryngology* – Dr. John M. Tarro; *Plastic/Reconstructive Surgery* – Dr. David Barrall; *Radiation Oncology* – Drs. Kathy Radie-Keane and Scott Friedman; *Sports Medicine* – Drs. Razib Khaund and Jeffrey Manning; *Urology* – Dr. Angelo Cambio; *Vascular Surgery* – Dr. Guy Lancellotti.

## **Women & Infants Hospital**

*Breast Surgery* – Drs. Candace Dyer and Jennifer Gass; *Colon/Rectal Surgery* – Drs. Matthew Vrees, Adam Klipfel, Melissa Murphy and Steven Schechter; *Gastroenterology* – Drs. Paul Akerman, William Chen and Christy Dibble; *General Surgery* – Dr. Beth Ryder; *General/Family Practice* – Drs. Emily Harrison and Mark Rosenberg; *Gynecologic Oncology* – Drs. Christina Bandera, Paul DiSilvestro, Stephen Falkenberry and Katina Robison; *Gynecology/Obstetrics* – Drs. David M. Beitle, Kathleen Bowling, Jane Sharp and W. Scott Walker; *Hospice/Palliative Care* – Dr. Kate Lally; *Infectious Diseases* – Drs. Penelope Dennehy and Erica Hardy; *Nephrology* – Dr. Charles McCoy; *Pediatrics* – Drs. William Turtle and Jane Dennison; *Plastic/Reconstructive Surgery* – Dr. Pierre Michaud; *Radiation Oncology* – Drs. Thomas DiPetrillo and Kathy Radie-Keane; *Radiation Oncology* – Dr. Scott Friedman; *Radiology* – Drs. Michael Wallach and Jeffrey Rogg; *Reproductive Endocrinology* – Drs. Carol Wheeler, Gary Frishman and Ruben Alvero; *Surgical Oncology* – Drs. Steven Katz and Thomas Miner; *Urology* – Dr. Anthony Caldamone; *Vascular Surgery* – Dr. Jeffrey Slaiby.

Thousands of Rhode Island licensed physicians were sent a survey and asked to name the specialist they would choose if a family member or friend had a medical problem. The names that appeared most frequently on the survey make up 163 of the state's finest doctors, as voted by their peers.

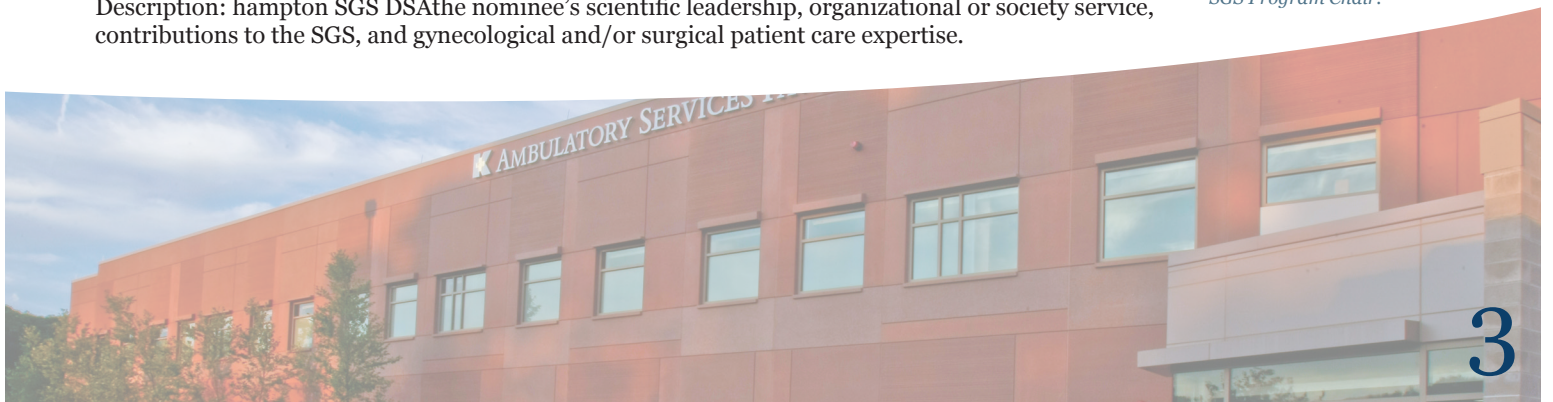
## **Dr. Star Hampton earns distinguished service award**

Congratulations to B. Star Hampton, MD, FACOG, a board certified urogynecologist in the Women & Infants Division of Urogynecology and Reconstructive Pelvic Surgery (<http://bit.ly/1TV1rfV>) and an associate professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University, who has recently received the inaugural distinguished service award from the Society of Gynecologic Surgeons (SGS).

The mission of the SGS (<https://sgs.memberclicks.net/home>) is to promote excellence in gynecologic surgery through acquisition of knowledge and improvement of skills, advancement of basic and clinical research, and professional and public education. The Society's distinguished service award is presented annually to one SGS member in good standing who has provided important contributions to the Society. The selection is made by the executive committee and is based on Description: Description: hampton SGS DSAthe nominee's scientific leadership, organizational or society service, contributions to the SGS, and gynecological and/or surgical patient care expertise.



*Pictured from left to right are: Andy Walter, MD, 2015-16 SGS President; B. Star Hampton, MD, award recipient; and Eric Sokol, MD, 2016 SGS Program Chair.*



## Open House: Butler's Partial Hospital program

Butler Hospital is hosting an open house for the Partial Hospital program on Wednesday, June 8 at 4 p.m. The event will take place in the Butler Hospital arboretum and allow guests to tour each Partial Hospital area and speak with staff about the six unique programs. In addition to the newest program for Young Adults, Butler also has an Integrated Therapies program, Alcohol and Drug program, two Cognitive Behavioral Therapy programs, and a Dialectical Behavioral Therapy program for women. During the open house, staff will highlight recent changes that have introduced customized program scheduling that allows therapists to adjust the type of group exercises they conduct each day based on the need of the current group of patients. The Partial Hospital has also moved away from a model that required a longer wait period to next-day admissions when availability allows. To attend the open house, email [info@butler.org](mailto:info@butler.org) or call (401) 455-6265. You can also learn more about the Partial Hospital program by visiting <http://butler.org/partial>.



## Imperishable: The Campaign for Kent Hospital

Nearly 100 supporters of Imperishable: The Campaign for Kent Hospital gathered in the Kent Hospital Doctors' Auditorium on May 11, to celebrate the conclusion of this fundraising effort. More than 200 donors contributed in excess of \$7 million to support the construction of the Ambulatory Services Pavilion and the 10 private patient rooms on 2 North, along with renovations for 3 North and those planned for the Dialysis Unit.



The total raised included the second \$1 million gift from the Auxiliary and the first ever \$1 million gift from grateful patients. Donors were able to tour the newly opened Outpatient Services Center located on the first floor of the Ambulatory Services Pavilion (ASP). A plaque in the lobby of the ASP lists the names of leadership donors, and a newly installed "Giving Tree" in the Kent Hospital Main Concourse recognizes all the donors to this successful campaign.

## Anchor Recovery Center in the press

Local and national press outlets have been reporting on the great work being performed by The Providence Center's Anchor Recovery Center in Pawtucket. Jonathan Goyer, an Anchor recovery coordinator, shared his story of addiction and redemption in an interview with GQ (<http://www.gq.com/story/heroin-rhode-island-interview>) earlier this month. He also spoke about how advocates like him are working to face the opiate crisis, highlighting the creation of Governor Gina Raimondo's Overdose Task Force.



A *Rhode Island Monthly* article from this month's issue, called "Stemming the Tide," highlights the efforts of Anchor MORE, the mobile outreach team that goes into the community to actively seek out users who need help. The piece features Goyer outlining Anchor MORE's day-to-day operations and comments from local medical professionals about the state of affairs in RI's opiate crisis. Give these articles a read to find out more about the recovery effort!

## 'In Her Shoes' fundraising project expands to honor women with cancer

In 2006, Rehoboth artist and breast cancer survivor Sherrill Hunnibell launched the "In Her Shoes" project as a tribute to women with cancer and to give back to the Women & Infants Hospital Program in Women's Oncology, which she credits with helping her through a dark period in her life.

A decade later, the unique shoes Hunnibell has crafted in her studio have raised funds for the Program and the spirits of anyone who sees them in the display case in the Women & Infants Murray Family Infusion Center. The first three—a restyled woman's pump, a short

*continued*





*continued*

boot, and a flip-flop—were redecorated and reimagined by Hunnibell to be symbolic of the emotionally and physically painful journey a woman takes with cancer.

She uses shoes from anonymous donors for her creations “because they are a reminder that illness, especially cancer, can affect anyone, anywhere, anytime.” She’ll add images she feels symbolize life’s positive energies and meanings, feathers, lace, faux flowers and other adornments to relay a message of hope.

For “Reboot,” the 2007 boot Hunnibell created, she crafted a collage showcasing the footwear with snippets of quotes submitted by women attending sessions with the Integrative Care Program. Other objects from patients were tucked deep inside the boot, which symbolizes the constant need to “reboot” our lives to bring love into our bodies, minds and spirits.

In 2009, she created “Flip-Flop! Notes to Myself” which features a pair of bright flip flops sandwiched bottoms together around an assortment of sealed personal notes submitted by women at breast cancer events.



“The piece speaks to the confusion and imbalance in both mind and spirit that we as women can often experience when we are ill,” Hunnibell explains. Each of the first three installations in the series was sponsored by anonymous donors, with funds going to Women & Infants’ Integrative Care Program to finance therapies for women with cancer.

Hunnibell has created two new pieces that await sponsorship.

- “The Dance,” features two ballet slippers—one adult sized and one child—set on their toes and adorned with feather wings, pears and ribbon. The images and objects featured on the slippers, Hunnibell says, “symbolize our deepest and most delicate emotions, the love and support we receive from others, and the fleeting passage of time.”
- “No Boundaries,” the most recently created piece, was crafted from an anonymous donor of the ruby red slipper similar to the one worn by Dorothy in “The Wizard of Oz.” Named after the brand on the inside of the shoe, this “reminds us that our spirits have no boundaries, even in illness,” Hunnibell explains. “Our hopes and dreams can soar over the rainbow in new and unexpected ways.”

The Integrative Care Program is self-sustaining and relies on grants and fundraisers to remain viable, according to Director Sandra Scuncio. The Program includes all the complementary therapies that help women cope with their cancer diagnosis and treatment, including: massage; acupuncture; hypnotherapy; Reiki; pet therapy; lymphedema services; nutritional guidance; meditation; poetry writing; and yoga. The therapies are offered to cancer patients in the hospital as well as at offsite locations in Providence, South Kingstown and Middletown.

“Integrative care is a form of creative healing,” says Hunnibell, who taps into several therapies in her healing process. “Often, it’s not possible to cure someone but you can heal them, enrich them, enliven their spirit.”

{ For more information on sponsoring one of these two shoes, call the Integrative Care Program at (401) 274-1122, ext. 47285. }



## Register for the Care New England Heart Walk

If you haven't registered for the Southern New England Heart Walk on June 5 in Providence, there is still time. To register or make a donation, please visit <http://carenet/heart-walk>.



While we have passed the deadline for securing a CNE walk t-shirt, please note that for those who registered by the May 24 deadline, your t-shirt will be available at the CNE tent Sunday morning. There will be a very limited number of extra t-shirts available the morning of the walk on a first-come, first-served basis.


Also, please be sure to join us at the CNE tent at 8:10 a.m. for our team photo. We are looking forward to seeing you there.

## Deadline to complete Every Person, Every Time is May 31!

Thank you to all who have completed the 2016 Every Person, Every Time webinar. The feedback on the 25-minute webinar has been very positive. If you have not yet completed the webinar, the deadline for completion is Tuesday, May 31. To access the webinar, click on this link, scroll to the bottom of the page and select your OU's NetLearning or Portal link: <http://carenet/servicerecovery/>.



We have made headway in achieving our completion goal of 80 percent, but we still have a way to go. As of May 25, our participation rates are:

Butler	342 of 998 completed (34%)
CNE	279 of 762 completed (37%)
Health Touch	4 of 56 completed (7%)
Kent	1364 of 2130 completed (64%)
Memorial	186 of 1121 completed (23%)
The Providence Center	150 of 724 completed (21%)
VNA	189 of 249 completed (76%)
Women & Infants	1121 of 2572 completed (44%)
Total for System	3635 of 8612* completed (42%) 

*\*based on 2015 workforce profile*

