



The Quarterly

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"I never thought it was going to take this long to come to fruition. "

- Amadeu

Employee Spotlight

Meet Amadeu Pavini

Amadeu Pavini, Jr. is in this quarter's Employee Spotlight! While technically more of a volunteer than an employee, Mr. Pavini holds a masters degree in education and personally understands the importance of keeping the



body and mind active during illness and injury. As part of HD**medical**, Mr. Pavini has been a simulation patient at conferences, for instructional videos, and for the company's national commercial and PBS special.

The 92-year-old Mr. Pavini, father of HD**medical**'s founder Marie Pavini MD, is a retired English teacher for high school seniors, where he went to bat to stop the school board from graduating seniors who could not read (not from his class!) simply because they grew up on farms. During his time as a teacher, Mr. Pavini was also the tennis coach and drama director for the school.

At home he encouraged sports and sportsmanship, eventually becoming a gymnastics judge and a ski racing gatekeeper, and went to all family sailing races, softball games, voice and dance recitals. His school schedule and involvement with his children's activities allowed for many meaningful conversations about life and one's duty to be productive, compassionate, and ethical.

Of HD**medical**'s clinical research, device development, marketing, regulatory, and business activities, Mr. Pavini states, "When Marie first thought of this invention, it was some time ago. I never thought it was going to take this long to come to fruition. I don't know where she gets the strength."

Did You Know?

Navigating the annual budget cycle for change

"This is the time to propose larger scale improvements, such as a movement to introduce an early mobility program, restraint reduction program, or any measure which will require a planned investment and an accepted return on that investment (ROI)"

The healthcare setting has almost limitless opportunities for improvement, and to a lesser extent, opportunities for significant reform. The challenge with the latter is that they require strategic commitment from multiple levels and stakeholders within the institution to have any chance for success. While there are processes in hospitals to bring in new products and education over the course of a year, there is one major opportunity to achieve this wherein all stakeholders have an expectation to receive proposals & weigh them strategically: the annual budgetary planning cycle.

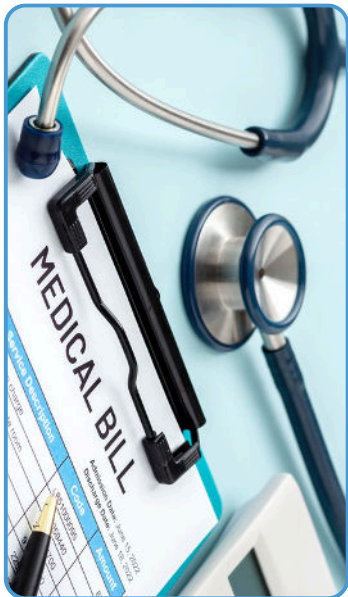
Usually in late July or early August, most institutions that follow a calendar fiscal year begin setting the stage for the annual budget planning cycle. Typically budget packets are emailed to those who have authority over specific budget cost centers, and the preliminary work to build a plan and budget begin, with a more formal process beginning after Labor Day. This process typically is completed by the end of October, when proposals are presented to upper management and the Board of Directors, and revised, with final budgets to be set in November. Of course this varies from site to site, but as a rule of thumb this is how it works.

This is the time to propose larger scale improvements, such as a movement to introduce an early mobility program, restraint minimization system, delirium reduction initiative, or any measure which will require a planned investment and an accepted return on that investment (ROI). Not pursuing this path often limits the proposal to rely on established discretionary cost targets, which can be a deal-breaker if the proposal requires a net increase in discretionary spending, and the ROI arguments are often neutered by the day-to-day need to limit spending.

Devices like the Exersides® Refrains® are not just one-off purchases. They require a commitment to culture change. It's easy and cheap to find a product to tie someone to the bed, but that practice burdens the hospital and the entire health care system with huge added costs, from the effects of immobility (pressure injury, pneumonia, muscle loss), and delirium (dementia, PICS, readmission). And we all know the practice is inhumane.

'Commitment' is the key word in budgetary planning, and it is in that discussion where ROI, investment, and desired outcomes can best be presented and debated with every stakeholder that makes up that culture.

If you want to make significant change, learn your institution's budget process, and identify the key players in that process. Odds are that the budget process is starting soon, so the time is now to begin preparing your case for ending the practice of restraint, immobility, and over-sedation.



A Message from C4 (Chief Culture Change Catalyst)



What are cost and value proposition?

Some would say cost is what they would have to pay that they are not paying now. And while they may agree that a cost is worthwhile, if it is only worthwhile for a bottom line outside of their department, then to them, it is not worthwhile.

Some would say that value proposition is something that pays for itself or something that could prevent risk-associated costs. When you

add into the mix the reimbursement rules, things get more complicated. Like if you get paid for every CT scan, there are more scans, and if you don't, then CT scans get rationed. If you don't get reimbursed for hospital-acquired complications, the value proposition of preventive tools goes up.

So how do Delirium and Immobility complications fit in? We've gotten so good at talking around the problem that we've lost sight of the truth. Don't worry, recent reactions from regulators and medical societies are swelling and will remind us.

Fact: Restraint and sedation are independent risk factors for delirium and immobility.

Fact: Delirium and Immobility are costly hospital-acquired states that surface as dislodged tubes and lines, falls, LOS, readmission, HAIs, VAPs, blood clots, and more.

Fact: The 2025 Age-Friendly initiative will be externally monitoring prevention methods and withholding reimbursement if internal monitoring and prevention are not exercised.

Fact: Not all staff know what they are allowed to do or what they should do.

Ergo: If you were able to talk your way through restraining and sedating before (safety, patient anxiety, etc.), time is up. You will need to explain why you are not using all available tools and methods, and why you are not educating your staff on correct techniques.

And so, good-deed-doers, use this supportive language to get what you know is right. Your time has come. Go get it. And if you need help, several of us have great ROI decks and can stand with you. Just ask.

Yours truly,

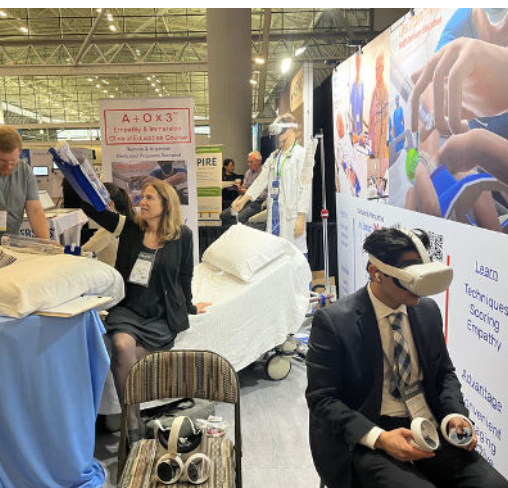
Marie Pavini

Marie Pavini, MD, FCCM, FCCP

"If you don't get reimbursed for hospital-acquired complications, the value proposition of preventive tools goes up."



HDmedical.org



13 Willow Street
Rutland, VT
05701-4010

(802) 821-1002

hello@HDmedical.org

"... where common sense
meets healthcare..."



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A Few Good Mentions



Q3 conferences and health awareness days

08/20 **EarlyMobility.com**, St. Louis, MO
(in coordination with earlymobility.com)

09/26 **EarlyMobility.com**, Nashville, TN
(in coordination with earlymobility.com)

July

22nd: World Brain Day

August

4-10: National Health Center Week

September

Healthy Aging Month
National Recovery Month
World Alzheimer's Month

16-20: Healthcare Risk Management Week
27th: National PTSD Awareness Day

In the News



A scathing report by Disability Rights California reveals that College Hospital in Cerritos subjected patients with disabilities to dangerously prolonged and excessive use of physical and chemical restraints—far exceeding state norms. Investigators cite a “culture of restraint” and systemic care failures. [Read more here.](#)

HDmedical is growing on social media. Follow our Medhead series and more.



Because I at first tried talking.

What the membership committee said happily to the new applicant.
[NEURI]

Unscramble the letters for the mystery medical word.
Check back at 7PM for the answer!

Visit our free portal:
<https://www.hdmedical.org/account>
for more games + puzzles.



Walking Home from the ICU
Episode 125:
Responding to Agitation in the ICU

just airway protection. She had

Home in Vermont



Summer in Vermont is a season of lush hillsides, farmers' markets, and lake escapes. With warm days and cool mountain breezes, it's perfect for swimming, hiking, and savoring sunsets over rolling green fields. Outdoor concerts, local fairs, and starry nights make it a magical time to slow down and soak in nature.

Here's to the season that brings you back to the simple joys.

