



## NCH Leadership Corner

Tom Mee, RN, BSN, MBA, Chief Executive Officer

I am thrilled to share a remarkable achievement: North Country Healthcare has attained a 99.1% success rate in bedside medication barcode scanning!

A best practice compliance rate for bedside medication barcode scanning is considered **95% or higher**. This benchmark is widely endorsed by patient safety organizations, including The Leapfrog Group, which recommends that hospitals scan both the patient's wristband and the medication in at least 95% of bedside medication administrations.

Barcode Medication Administration (BCMA) technology is instrumental in reducing medication errors by ensuring the "five rights" of medication administration: right patient, right drug, right dose, right time, and right route. Studies have shown that implementing BCMA can decrease medication administration errors by up to 43.5%, significantly enhancing patient safety. While generally a nursing driven process, we couldn't have achieved this level of success without the support of other NCH departments supporting the goal, namely Pharmacy and IT.

Achieving a 99.1% compliance rate, as we have, not only surpasses industry standards but also exemplifies a commitment to high reliability and continuous quality improvement in patient care.

Our success with bedside medication barcode scanning reflects our dedication to Continuous Quality Improvement (CQI), a process that fosters a culture



of ongoing learning, innovation, and enhancement in healthcare delivery. CQI encourages proactive identification and resolution of issues, leading to improved patient outcomes and system efficiency.

High reliability in healthcare means consistently delivering safe, high-quality care over time. Our 99.1% scanning success rate is a significant step toward this goal, demonstrating our ability to integrate reliable processes and technologies into our daily practices.

### Looking Ahead

While this achievement is commendable, our journey toward excellence continues. We must maintain our focus on:

- **Sustaining High Performance:** Regularly reviewing processes to ensure continued success in barcode scanning and medication administration.
- **Ongoing Training:** Providing continuous education and support to staff to adapt to evolving technologies and protocols.
- **Feedback and Improvement:** Encouraging open communication to identify areas for further enhancement in patient safety practices.

Thank you for your dedication and hard work in reaching this milestone. Your efforts make a profound difference in the lives of our patients and the quality of care we provide.



# Nursing Leadership Communication

Tiffany Haynes, MSN, RN,  
Chief Nursing Officer, NCH



and develop a comprehensive strategy to align care management practices across the organization. We look forward to Karen’s leadership in advancing coordinated, patient-centered care and strengthening collaboration across our inpatient settings.

## Medication Reconciliation:

We extend our sincere gratitude to the interdisciplinary teams which have been actively engaged in the collaborative efforts to define and implement best practices for medication reconciliation at NCH. Your commitment and expertise have been instrumental in advancing this critical patient safety initiative. Beginning June 30, 2025, we will launch a standardized medication reconciliation process across both outpatient and inpatient care settings. In preparation for this implementation, comprehensive education and training sessions will be conducted throughout the month of June to ensure all teams are fully equipped for a successful transition.

## Welcome to Karen Gagnon, BSN, RN:

Please join me in welcoming Karen Gagnon to her new role as Inpatient Care Coordination Manager at NCH. Effective May 19, the Inpatient Care Coordination teams across NCH will report directly to Karen. In the coming weeks, she will be visiting each hospital affiliate to engage with team members

## Clinical Yellow Belt Projects:

Nursing leadership across NCH is actively engaged in a variety of Yellow Belt improvement projects, reflecting our ongoing commitment to quality and operational excellence. The employees listed below have each earned one or more points in recognition of their contributions to these initiatives.

- **Jennifer Radun (UCVH)** - ED Callbacks
- **Julie Bolton (NCH)** - Standardizing Employee Health Across NCH Ethics Committee - Process to Make Urgent Requests
- **Kelsey Blood (WMC)** - Operating Room Start Times
- **Leah Milligan (NCH)** - School-to-Work Students' Paperwork
- **Angela Moore (WMC)** - Potential Missed ED Charges
- **Tiffany Haynes (NCH)** - Standardize Clinical Scheduling Throughout NCH

### MEDICATION AND BRACELET SCANNING (BOTH MET)

AFFILIATE - ALL USERS MAY	Total Medication Admins	Rate Medications	Rate Patients	Rate Combined Verifications	AVG MINUTES ADMIN TO DOC
AVH	12329	99.55%	99.74%	99.51%	12.0
UCVH	3321	99.64%	99.88%	99.58%	5.4
WMC	8647	99.29%	99.93%	99.28%	9.9
<b><u>NCH</u></b> <b><u>(MBCA REPORT)</u></b>	<b><u>25092</u></b>	<b><u>99.49</u></b>	<b><u>99.83</u></b>	<b><u>99.45</u></b>	



# IT System Updates

Darrell Bodnar, BS, CPM, CPHIMS,  
Chief Information Officer



## Current and Completed Projects and Highlights:

### One Team, One Mission

At our recent Passport to Knowledge event, we officially launched NCH SOARS to New Heights!, our new System-wide standard for how we treat each other, our patients, visitors and community. Built on the foundation of our One Team, One Mission initiative and the success of our Leadership Summit, this launch inspired incredible energy and positivity across NCH. It was truly moving to see so many employees sign their names, committing to live these values every day. I want to give a special thank you to our employee-driven teams whose hard work and passion made the event—and the creation of our new behavioral standards—a resounding success.

Now, it's time to keep that momentum going. I encourage all leaders to actively promote the NCH SOARS standards—Navigate, Commitment, High Reliability, Service, Ownership, Attitude, Respect and Strength—and integrate them into daily conversations and actions. Upcoming events, including our July 16th Leadership Summit and additional sessions planned for September and October, will reinforce these values along with our focus on cascading goals, peer champion engagement and the nine leadership tactics. Together, we will continue to build a positive, high-reliability culture—and together, we will SOAR!

The secret of change is to focus all your energy not on fighting the old, but on building the new.

### Ambient Voice

As part of our strategic commitment to reducing documentation burden and improving provider satisfaction, NCH has successfully implemented two ambient AI solutions: Berries AI for behavioral health and Augmedix AI for primary and specialty care. Both solutions generate accurate, real-time clinical documentation by passively listening during patient encounters, allowing providers to stay fully engaged with patients while significantly reducing after-hours charting. Providers have shared overwhelmingly positive feedback, with some saving six or more hours per week on documentation tasks.

Backed by strong leadership support and aligned with our strategic goals to enhance patient care and provider well-being, we are now transitioning from successful pilots to full productive use and expanding access to these technologies across the healthcare System. Future phases will be guided by clinical needs, provider

interest, and demonstrated outcomes as we continue to advance innovative solutions that support both high-quality care and provider satisfaction.

### MEDITECH Expense Upgrade

The MEDITECH 2.2 upgrade remains firmly on track, with significant progress made toward delivering enhanced system scalability and improved workflow efficiency. We are currently around 75% complete with testing and have made a strong start with the top-off code we recently received. With our targeted go-live scheduled for Tuesday, June 17th, the team continues to advance with focused momentum. Parallel-run testing is now underway and progressing well as we approach this important milestone.

While there is still critical work ahead, our collective efforts across NCH are driving meaningful results. This initiative represents a major achievement for our organization, requiring ongoing collaboration and support from all departments. I want to sincerely thank and recognize everyone involved for their hard work and dedication. We are confident these efforts will unlock the full potential of MEDITECH's most advanced capabilities.

### Security Assessments

As part of our ongoing commitment to cybersecurity resilience, NCH is actively advancing its annual System-wide security assessments. All testing has been completed, and we have received almost all draft reports, but we have not wrapped up the project. There are some compliance processes we need to collaborate on to produce the “final reports”. These efforts are critical to ensuring we stay ahead of emerging threats and continuously strengthen our security posture.

The assessments include comprehensive reviews of both external and internal security risks, covering penetration testing, internal hardening reviews, vulnerability scanning and phishing simulations. These exercises not only help identify areas for improvement but also enhance our defenses and promote greater cybersecurity awareness across the organization. Additionally, scenario-based planning exercises—modeled after real-world cyber incidents—are being used to further strengthen our preparedness and response capabilities. We appreciate the collaboration across all teams involved in this important work.





# Quality Corner

Sam Lemire, Quality Manager



I'm pleased to share a project currently underway by our hospice team, developed in response to valuable feedback from our Hospice CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey. One important domain of the survey is titled "Training Family to Care for Patient." This section asks caregivers whether they received training on key caregiving topics such as:

- Side effects of pain medications
- Timing and administration of pain medications
- How to assist with symptoms like trouble breathing, restlessness and agitation
- Techniques for safely moving patients
- What to expect as the patient approaches end-of-life

Our scores in this category are slightly below the national average and not yet where we want them to be. Additionally, we received several written comments from caregivers expressing a need for clearer, more accessible guidance during their loved one's final days. This feedback prompted the development of a new resource: the *Hospice Caregiver Training Guide*.

Caring for a loved one at the end-of-life is deeply emotional and often overwhelming. Most of our patients receive care in their homes, where family members—many with little or no medical experience—serve as primary caregivers. While our hospice team provides verbal training and education during visits, we recognize how difficult it can be to absorb and retain that information during such a stressful time.

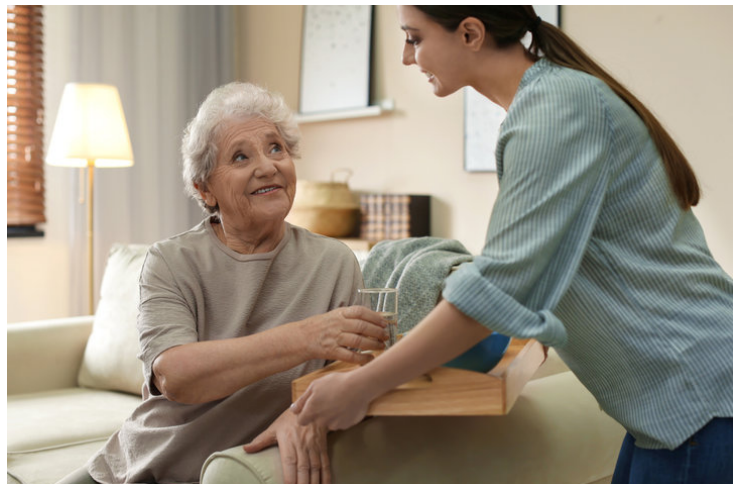
About a year ago, we began collaborating with our hospice nurse practitioners to conceptualize a structured caregiver training program. Our goal was to create materials caregivers could refer to at home, especially when symptoms intensify or the patient enters the active dying phase.

Several months ago, we completed the first draft of the caregiver guide. Since then, numerous revisions were made based on staff feedback and it's now ready to be piloted with a small group of staff and caregivers to gather further insights before a full rollout.

The guide is organized into sections that can be reviewed by different members of the hospice team—including nurse practitioners, nurses, social workers and home health aides. It covers a wide range of topics such as:

- Comfort kit medications and side effects
- Disease-specific symptom progression
- Home safety and personal care guidance
- Volunteer and spiritual support services
- What to expect at the end-of-life

We're optimistic that this guide will help reduce caregiver anxiety, improve confidence in providing care and ultimately enhance the quality of the end-of-life experience for both patients and families.





# Human Resources Corner

## Human Resources Team



As we step into June, we're excited to highlight an important theme for the month: National Safety Month! At North Country Healthcare, safety is a top priority, and this month serves

as a perfect reminder of our commitment to fostering a secure and healthy work environment for everyone.

This month is not just about reinforcing existing safety measures; it's also about encouraging everyone to actively participate in creating a culture of safety. We invite you all to share your ideas, observations and suggestions on how we can continue to improve our safety protocols.

Together, we can ensure a safe and supportive environment for all. Thank you for your dedication and involvement!

Stay safe and have a great June!

## Welcome to Our Newest HR Team Member!



We are thrilled to introduce our newest addition to the NCH Human Resources team, Grace Couture, HR Intern! Grace Couture is an enthusiastic Human Resource Intern at North Country Healthcare (NCH), currently pursuing her Bachelor's

degree. Although she initially lacked HR experience, Grace brings a strong background in customer service, which she leverages to ensure that everyone seeking assistance feels valued and well-cared for.

In her current role, Grace acts as a support system for the HR team, eagerly assisting wherever needed. She has enjoyed working closely with Gavin in recruitment and is excited to explore the various facets of HR. Her short-term goal is to absorb as much HR knowledge as possible, with the long-term aim of identifying a specific HR area in which she excels and enjoys, to build a career upon her internship learnings.

Outside of work and study, Grace stays active by visiting the gym, golfing and occasionally painting wine glasses, showcasing her creative side.

Coming from a family with a strong history in healthcare—her mother has been with AVH since the 1980s, and her sisters have joined more recently—Grace has always felt drawn to the field. However, rather than nursing, she was inspired to pursue HR, sharing a deep

sense of morality and justice with her mother that aligns with NCH's values.

The HR team at NCH has been pivotal in Grace's journey. Before officially starting, she shadowed team members to understand the role better, an experience well-organized by Evan. Tonya and Sonia have also been instrumental in supporting and inspiring Grace to pursue a career in HR, making her internship both educational and engaging.

***Join us in welcoming Grace to the NCH family!***

## Welcome to the NCH Team!

We are excited to welcome the following new members to the team who successfully completed our May Orientation. Give a warm NCH welcome to the following members:

**Jamie Deming** | Patient Access Rep., Patient Access - NCH

**Kelly Bailey** | Patient Access Rep., Patient Access - NCH

**Paige Lambert** | Laboratory Assistant, Lab - AVH

**Marie Rancloes** | RN, Emergency Department - AVH

**Alexander Therriault, LNA** | Med/Surg - AVH

**Jenni Lawton, RN** | Med/Surg - WMC

**Keith Billings, RN** | Med/Surg - WMC

**Alison Jacques, CMA** | Podiatry - WMC

**Chantal Bedard** | Patient Financial Counselor, Patient Financial Services - NCH

**Jessica Bourassa, LNA** | Med/Surg -WMC

**Katherine Bushey** | Patient Access Float, Pt. Access – NCH

**Autumn Fortier** | Health Info. Mgmt. Clerk, HIM – NCH

**Sophie Grondin, LNA** | Med/Surg – UCVH

**Anika Goudreau, RN** | Med/Surg - UCVH

**Scott Keene** | Network Systems Engineer, Info. Syst. - NCH

**Megan Hayward** | Patient Access Float, Pt. Access – NCH

**Cassandra Mortenson, LNA** | Activities Dept. – NCHHHA

**Eric Carrier** | Respiratory Therapist, Resp. Therapy - WMC





# Androscoggin Valley Hospital

Michael Peterson, FACHE, President and CEO



Much like last month, there is much to celebrate at AVH!

Congratulations to Chris Dalphonse (pictured at left) whose AVH Values Recognition nomination form was drawn from all those submitted for the month of April.

Chris demonstrated the AVH Values of Service, Flexibility, Communication and Collaboration by helping with a special diet order. Chris is always willing to accommodate and answer any questions! Thank you, Chris!

Chris will be parking in a designated parking spot in the front parking lot of AVH. The spot will be designated solely for Chris through Monday, June 30. The parking spot is to remain available for Chris during that time frame, even when the employee is not working. The AVH Parking Policy applies to this program.

More kudos! As previously indicated, prior to his passing, the late Gerald Kerr provided funds to further employees' healthcare education across the North Country. I'm proud to say that the AVH Foundation Board of Directors recently committed to scholarships for eleven different employees across North Country Healthcare. Ranging from employees within AVH Surgical Associates, Social Work, AVH Med/Surg Unit, and more, nearly a dozen individuals will have financial support to continue to develop within the industry. We posthumously thank Mr. Kerr, and all employees who took the time to submit applications.

This year's scholarship recipients are: Jessica Boucher, Briana Davis, Cathleen Houle, Kathleen Killeen, Angela Lambert, Tia Laundry, Abigail Laurion, Jodi Marazzi, Karen Ramsey, Emily Roy and Andrea Tupick.

The AVH Foundation Board also recently agreed to fund the purchase of a Neonatal Resuscitation Simulator (Pedi Blue Newborn Simulator). The Simulator will provide opportunities to build clinical staff skills relative to emergency care of newborn and infant patients.

Applications are now being accepted for 2026 and winners will be announced in May of that year. For more information, including an application and FAQ, please hover over the Education tab of the NCH Intranet, and select "Gerald Kerr Memorial Scholarship Guidelines."

Finally, I could not go without sharing a few wonderful photos below, from the Friday of Hospital Week. You all looked great!







# North Country Home Health & Hospice Agency

Jessica Foster-Hebert, RN, CHHCM, CHCM, Interim President and CEO



## The Referral Process: Our Version of Air Traffic Control

At North Country Home Health & Hospice Agency, the referral process is as intricate and fast-paced as air traffic control. With referrals arriving from across the region, our Intake team expertly navigates up to 12 different platforms used by referring agencies to ensure accurate, compliant and timely coordination of care.

Each month, we receive approximately 250 referrals across our three service lines. By regulation, we are required to admit patients within 48-hours of a completed referral—unless the patient requests a delay. In those cases, new physician orders must be obtained to remain in compliance. This process requires not only precision but also the ability to track each referral from intake through scheduling to successful admission.

This high-stakes, time-sensitive work is skillfully led by Katie Hartford, alongside her exceptional team: Chelsea Williams and Nichole McKeen. Their diligence, attention to detail and commitment to excellence ensure that patients receive care swiftly and smoothly.

Our current publicly reported initiation-of-care rate is an impressive 98.9%, reflecting the dedication of our team. So, what stands in the way of 100%? Often, it's the challenge of obtaining new physician orders during weekends or after hours—delays that are sometimes outside of our control.

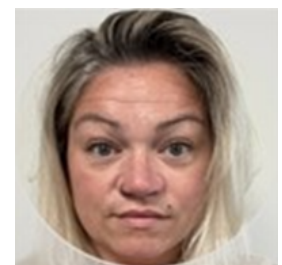
These hurdles are not unique to our Agency—but our proactive solutions, teamwork and persistence are what set us apart. We are proud of the care and coordination that begins with the very first step: the referral.



*Katie Hartford, LPN  
Clinical Manager, Clinical  
Liaison, Intake Coordinator  
& Clinical Support Specialist*



*Chelsea Williams, RN,  
Triage/Intake RN*



*Nichole McKeen,  
Intake Coordinator*





# Upper Connecticut Valley Hospital

Greg Cook, FACHE, President and CEO



## UCVH Service Awards

On Tuesday, May 20th, we hosted our Annual Service Awards Ceremony. It was a wonderful opportunity to recognize and celebrate the incredible dedication and contributions of our team members. Please join me in congratulating this year's award recipients! Your hard work, passion, and commitment have made a lasting impact, and we are truly grateful.

To all our honorees—thank you for your years of service. Your continued dedication is the foundation of our success and we are honored to have you as part of our team. Congratulations to All!



### Pictured from Left to Right:

- Monica White (15 years)
- Marci Ducret (25 years)
- Rosalie Pagano (15 years)
- Patty Nolette (5 years)
- Jennifer Houle (2024 UCVH Director's Award Recipient)
- Zonya Garcia (10 years)
- Becky Gray (5 years)
- Greg Cook, President & CEO

### Missing from photo:

- Skylar Lamontagne (5 years)
- Terry Kenney (5 Years)
- Devon Phillips (5 years)
- Shari Parker (25 years)
- Jennifer Keazer (25 years)
- Becky Bean (45 years)

## Medical Transport Program Gets People Where They Need to Go

A free medical transport program in Colebrook, New Hampshire, is helping residents—especially elderly and disabled individuals—get to healthcare appointments they'd otherwise have to skip. The **Coös Non-Emergency Medical Transport (CNET/NEMT)** service uses an eight-passenger, wheelchair-accessible bus to drive people to and from appointments for medical, dental, vision, and mental health needs, plus trips to pharmacies.

The program, started in September 2022, is a collaboration between Coös County Family Health Services, Tri-County CAP, and Upper Connecticut Valley Hospital, with funding from the Neil and Louise Tillotson Fund and other sources. It began after healthcare leaders noticed that COVID-19 had worsened appointment no-shows, especially in a rural region with poor public transit and spotty internet, making telehealth difficult.

Since its launch, ridership has grown sharply—from 69 rides in its first month to nearly 4,400 total by early 2025. Most riders are elderly or have mobility challenges and live far from healthcare services. Without the bus, many would forgo care, potentially leading to worse health outcomes or unnecessary emergency room visits.

Drivers like Les Avery play a key role, often covering long distances in harsh winter conditions. Riders say the service is dependable and eases the burden on family members who'd otherwise need to help.

The program fills a critical gap in rural healthcare by addressing transportation as a social determinant of health—a factor just as vital as the care itself.







# Weeks Medical Center

Matt Streeter, MBA, FACHE, FHFMA, Interim President, Weeks Medical Center



## Advancing Rural Healthcare: Radiology at Weeks Medical Center



Submitted by Andre Belisle RT(R)(CT), Director of Radiology  
(pictured at left)

In the heart of rural healthcare, Weeks Medical Center stands out as a beacon of innovation and patient-centered care. Its Radiology Department, vital for diagnostics and treatment planning, is equipped with advanced imaging technology that rivals those found in larger urban facilities. The integration of modern tools ensures timely and accurate diagnosis for the local community, eliminating the need for long-distance travel for many essential services.

One of the department's key features is the **Fuji Velocity Open MRI**, designed for comfort without compromising image quality. Its open architecture reduces patient anxiety—especially for those with claustrophobia—and is particularly beneficial for pediatric and elderly patients. Despite its compact design, the Velocity delivers high-resolution imaging for musculoskeletal, neurological and soft tissue evaluations. This unit is the newest in the state which allows us to offer the highest care while keeping our patients local.

For advanced cross-sectional imaging, the radiology unit uses the **Canon Aquilion Prime SP 80 CT scanner**. With 80 detector rows and rapid image acquisition, this CT system provides low-dose, high-speed scans ideal for trauma, cardiac and vascular studies. The system's adaptability allows for fast emergency response, which is crucial in an acute care setting.

Breast imaging is another area where the department excels, thanks to the **Hologic Dimensions 3D Mammography system**. This state-of-the-art digital breast tomosynthesis unit offers precise, layered breast imaging, significantly improving early cancer detection rates and reducing unnecessary callbacks. The system is well-suited for both screening and diagnostic mammograms, empowering women in the community with access to life-saving early detection.

Routine imaging services are performed using the **Fuji Visionary Suite**, a versatile digital radiography system. This X-ray solution supports a wide range of exams, from chest and extremities to complex orthopaedic studies. With its efficient workflow and image clarity, the Visionary Suite allows for quick diagnosis and shorter patient wait times.

Rounding out the imaging capabilities is the **Philips Epiq 7G Ultrasound**, known for its exceptional image quality and advanced diagnostic features. From vascular and abdominal imaging to obstetric and cardiac applications, the Epiq 7G ensures comprehensive, real-time assessments. Its ergonomic design and smart workflow tools enhance both patient comfort and technologist efficiency.

By investing in top-tier imaging technology, Weeks Medical Center exemplifies a commitment to delivering quality care close to home. In a rural setting where access can be a challenge, this Radiology Department serves as a vital hub, combining innovation with compassion to meet the evolving needs of our community.





# Marketing Update

Scarlett Moberly, Grant & Community  
Benefits Coordinator



## Understanding Community Benefits at NCH

Sharing NCH's community benefit stories is a key part of the Philanthropy and Community Relations Department's work. Whether you're already familiar with community benefits or hearing about them for the first time, we know that every department at NCH has something to contribute to this important facet of our responsibilities as a nonprofit health System.

**Community benefits** are defined by the IRS as **activities of nonprofit hospitals to improve health in their communities**. These efforts should improve access to care, enhance public health, advance medical knowledge, or reduce the burden on the government to promote health. **As a nonprofit health System, we're required by both federal and state agencies to report these activities to justify our tax-exempt status.** Beyond compliance, these stories support our grant applications, donor engagement and community outreach efforts. You are all doing so much good work every day, and we are honored to be the ones to share that!

The federal government has clear criteria for what counts as a community benefit. First, **any reported community benefit must address a priority identified in our Community Health Needs Assessment (CHNA) and be available to the wider community**, not just staff or patients. We are wrapping up the 2025 CHNA, which is informed by nearly 1,200 community survey responses. We'll be making the rounds to present the findings this month, but here's a sneak peek: **the top health priorities identified are behavioral health, chronic disease, healthcare access and social determinants of health, such as housing, food security, and transportation.**

Beyond being available to the community at large and aligning with our CHNA, community benefit activities must fall into one of nine federal categories:

- **Financial Assistance:** AKA charity care, free or discounted care
- **Government-Sponsored Means Tested Healthcare:** the cost of providing care to patients with Medicaid or state insurances
- **Subsidized Health Services:** services we provide because they are necessary to the community,

knowing they will operate at a loss.

- **Health Professionals Education:** programs resulting in degrees, certificates, or training necessary to practice (must not be available only to employees!)
- **Community Health Improvement:** programs subsidized by NCH to improve community health, like community clinics, health fairs and programs addressing social determinants of health
- **In-Kind or Cash Contributions:** donations of money or goods to purposes related to community health, or paid staff time donated as volunteer work for community health activities
- **Community Building:** the cost of developing these programs and partnerships
- **Community Benefit Operations:** costs associated with CHNAs and community benefit administration, including grant writing and fundraising for programs
- **Research:** NCH is not a research facility so we don't have to worry about this one!

Both the state and the IRS are concerned with the cost of these programs in dollars, including the value of staff time, rather than the program's story. Your department may offer a program that aligns with these requirements, but without knowing the full cost, we cannot include it in our report. To easily let us know what your team is doing, we've standardized [a form that's available online and on the Intranet](#).

If you're unsure whether something counts, just ask! I'm happy to help. Thank you for the important work you do to serve our community! You can reach me at: [scarlett.moberly@northcountryhealth.org](mailto:scarlett.moberly@northcountryhealth.org).

