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I often talk about the work we do here at Care New England and how each of you play a unique and important role in caring for the sick and those in our community. Today, in recognition of National Volunteer Week, I would like to pay a special tribute to our wonderful team of volunteers from across the system who tirelessly give of themselves to ensure the needs of so many are met each day.

You might be surprised to learn that, all told, Care New England has a dedicated and long-serving corps of volunteers of all ages that totals more than 600 people. I think that is a testament to their loyalty, dedication, and commitment to a cause

they all choose to freely give of their time and energy.

Volunteers make a tremendous difference in the patient experience and provide an invaluable service that compliments patient care and other facets of the hospital community.

I am sure most of you have worked with our volunteers, come across their friendly greetings, and seen them offering directions or other means of support to those coming and going from our hospitals and other operating units. We are grateful for the contribution of their talents and their desire to give back. Volunteers make a tremendous difference in the patient experience and provide an invaluable service that compliments patient care and other facets of the hospital community.

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I hope you will join with me in offering some words of appreciation and gratitude as you see volunteers in your daily work and travels across CNE. They are there on the units, delivering flowers, supporting research initiatives, staffing the desk in the lobby, greeting people in the ED and elsewhere, making the day a little bit brighter, warmer, and probably a bit more manageable. If you or someone you know is interested in becoming a volunteer for Care New England, please visit <http://carenewengland.org/volunteer/>. In the meantime, please be sure to thank our volunteers this week and every chance you get!

Have a great week ahead.

Sincerely,



James E. Fanale, MD
President and Chief Executive Officer

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VIEW THIS WEEK'S EDITION HERE

BUTLER

Butler Hospital excels during Joint Commission survey



On Tuesday, April 10, a team of three nurse surveyors arrived from The Joint Commission (TJC) to conduct a full survey of Butler Hospital and their behavioral health services and facilities. In true Butler form, the excellence of Butler staff showed through! The survey team was quite impressed with the hospital's performance, and in fact, asked to establish some of Butler's protocols and procedures as best practices for behavioral health care.

When you consider the team arrived four months early, the survey results are a clear indication of how our employees run the hospital and outpatient services year round. Marry Marran, president and chief operating officer of Butler Hospital commented, "Throughout the entire process everyone has been collaborative, transparent, and responsive as the survey team moved throughout our hospital. These surveys are as much about demonstrating quality and safety as they are about learning opportunities for improvement."

What is quite impressive about this year's TJC survey results is that virtually all notations received are low risk issues. That said, work must be completed to address the new requirements for ligature risk; however, even in this area the survey team complimented Butler on their comprehensive action plan that is well underway, but had not been completed prior to the surveyors' arrival. TJC survey results are based on a review of more than 1500 elements of performance and during the conference one surveyor made a point to say, "None of these findings are related to the quality of care being provided. The history of care in this organization is phenomenal. I am really impressed."

Each and every day, Butler Hospital employees demonstrate their commitment to the patients, their families, and their loved ones. Also to be commended, is the teamwork and camaraderie within the Butler family. "It's been inspiring and confirming this week to observe you in action during what is often an anxiety provoking experience—because you want to achieve and exceed the standards required to maintain our Joint Commission accreditation. And, that you did. Kudos and congratulations to everyone! You are an awesome team. Thank you! Thank you! Our community is well served and well cared for by you," said Marran.

CARE NEW ENGLAND

Surgeon General urges more individuals to carry life-saving medication, Naloxone

In his statement released on Thursday, April 5, U.S. Surgeon General Jerome M. Adams, M.D., M.P.H., urged more Americans to carry a lifesaving medication that can reverse the effects of an opioid overdose.

The medication, naloxone, is already carried by many first responders, such as EMTs and police officers. The Surgeon General is now recommending that more individuals, including family, friends and those who are personally at risk for an opioid overdose, also keep the drug on hand.

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An estimated 2.1 million people in the U.S. struggle with an opioid use disorder. Rates of opioid overdose deaths are rapidly increasing. Since 2010, the number of opioid overdose deaths has doubled from more than 21,000 to more than 42,000 in 2016, with the sharpest increase occurring among deaths related to illicitly made fentanyl and fentanyl analogs (synthetic opioids).

Opioids are a class of drugs that include medications, such as oxycodone, hydrocodone and methadone, which are commonly prescribed to treat pain. Pharmaceutical fentanyl is a synthetic opioid which is 50 times more potent than heroin and 100 times more potent than morphine. It is approved for treating severe pain, typically post-surgical or advanced cancer pain. However, most recent cases of fentanyl-related harms are a result of illicitly made fentanyl.

"Each day we lose 115 Americans to an opioid overdose—that's one person every 12.5 minutes," said Surgeon General Adams. "It is time to make sure more people have access to this lifesaving medication, because 77 percent of opioid overdose deaths occur outside of a medical setting and more than half occur at home."

Naloxone, an FDA-approved medication that can be delivered via nasal mist or injection, is not a long-term solution, but it can temporarily suspend the effects of the overdose until emergency responders arrive.

"To manage opioid addiction and prevent future overdoses, increased naloxone availability must occur in conjunction with expanded access to evidence-based treatment for opioid use disorder," the Surgeon General said.

Expanding the use of the overdose-reversing drug naloxone is a key part of the public health response to the opioid crisis, along with effective prevention, treatment, and recovery programs for opioid use disorder. Research shows a combination of medication, counseling and behavioral therapy, also known as Medication Assisted Treatment, or MAT, can help people achieve long-term recovery.

For more information on how to get help, call SAMHSA's National Helpline at 1-800-662-HELP (4357) or go to <https://www.findtreatment.samhsa.gov> to find a treatment center. To learn more about how individuals can recognize and respond to an opioid overdose, visit <http://www.surgeongeneral.gov> to read more.

BUTLER

Dr. Linda Carpenter advancing TMS



In February, Linda Carpenter, MD, chief of the Mood Disorders program at Butler Hospital taught Pulses, a course offered in London by Clinical TMS Society, alongside Anthony Barker, PhD, FIET, FIPEM. Dr. Barker is the pioneer of Transcranial Magnetic Stimulation (TMS) therapy for neuropsychiatric disorders and nearly three decades ago put the first TMS coil on a subject's head and stimulated

neurons in the brain tissue of the human cortex. The certificate seminar is designed for new TMS providers, researchers, and technicians and is being offered again at the upcoming Clinical TMS Society Annual Meeting in Brooklyn.

Dr. Carpenter also recently published a study in *Brain Stimulation* (<https://bit.ly/2HDjICw>), which suggests that a new means of delivering rTMS, a "two-coil array," can be safely used and may help to stimulate deeper areas of the brain than the current single-coil designs. Repetitive Transcranial Magnetic Stimulation (rTMS) is a therapy in which electromagnetic fields are pulsed through a coil placed on the scalp and have been found to produce antidepressant effects in individuals who are resistant to or unable to tolerate standard antidepressant drugs.

Dr. Carpenter is widely published on TMS therapies and offers TMS treatments at Butler Hospital. For more information visit <https://bit.ly/2HF0fMq>.

Kent Hospital receives generous donation from Auxiliary



Thanks to the work of the Kent Hospital Auxiliary, the hospital has 16 new wheelchairs available for patients and visitors. When Auxiliary president, Diane Scott, first learned of the transport chairs—they can't be self-propelled—she was visiting Mass General in Boston. She began to consider how such transport chairs might improve conditions at Kent. Armed with positive feedback and the endorsement of hospital administrators, the auxiliary allocated \$25,000 for the chairs, the corral where they are kept at the hospital entrance, and the locking mechanism.

"Those wishing to use the chairs are provided keys. Like a lawn mower," explains Elaine Fish, manager of volunteer services. "The chairs come to a stop as soon as the handle is released. The lifting armrests and set footrests make it easy for patients to get in and out of the chairs."

Neither the chairs nor the more than \$7 million the auxiliary has raised for the hospital since being founded in 1951 would have been possible without the hospital gift shop. The gift shop, run by 16 volunteers plus one full time and a couple of part time hospital employees can yield as much as \$300,000 a year, according to Scott.

Before calling for discharge, Kent Hospital employees are encouraged to contact transport ambassadors, located at the Information Desk. If available, an ambassador will immediately come retrieve the patient for discharge using one of the donated chairs. Call extension 34285 to see if an ambassador is available.

WOMEN & INFANTS

Dr. Erika Werner named associate editor of *American Journal of Perinatology*



Erika F. Werner, MD, has been appointed associate editor of the *American Journal of Perinatology*, an international, peer-reviewed journal that is a forum for specialists in obstetrics, neonatology, perinatology, and maternal-fetal medicine.

Dr. Werner is interim director of the Division of Maternal-Fetal Medicine in the Department of Obstetrics and Gynecology at Women & Infants; a member of Care New England Medical Group; and an associate professor of obstetrics and gynecology and associate professor of epidemiology, Research Scholar Track, at The Warren Alpert Medical School of Brown University.

Board certified in obstetrics and gynecology and in maternal-fetal medicine, Dr. Werner's research and clinical interests include obstetrical complications of obesity, gestational diabetes, operative deliveries, and preterm birth. She has also published extensively on cost effective medical practices.

CARE NEW ENGLAND

Two weeks until the HealthStream Learning Center upgrade

On April 30, Care New England will be going live with the upgraded HealthStream Learning Center (HLC) learning management system.

What does this mean for you as a member of the Care New England workforce?

- You will use your Network Login ID and a generic password to log into HealthStream for the first time.
- Your education history will be archived in a shared location and will be available for all upcoming Joint Commission visits and upon request.

As the go-live date approaches, further information regarding access and usage of the upgraded learning management system will be distributed. Thank you in advance for your cooperation and patience during the transition period. 