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**Sent on:** Tuesday, July 16, 2024 8:03:11 PM

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**Subject:** Public Comment: Community Engagement: Hospital Sustainability and Act 167 2024-07-16T20:03:08Z

A new GMCB Public Comment has been received.

**Submit Time:** 7/16/2024 8:03:08 PM

**Name:** Katherine A Silta PA-C

**Affiliation:** Connecticut Valley Orthopaedics and Sports Medicine/Springfield Hospital

**Town/City:** Weathersfield,VT

**Topic:** Community Engagement: Hospital Sustainability and Act 167

**Comment:** I have been practicing at Springfield Hospital since the late 80s. I did practice at Dartmouth Hitchcock orthopedics from 2008-2011 but returned here to my previous orthopedic practice. I do take some issue with some of the findings in the document. For one, there was a comment supposedly made by a community member that there was no orthopedics in Springfield within 45 minutes. I wonder if that is a mistake and it was a comment that was taken from another area in Vermont, because there has been a full service orthopedic practice here for as long as I have been here. Unless the person was talking about spine specialty care, then no, that is not available here. Otherwise, full service orthopedics has been available here for many years. I had previously commented when we met months ago that the data that was included in preliminary findings about the number of total joints done yearly was inaccurate. Having worked at both Yale, Dartmouth and here, and worked in both the clinics and the OR, I can assure you that the quality of total joint care here is as good or better than most tertiary practices. If I need a joint done, I would choose Dr. Muller here at Springfield Hospital to do mine. The data regarding hospital performance from the financial standpoint also is a bit old. It is remarkable that Springfield Hospital has come as far as that has since the bankruptcy, and while obviously it is a challenge for rural hospitals, fiscal 2024 has, as I understand it, been more or less in the black. As I said, I have been here for a long time, and have seen the changes (and challenges) that have occurred around the healthcare environment. I do feel that it was a perfect storm of poor previous management, and COVID, that came together to cause the hospital to file bankruptcy. We have worked hard to recover from that, and I think the recovery is still in progress. The hospital provides significant resources to the surrounding communities and Springfield itself. I think it is vital to the area of that it continue to provide care. To think that DHMC could soak up what is currently being provided here for patients is impossible to imagine. It is difficult to get people seen there, and I do not think that they can handle more overload without significant changes in how they operate. People needing a higher level of care are often transferred as far away as Boston, Connecticut, Massachusetts, Albany. To think that they would be able to handle taking patients with COPD, pneumonia, and other more common issues that require short-term hospitalization is just not feasible. Again, very significant changes in staffing, operational structure, and other factors would have to occur. The same goes for UVM. The loss of Springfield as a full service community hospital, would significantly affect the community in the surrounding area, and not in a positive way.

**Post Comment:** Yes

