As we waited, my own anxiety kicked in and the ambient noise of the ED seemed to occasionally rise to intolerable levels, filled with peeping machines, the buzz of hushed voices and shuffling feet. It seemed insensitive to our hidden situation and I felt isolated.

How would I explain that before her broken arm, someone had tried to break her spirit when she was an infant, and that experience still lived in her body and mind, so she was still fighting for survival, seven years later, as she waited with a broken arm in the ED? I couldn’t. The culturally deep and cascading effects of social stigma crystalized into silence.

Following our 8-hour Emergency Department visit, I decided to write a letter to UVMMC and to my surprise, people responded. They responded with care and kindness, but more importantly, they responded with action and invited my participation. It was the kind of response you hope for, but rarely receive.

I accepted the invitation to be a part of the Patient/Family Advisor group, where I’m able to work with an ED team of doctors and nurses to create a more trauma-informed approach to care in the Emergency Department that will benefit all patients. Another project I’m able to contribute to is the Community Health Needs Assessment (CHNA), which mental health supports will certainly rise as a need, just as it has in the previous two assessments. Each project is a step toward positive change, but we have a long road ahead and the mental health needs of our community demands urgency and action by all.

The pandemic has elevated concerns about children’s mental health, but these challenges have been long standing. The Vermont Department of Mental Health Adverse Family Experiences (AFEs) report indicates that 1 in 8 children experience 3 or more AFEs, leading to conduct disorders, PTSD, depression, anxiety and other mental conditions. The impact of these conditions on children and the associated behaviors are everywhere – in the hospital, schools and community. In other words, the affects of trauma is everywhere and with this knowledge, we can create change.

For Mental Health Awareness Month this May, you don’t have to be involved in specific work at the hospital to buck stigma. Simple steps include, making a commitment to learning more about mental health, reserving judgement when you observe challenging behaviors in children, and offering help when you see a parent or caregiver struggling. It’s small steps that lead to big change.

I’m excited by the conversations at UVMMC and together, we’re going to make a difference.
Advisor Spotlight

A glimpse into the lives of our incredible team of Patient/Family Advisors!

Name: Jay Miller

How long have you been an Advisor? 4.5 years sounds about right to me

What brought you to the Advisor role? I was at a meeting at church one evening when I got a call from my transplant surgeon, suggesting that I might be a good candidate for the Patient/Family Advisor role. I looked into it, called Amy and setup a meeting.

What has been the most rewarding part of being an Advisor? The most rewarding part of being an advisor has always been meeting with various groups of practitioners and clinics and giving them my take on the patient experience. I always suggest that when talking to a patient the Med Tech, Nurse, Doctor, or whomever spend more time making eye contact with the patient instead of their computer. I also serve on the High Value Perioperative Committee which addresses the period of time extending from when the patient goes into the hospital, clinic, or doctor's office for surgery until the time the patient is discharged home. There are two Advisors on this committee and neither of us are shy about giving input. One of the best parts is that our input is always taken seriously and acted upon when appropriate.

What do you enjoy doing outside of your Advisor work? As a three time retiree (Marine Corps, UVM, and work in general) I like to take things easy with my family. Spending time with my eighth grandchild (2 year old girl) is a big priority, and my wife and I like to take day trips and occasionally go to the golf course. We are also active in our church. At 74 and 72, we find ourselves somewhat limited in how much can do versus how much we would like to do.

Partnering with our Nurses

By Lisa LeBlanc, PFCC Coordinator

In celebration of Nurses Week that took place earlier this month, we wanted to highlight some incredible work that some of our Advisors are doing in partnership with nurses on the Nursing Professional Governance (NPG) Councils. For those who are not familiar with NPG, the medical center established a new structure for nurse planning and decision making with the goals of providing increased opportunities for nurses to impact patient and family experience and share decision making. The structure involves staff nurses, nursing management and leadership, other members of the care team and strives to have Advisors on every council. Although it might have taken some time, Advisors are hitting their stride as Laurie Dana, our Advisor and member of the NPG Council for Medicine, Oncology and Mental Health, explains, “When I joined this NPG Council, I wasn't really sure what a Patient/Family Advisors' role would be, it took a while to find my niche. Participation on the council has given me a whole new understanding of the complexity of the nursing profession today. I saw how the availability of so much information online and the time demands on nurses made the "Know Your Resources" project very valuable. My admiration for the care with which nurses at UVMMC have for their patients has only grown through this participation.” Brian Harwood, who has been on the Cardiovascular and Neurosciences NPG Council for about 3 years and just finished a project involving a sheet for nurses that summarizes what needs to occur when a patient is discharged, agrees with Laurie’s sentiment. “While I wasn’t terribly conversant with the work initially, I have learned what it is they do, and how I fit in: patient observations. Having had Cardiovascular work done at the hospital I find my presence and observations have helped. I really like this group. They remind me every month of the critical role nurses play at every level of our health care.” Barbara Black who will soon wrap up a term with the NPG explains the fulfillment she has gotten from this work, “I was fully accepted as a working, contributing member of the group. In my areas of expertise, I was deferred to. I was challenged by the depth of information and excited by the group’s willingness to come to solutions from a non-institutional way...they stopped saying we can’t do that or the hospital doesn’t do it that way...I will be sorry to leave.” Projects are underway but Advisors can be brought up to speed if they fill an opening mid-term, just as Gary Alsofrom did when he joined the NPG Communications Council a few months ago. Gary has jumped right in, explaining the work by saying, “The council has been working on the best way to address suboptimal interactions predominantly between medical professionals. There is a Vanderbuilt model called "cup of coffee" conversations which discusses less threatening ways of resolving what might be considered poor interactions between all staff.” A special thank you to all of our Advisors serving on NPG Councils, for your incredible work and amazing contributions. To find out about advisor openings on NPG Councils, please reach out to lisa.leblanc@uvmhealth.org.

SAVE THE DATE

In her piece on page 1, Robyn mentions her advisor work with the CHNA Steering Committee. To learn more about the Community Health Needs Assessment, join us for a presentation on this important work at our next All Advisor Team Meeting, scheduled for July 20th from 12:00pm to 1:30pm. Keep an eye out for the invite to the virtual meeting coming soon!