

For our friends and supporters.

ICU's Specialized Care Saves Tiverton Man

Few stories convey the “intensive” part of intensive care like the experience of Bruce Taylor. When the 70-year-old Tiverton man was admitted to the Intensive Care Unit at Newport Hospital in November 2017, his legs were swollen, his breathing labored, and his thinking confused. For close to a month, his life hung in the balance as a battalion of clinicians worked to save him.

“I don’t remember much, but I know I almost died a few times,” says Bruce. “I wouldn’t be here today if it wasn’t for the incredible team at Newport Hospital.”

Bruce began his long ICU journey in respiratory failure caused by chronic obstructive pulmonary disease. His lungs filled with fluid and were incapable of removing carbon dioxide from his blood. Complicating things further, Bruce had fluid around his heart, likely related to a recent heart attack. By his third day in the ICU, Bruce was placed on a ventilator. A cascade of events—including pneumonia, dangerously low blood pressure, failing kidneys, and a complete shutdown of bowel function—further threatened Bruce’s life. “His condition was extremely complicated,” says Adrian Velasquez, MD, MPH, Bruce’s intensivist in the ICU. “We were treating him with a battery of specialized medications and interventions, but he wasn’t getting better. I was concerned Bruce wasn’t going to make it.”

Bruce’s family kept vigil by his bedside, providing emotional support, while a growing team of Newport Hospital specialists joined the battle. Surgeons performed a tracheostomy to help Bruce breathe and treated repeated bleeding problems connected to blood thinners for his



Bruce with ICU nurses Rachel Mowery (L) and Amy Gray (R).

heart. A gastroenterologist implanted a feeding tube to provide nourishment. Nurses monitored Bruce around the clock. Clinicians from pulmonology, cardiology, nephrology, anesthesiology, palliative care, and physical therapy all contributed to Bruce’s care during his 27 days in the ICU.

“A lot of people had to be on top of every moment of Bruce’s care,” says Dr. Velasquez. Adds Amy Gray, RN, one of Bruce’s dedicated ICU nurses, “So many times, Bruce went to the brink, but then he’d fight back. We never gave up and neither did he.”

With the ICU team’s specialized care, and the constant support of his family, Bruce finally turned the corner. He required intensive rehabilitation to regain his full health but was back on the golf course within months. Bruce returns to the ICU regularly to thank the people who saved his life. “He’s truly a miracle,” says Tristen Urbani, one of Bruce’s four children. “He does everything now. If I knew someone else who needed care, I’d tell them to go immediately to Newport Hospital.”



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New Partial Hospitalization Program Deepens Behavioral Health Care at Newport Hospital

The demand has been high since Newport Hospital expanded its Behavioral Health Services in April 2018 with the opening of the new Partial Hospitalization Program for patients with co-occurring disorders. The program delivers short-term, comprehensive outpatient treatment to help adults of all ages who are struggling with mental and behavioral health issues, such as depression, anxiety, bipolar disorder and now, substance use disorders. The only program of its kind in southern Rhode Island, it offers patients a structured treatment environment during the day, while enabling them to return home at night and on the weekends. We spoke with the program's director, Jon E. Brett, PhD, about its impact in our community.

How has the new Partial Hospitalization Program enhanced the hospital's behavioral health care?

We've long offered inpatient and outpatient behavioral health care to our community, but we recognized we needed a program that fit between the two for patients who need additional supports. And because a large percentage of people with mental health issues also struggle with substance use, treating the co-occurring disorders together allows us to complete the continuum of care for our patients.

How has the program been received by the community?

We've gotten a lot of affirmation; people from all walks of life recognize that many in their community are struggling with co-occurring disorders. We have received tremendous feedback from our patients, particularly around involving their families in the program. We often hear patients say that their family loves them dearly, but that they don't

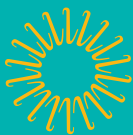


Partial hospitalization treatment team: Front row L-R Philip J. Schmitt, MD; Jon E. Brett, PhD; Jennifer Fletcher; Back Row L-R Christine A. Forte, LICSW; Jackie Henderson; Susan E. Pratt

understand what they're going through. Educating families so they can play a vital role in their loved one's recovery is an important part of the care we provide.

What do you see on the horizon to further advance the treatment of co-occurring disorders?

We must continue to advance our work with our community partners. We're a small island and we have the benefit of knowing the local agencies that treat mental illness and addiction; working together to offer a seamless continuum of care for our patients is crucial. We're involved in an initiative called "No Wrong Door," so that when a patient walks into a partner agency and needs a higher level of care, steps are in place to expedite getting that person to Newport Hospital. We're also working to better incorporate mental health into primary and family care practices because those physicians see a lot of people who would benefit from our services. We want to ensure our community and our partners understand the breadth and depth of everything we offer here at Newport Hospital. The opioid overdose epidemic has hit our state hard; we're now well-positioned to positively impact this health crisis.



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