

AI helps doctors
More time for patients

Generations connect
Students and elders bond

Dog agility training
Benefits for caregivers

CONNECTIONS

 Dartmouth
Health

October 2024

Welcome to

Valley Regional Hospital

Reducing barriers to care

A team at Valley Regional Hospital helps people leaving correctional facilities access care.

Left to right: Rebecca Stickney; Jillian Rafter, MSN, APRN, FNP-BC; and Krista LaFont-Leamey, MSW, LICSW



Opportunities in
medical device
development



3D Scholars Program > seeks clinicians

Medical devices can be as familiar as an artificial hip or a coronary stent, and as futuristic-sounding as brain chip implants. The new 3D Scholars Program designed by Dartmouth Health and Geisel School of Medicine will give clinicians the opportunity to be immersed in the complex process of medical device development, preparing them for leadership roles in this critical field.



Aaron V. Kaplan, MD, FACC, FNAI

"This is meeting a really important need," says **Aaron V. Kaplan, MD, FACC, FNAI**, an experienced medical device developer and director of research in the cardiovascular section at Dartmouth Health's Heart and Vascular Center at **Dartmouth Hitchcock Medical Center**. "The medical device ecosystem needs clinicians who are actively caring for patients to participate in the development process."

The 3D Scholars Program will be administered by the newly formed 3D Initiative, which coordinates the annual Dartmouth Device Development (3D) Symposium. The 3D Scholars Program is a one-year certificate program tailored for active clinicians in medical device-focused specialties. The curriculum features a series of retreats, including training in regulatory policies in Washington, DC., startup culture in the San



Emily Zeitler, MD, MHS, FACC, FHRS

Francisco Bay Area and established medical device manufacturing practices in Minneapolis-St. Paul. The program culminates with the 3D Scholars presenting their capstone projects at the 3D Symposium, which is a leading think tank meeting for medical device development.

"There were specific gaps that we identified as key targets where a 3D Scholar could provide added value, particularly in bridging

the understanding between contemporary clinical practice and regulatory expectations," says **Emily Zeitler, MD, MHS, FACC, FHRS**, a clinical cardiac electrophysiologist at the Heart and Vascular Center and assistant professor of Health Policy at The Dartmouth Institute for Health Policy and Clinical Practice.

Kaplan and Zeitler will co-lead the 3D Initiative and Scholars Program. Eligible candidates must be trained in device-focused specialties and will be selected from a diverse pool of practicing clinicians across the U.S., representing a wide range of clinical settings and backgrounds.

For more information, including a video about the program, visit: <https://www.3d-scholars.org/>



APD Winterfest Artisan Fair

December 7, 9 am-2 pm

Dwinell Conference Room

23 Alice Peck Day Dr., Lebanon, NH

Shop local this season! You'll find handmade jewelry, cards, leather goods, home décor, specialty food items and more—all made by APD artisans.



For more information, visit:

www.alicepeckday.org/winterfest-artisan-fair



DOG AGILITY TRAINING

Dartmouth Health employees practice patience and empathy

When training a dog for agility sports, you can't just let them loose and expect them to know what to do. You have to go step by step through the obstacles like tunnels, hurdles and teeter-totters. Only then will the dog understand the process.

It's similar to dealing with patients, says **Rosalind Klezos, MBA, LSSGB, CPXP**, practice manager of Specialty Practices and Ophthalmology at Mt. Ascutney Hospital and Health Center. Complex conditions have to be broken down so they can be better understood. "You can't overload patients with the information; they shut down," Klezos says. Dog agility training "actually helps you understand and be more patient with patients."

She says working to train her dog, Elliot, has also helped her be more empathetic with others who might be facing challenges with their dogs. "Dogs socialize in a much different way, and you learn that your own behavior influences the dogs," Klezos says. "If you're anxious, your dog is anxious. You learn when you can put them in a challenging space and when you need to remove them from that challenging space. There's a lot of social aptitude that is gained from dog sports and being with other dog people; you will transfer that to your patients and colleagues."

Klezos and Elliot have recently begun agility training at

Pawsitive Kinection in Grantham under **Kate Viles**, a neonatal flight nurse with Dartmouth Health until 2007. Viles has been training dogs since 2001, and finds it therapeutic to work with dogs after the intensity of caring for the tiniest patients while airborne.

She says several other Dartmouth Health employees, plus healthcare professionals outside the network, have undergone agility training at her facility. "A lot of people who work in the healthcare industry have long hours," Klezos says. "There's always something happening. So, seven days a week, you're going to be able to look throughout New England and find something that's going on (in canine sports)."

While Viles' training center focuses on dog agility, she also teaches other dog sports from Frisbee to nosework. (Her flock of 35 sheep—originally bought to train herding dogs—can be seen in the summer grazing on Mt. Ascutney Hospital's solar field.)

While many dogs and their humans compete, Klezos says that isn't a requirement: "Emotionally, there's some

joy and satisfaction when you start doing this. It can be just a hobby; it doesn't have to be competitive at all. The challenge is for you and your dog to work as a team. It isn't always perfect, but you will always learn something new and, when successful, it's extremely rewarding."

"There's a lot of social aptitude that is gained from dog sports; you will transfer that to your patients and colleagues."

— Rosalind Klezos



HIGH5

Shout-outs for a job well done



◀ Mary Merkel

A triage call was received from an elderly patient who was requesting assistance at her home to help go through her medications and organize them. The patient was asking for a referral for a home nurse, but **Mary Merkel, DO**, in Family Medicine at **Dartmouth Hitchcock Clinics Merrimack**, offered to go to her house for a home visit and personally help her. It was so kind and truly showed how much she cares. The patient was incredibly grateful. Thank you, Dr. Merkel.

Fritjof “Fritz” Pameijer ▶

Fritjof “Fritz” Pameijer, Dartmouth Hitchcock Medical Center director of operational services, has done a phenomenal job in managing the DH Office Space Consolidation project. His expertise in facilities, space design and balancing multiple projects has made a real difference. He has accomplished this while overseeing the building clean-outs and taking a creative approach to designing new spaces. His partnership with various teams to meet both individual and system-wide needs has been a significant asset, and his dedication has made the process seamless and enjoyable. Fritz’s commitment to excellence is truly inspiring, and we thank him for his exceptional work and collaborative spirit.



◀ Elizabeth Maddox, Cheryl Poretto and Nikko Sagaral

Elizabeth Maddox, CST, graduated from the Dartmouth Health Surgical Technology Program in August. She will be joining Alice Peck Day Memorial Hospital’s Operating Room team. **Cheryl Poretto, CST**, received the Surgical Tech-Preceptor of the Year Award for the fourth year in a row. **Nikko Sagaral, RN**, received the RN-Preceptor of the Year Award for the second year in a row.

Cheryl Poretto, CST; Elizabeth Maddox, CST; and Nikko Sagaral, RN.

✔ Stacey Hodge and Amy Simons

Stacey Hodge and **Amy Simons**, both LNAs working for **Visiting Nurse and Hospice for Vermont and New Hampshire**, successfully stopped a patient from committing suicide. During a visit, he talked of harming himself with a knife or letter opener. Amy distracted the patient



Stacey Hodge, LNA, and Amy Simons, LNA.

while Stacey removed the potentially harmful objects and called Clinical Manager **Tom Harmon, PT, DPT, COS-C**. He advised calling 911. When police arrived, thanks to the actions of Stacey and Amy, the patient was calm, and they continued to advocate for the patient’s needs. Harmon says, “They did a great job. I was very, very proud of them.”



◀ Anne Tyrol

Cheshire Medical Center’s Chief Nursing Officer and Senior Vice President of Patient Care Services **Anne Tyrol, MHA, MSN, RN, FACHE**, has been appointed to the Council of Regents, the legislative body of the American College of Healthcare Executives (ACHE), a national professional society of more than 49,000 healthcare executives who lead

hospitals, healthcare systems and other healthcare organizations. Tyrol assumed the office in September 2024 and will represent ACHE’s membership in New Hampshire. The Council supports ACHE’s mission to advance healthcare leadership excellence by providing advice and counsel to the ACHE board of governors.

Nine new Care Experience Professionals certified

“Together, we strive to create a kind and trusting care environment for patients, families and healthcare teams.”

That’s the mission statement for Care Experience at Dartmouth Health. It’s a mission led by **Brant Oliver, PhD, MS, MPH, FNP-BC, PMHNP-BC, CPXP**, system vice president for Care Experience. “We define Care Experience as the feelings and perceptions of people resulting from interactions they have with the Dartmouth Health system, shaped by our culture and the needs and expectations of those we serve,” Oliver says.

Recently, nine Dartmouth Health employees became Certified Patient Experience Professionals (CPXPs): **Angela Connors** and **Deborah Malila** from **Cheshire Medical Center**; **Brant Oliver**, **Jodi Stewart** and **Sam Verkhovsky** from the **Dartmouth Health system**; **Marianne Barthel** from **Dartmouth Hitchcock Medical Center**; **Anila Hood** from

Mt. Ascutney Hospital and Health Center; and **Pamela Duschene** and **Catherine Hagadorn** from **Southwestern Vermont Medical Center**.

In 2022, a new strategic plan to strengthen ongoing Care Experience efforts called for increasing the number of Dartmouth Health employees who are CPXPs. “It is part of our Care Experience strategic plan to have CPXPs at every Dartmouth Health site, and our recent success certifying nine new CPXPs this past year has brought us very close to realizing that goal,” Brant says.

The strategic plan was crafted with input from patients, clinicians, staff and leaders in the system. Oliver says, “It recognizes that Care Experience is not only an important part of our overall healthcare quality mission, but also that improved Care Experience outcomes are often associated with better quality, safety and workforce engagement outcomes. In other words, the better we do in Care Experience, the more likely it will be that we will improve overall healthcare quality and safety, too.”

The CPXP certification is granted by The Patient Experience Institute (PXI), an organization committed to the improvement of patient experience through professional certification and continuing education.

The certification signifies that recipients have attained key knowledge and skill competencies for transforming the human experience in healthcare.

Some past experience working in healthcare and passing a

certification exam is required to become a CPXP. The exam assesses four performance key domains, including Partnership & Advocacy; Measurement & Data Analysis; Systems Design & Innovation; and Organizational Culture & Leadership. Once certified, a CPXP must maintain certification every three years by completing continuing education in human experience and remaining active in the healthcare field.

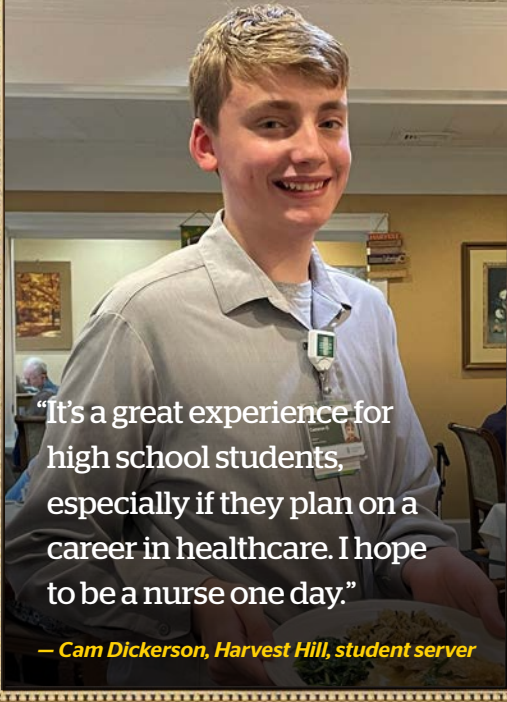
Oliver encourages others to get the certification: “The more CPXPs we have, the better our health system will be in improving Care Experience. I recommend it for all Care Experience professionals and also for quality, clinical and operational staff and leaders.”



Brant Oliver, PhD, MS, MPH, FNP-BC, PMHNP-BC, CPXP, system vice president, Care Experience

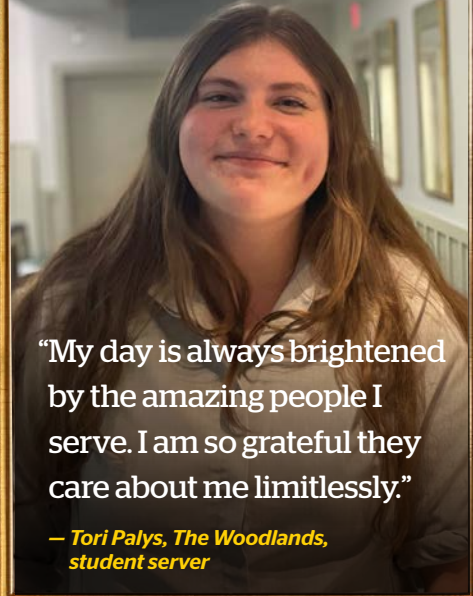


Dartmouth Health leaders participated in Care Experience Week in April, and are pictured with Jason Wolf, PhD, CPXP, president and CEO of The Beryl Institute (center), a recognized leader in the patient experience profession. Nine employees have recently earned the credential of Certified Patient Experience Professional.



“It’s a great experience for high school students, especially if they plan on a career in healthcare. I hope to be a nurse one day.”

— *Cam Dickerson, Harvest Hill, student server*



“My day is always brightened by the amazing people I serve. I am so grateful they care about me limitlessly.”

— *Tori Palys, The Woodlands, student server*



“I marvel at how interesting, respectful and helpful the high schoolers are. It is great to see them grow from freshmen to seniors and prepare for their future life.”

— *Helene Surprenant, Harvest Hill resident*



“It’s not like a restaurant; it’s like a great big family dinner.”

— *Nick Caver, The Woodlands, student server*

THE FEELING OF family

It's something we don't see enough in our society—opportunities for connection between old and young. But that's happening every day at **Alice Peck Day Memorial Hospital's** two Lifecare facilities, Harvest Hill, an assisted living community, and The Woodlands, an independent living community.

When residents gather for dinner, it's often served by high school students employed by the facilities. Over time, relationships build, says Nikki Fortier, executive director of APD Lifecare. "The students become surrogate grandchildren for residents, who may not see their families very often."

These often joyful relationships enhance the well-being of both the residents and the students. Research shows that intergenerational relationships can improve mental and physical health for older people in a number of ways, including by increasing cognitive function and lessening anxiety. Younger people can benefit from shared wisdom, learning patience and improved attitudes toward older people.

The relationship between the residents and students goes beyond dinnertime. "At prom time, students usually make a stop at The Woodlands or Harvest Hill in their prom finery, so residents can see them all dressed up," Fortier says. "The residents are also thrilled when prior students return to visit."

Fortier says that the experience of students, who number from 50 to 60 at any one time, can generate an interest in healthcare, perhaps even geriatric care: "This absolutely happens sometimes. Their relationship with older people demystifies elder care."



And sometimes that healthcare career takes place at Harvest Hill and The Woodlands. "We have several examples of full-time employees in our nursing department—resident assistants, LNAs, an RN—who started out in the dining room," Fortier says. "The feeling of family that is established in the dining room is a motivator for some to pursue a caregiving career path."

Reducing barriers to care

Helping previously incarcerated patients



One Dartmouth Health hospital is addressing the health needs of a unique and often overlooked population: individuals leaving correctional facilities. Figuring out transportation, where to live and how to get a job can be overwhelming. Adding to their challenges is the stigma attached to having served time. For many, the last thing on their mind is seeing a doctor, but delaying care can have profound consequences for both the individual and the community.

“Delaying care results in not being able to continue medications for medical and behavioral health conditions,” says **Jillian Rafter, MSN, APRN, FNP-BC**, a primary care nurse practitioner at **Valley Regional Hospital**. That means chronic conditions like high blood pressure and diabetes go untreated, which not only affects the individual’s health but can lead to a reliance on already-stressed emergency departments. It can also mean behavioral issues go untreated, creating the risk of a return to alcohol and drugs, and crimes that can lead back to jail or prison.

With the help of **Krista LaFont-Leamey, MSW, LICSW**, a clinical social worker at VRH, Rafter designed a program that could help address the issue, with a focus on former inmates from the Sullivan County House of Corrections and the state prisons in Concord and Berlin. After researching programs across the country, the Post-Sentencing Integrated Care Program (PSIC) was launched in the fall of 2022. It is believed to be the only such program in rural America.

Rafter learned the extent of the issue when she started work at VRH in 2021. Her previously incarcerated patients talked about the difficulties of reentering the community, including accessing primary care. “I saw an opportunity to engage a population of people who would undoubtedly benefit from getting care in their community from staff who can help with behavioral health needs and also staff who can help support them in finding housing, transportation and employment,” she says.

“The PSIC program is a streamlined way to assist people leaving correctional facilities, or involved with community corrections, to access integrated care in a

primary care setting,” says LaFont-Leamey. “The goal is to improve the continuity of care between correctional facility-based medical care and community-based primary care, so that people leaving the facility don’t “fall between the cracks.”

The program, which to date has assisted 30 people, begins before release from the correctional facility. “We want to ensure there is no delay or lapse in care,” Rafter says. “If the individual is released with an appointment date and time, they are more likely to attend that appointment. We are able to have the care managers facilitate the release of medication records, so there is a smooth transition to outpatient care.”

Thanks to a grant, **Rebecca Stickney**, a community health navigator, was hired to provide the first contact for new referrals from correctional facilities and to assist with social needs and community supports. “Our community health navigators collaborate with community partners such as TLC Recovery Center, Servicelink and other agencies to ensure that our patients are able to access resources and support in the community,” says LaFont-Leamey. “We are also able to collaborate with behavioral health programs should patients wish to access that aspect of care outside of this organization.”

PSIC has been so much in demand that there are plans to expand the outreach efforts to include corrections facilities in other counties, including counties in Vermont. Also looking ahead, Rafter says, “I would like to expand the program within the community and create a network of landlords, employers, peer-support persons and others to help address the needs of this vulnerable population.”



Left to right: Rebecca Stickney; Jillian Rafter, MSN, APRN, FNP-BC; and Krista LaFont-Leamey, MSW, LICSW

“It allows the provider to spend less time with the computer and more time with the patient.”

— Andrew Tremblay, MD



Ambient listening technology

How AI is improving patient care

Many of us can remember when a doctor wasn't in front of a computer entering information during an office visit. Notes about the visit were written later.

That began to change in the 1990s after computer programs were developed to create an electronic medical record (EMR) that allowed patient data to be entered into the program in real time. It had a lot of advantages—among them, reducing the chance of error, facilitating treatment and improving the accessibility of information for continuity of care. The advantages were so significant that, in 2009, the use of EMR became mandated by federal law.

But there were also disadvantages. An important one was the loss of time spent with patients face-to-face, something that patients have noticed. “We know from patient surveys that providers sometimes seem more engaged with the technology than they do with patients,” says **Andrew Tremblay, MD**, chair of the Department of Primary Care at **Cheshire Medical Center**.

He believes there is a steep cost to that diminished patient engagement. “I think the addition of EMR technology into the room can at times hamper the establishment of meaningful dialogue and relationship-building with the patient. I've certainly

experienced that.” Also hampered, he adds, is the chance to closely observe the patient and pick up nonverbal cues from body language, facial expression and tone.

Now it appears that those issues could be remedied by another computer innovation, one that utilizes artificial intelligence. “It's called ambient listening,” Tremblay says. “What that means is that a large language model, or AI, as most of us know it, is listening during the visit—importantly, with the permission of the patient—and creating the note that we would normally be doing as providers, and then, at the end of the visit, within 10 to 15 seconds, the note materializes as part of the patient's chart for our review and edits before finalizing. It allows the provider to spend less time with the computer and more time with the patient, which is what the vast majority of us want to do.”

To test the efficacy of ambient listening, a pilot program began this past spring at Cheshire, **Dartmouth Hitchcock Medical Center** and **Dartmouth Hitchcock Clinics** for 50 clinicians in various disciplines. Every 30 days, data is compiled on whether ambient listening is not only facilitating more patient engagement but also increasing efficiency, lessening the time spent on clerical work and reducing the

EMR-created issues providers now have to deal with after hours, much of it at home. That “pajama time,” as it's known, is considered a major source of physician burnout.

“All the things that come with technology are wonderful,” Tremblay says, “but, at the other end, is a human doing the work, and there's only so much time in the day.” The hope is that ambient listening technology will reduce the work and thus the burnout.

With many positive benefits also comes what Tremblay calls a cautionary tale. “We need to make sure that we are still in the driver's seat when it comes to the actual care of the patient,” he says. “We need to make sure, given the sensitivity of what we're working with, that everything is handled very cautiously and with very close attention.”

Looking ahead, Tremblay sees the use of ambient listening technology becoming standard practice. “I think the big steps will come as AI advances and it becomes more integrated into the healthcare realm in helping us with the day-to-day work we do. I think there's a lot of space for that to happen going into the future.”



Andrew Tremblay, MD

Addressing the challenges of **RURAL HEALTHCARE**

Two teams at Dartmouth Health are focused on advancing rural health care research and addressing health disparities. Together, they are having a positive impact on our communities.

Although approximately 20% of the U.S. population is rural, only 9% of U.S. physicians work in rural areas. At Dartmouth Health, [CAHRE](#), the Center for Advancing Rural Health Equity and the [Center for Rural Health Care Delivery Science](#), (funded by the Center of Biomedical Research Excellence, also known as COBRE), are both working to improve health outcomes among rural populations.

COBRE was created to develop a critical mass of clinician-investigators who focus on the study of healthcare in rural communities. Their funding requires them to create a digital, community-focused hub that helps connect those who are working to address some of the biggest challenges to rural health. CAHRE is focused on direct community support and projects, with a mission of making sure people in rural areas have the chance to live healthy lives.

Dartmouth Health is considered a leader in rural health care delivery, and through its research [COBRE](#) is shaping the way rural health care is understood and delivered. Research involves early-career physician scientists from the Heart and Vascular Center, Cancer Center, and Dartmouth Children's, pursuing studies funded in part by a 5-year \$11.5 million grant from the National Institutes of Health. Some examples of the research include:

- Understanding and addressing barriers to remote cardiac monitoring, which relies on wireless connectivity and may be less accessible in rural areas (Project lead: [Emily Zeitler, MD, MHS](#)).
- Measuring the delivery of low-value pediatric services to determine disparities in rural vs. urban care and possible solutions (Project lead: [Samantha House, DO, MHS](#)).
- Identifying why individuals with COPD who live in rural areas have worse health outcomes compared with their non-rural counterparts (Project lead: [Laura Paulin, MD, MHS](#)).

According to CAHRE's website, "Rural health equity means that all people living

in rural areas can live their healthiest lives. A healthy life includes living a life free from discrimination and unfair treatment." Launched in 2022, the Center for Advancing Rural Health Equity (CAHRE) takes a community-oriented approach to problem-solving. Projects are wide-ranging and innovative, such as supporting local agriculture to improve access to healthy food, providing food and resource bags for patients with health-related social needs, using community resources to address significant barriers to health and social necessities like transportation, and providing treatment to halt dental decay in young children.

These and other projects are possible because of the relationships that have been formed with community organizations that directly serve patients. A good example is Candy Reed, Sullivan County's Mobility Manager, who teamed up with J.S. Automotive in Charlestown, NH, to help those who needed car repair get it at no or very little cost, thus removing a barrier to accessing healthcare. Another is Kearsarge Neighborhood Partners, whose volunteers have helped stack wood, create winter weather window inserts and check in on neighbors living alone. [Read more about CAHRE projects](#) and watch a video with stories of connection and coming together in a rural community.





ART, etc. gallery owner Andrea Melville, left, and artist Caroline Tavelli-Abar, both breast cancer survivors, made a connection through their love of art.



Art & Friendship

Video captures hope after cancer

Gallery owner Andrea Melville is always looking for new artists for her space in a renovated church in Randolph, Vt., called ART, etc. "One day, Caroline came into the store and gave me her card. I went to her website, and in her bio she talks about breast cancer. I thought, 'This is really interesting and what a connection.' There were several other things, too, that we just clicked on," Melville, who is also a breast cancer survivor, says in a new video produced for **Dartmouth Cancer Center**. Caroline Tavelli-Abar is a local artist whose artwork found a home in Melville's gallery, and whose breast cancer story intersected with Melville's. The two



women's shared experiences of cancer and a love of art has resulted in an enduring friendship.

The video [The Gallery of Light: Andrea and Caroline's Story of Art in Healing](#) was produced by the Creative Productions team, with video by video producer and editor **Elliot Thompson**, photography by senior photographer **Mark Washburn**, and writing and production by communications manager **Lara Stahler**.

Both women were thrilled with the video. "I'm in tears! Thank you with my whole heart," Tavelli-Abar wrote when she had seen it. "It really is visual and threaded with words in truly amazing ways."

"You have brought Caroline, me and all of the future viewers of this piece grace, hope and positivity," Melville said.

Valley Regional Hospital:

“They are not only well suited for what they do, but have earned my trust. They all have a lot of integrity. And I personally wouldn’t hesitate to go back and have another hip replacement! I definitely felt heard. And I do tell people what a good experience it has been.”

Cheshire Medical Center:

“All the staff in the Kingsbury Unit have been amazing! The people here are so good that it makes you forget about your pain. The doctors talk to you like you’re a person, not a number.”

Visiting Nurse and Hospice for Vermont and New Hampshire:

“Nurse **Jumpa (Matsang)** was particularly pleasant, gentle and meticulous in the way he treated me.”

WHAT OUR PATIENTS SAY

PATIENT COMMENTS FROM AROUND OUR SYSTEM REMIND US OF THE REASON WE DO WHAT WE DO

Dartmouth Hitchcock Medical Center:

“**Dr. (Anusha) Battula** is exceptional. She is the best advocate we could have and went above and beyond to find answers. Nurse **Maddy (Soucy)** was also exceptional.”

Alice Peck Day Memorial Hospital:

“I’ve been going to APD for 20 years. I appreciate the personalized service, sense of community and consistent staff.”

Dartmouth Hitchcock Clinics Concord:

“**Dr. (Andrew) Kim** was very thorough and took plenty of time with me and answered all questions I had. He is very personable, and I definitely would recommend him to all family and friends.”

Southwestern Vermont Medical Center:

“I am very pleased and honored to have Southwestern Vermont Medical Center and all of its related care facilities be my healthcare providers. Everyone from my primary care doctor to (SVMC’s) urgent care facility and the main hospital in Bennington, Vt., has been amazing, and I cannot express my appreciation for their recent collective care for my health and overall well-being.”

Mt. Ascutney Hospital and Health Center:

“I was so impressed by the professionalism and exemplary care I received that I have called to be placed on a ‘wait list’ for having my primary care at Mt. Ascutney. I am hopeful that I won’t have to wait that long.”

Newport HealthCenter:

“The team at Newport Health Center is excellent. They are always cheerful, caring and compassionate.”