On the Front Line of Health Care Reform

At NVRH, health care reform is about more than “ObamaCare” or debating the pros and cons of a Vermont single payer system. Successful healthcare reform happens regionally, on the front lines, and is based on the elements of the Triple Aim:

- Improving the health of populations
- Enhancing the patient experience of care (including quality, access, and satisfaction)
- Reducing the per capita cost of health care

These three objectives are at the core of the NVRH mission and our commitment to the people in the communities we serve. The 2014 Annual Report contains examples of health care reform activities here at NVRH and in our community. Health care reform activities that collectively and simultaneously strive to improve your health, enhance your experience of care, and reduce the overall costs of health care.

To read more about the examples of health care reform featured in this Annual Report, visit www.nvrh.org under the About Us tab and click on the photos in the online version of our annual report.
A Message From
THE BOARD CHAIR, JIM NEWELL

It is inspiring to play a small role in a team of dedicated professionals and volunteers who are working hard to improve the health of the people in the communities NVRH serves. “Awesome” is the word that comes to mind when thinking of this hospital. This same word was overheard regarding the management team’s presentation before the Green Mountain Care Board of the NVRH Fiscal Year 2015 Budget. Nine trustees went to Montpelier in support of the NVRH management team. This gem of health care, your hospital, has in fact been in the forefront in realizing the triple aim initiative of improving population health and patient experience while lowering costs.

As a pilot sight for the Blueprint for Health, NVRH has modeled patient care coordination that has doctors work with nurses and care managers to manage patients’ health, making advances in meeting patients’ needs and keeping them out of the hospital. Focusing on primary care and social-service needs, working in conjunction with Community Connections, the cost of care for those who have been the biggest users of hospital services is being reduced. The Pain Clinic, palliative care specialists and the Oncology Project are all improving the patient experience by addressing the needs of chronic care patients. The cost of medications for some patients has been reduced. There is a new state-of-the-art tomosynthesis machine in radiology. There are advances with IT. And patients can now access their electronic medical records through our Patient Portal.

As healthcare moves from the fee-for-service model to a payment system based on improving the health of the population and patient experience, there is a growing need for primary care. This year NVRH has been successful in recruiting new doctors. And physicians from Little River Health Care in Wells River, VT and Ammonusuc Community Health Center in Woodsville, NH joined the medical staff and will deliver babies at the NVRH Birth Center. (NVRH is the only certified Baby-Friendly™ hospital in Vermont).

NVRH is planning on a number of important building projects. The renovation and expansion of St. Johnsbury Pediatrics and the Dan Wyand Physical Therapy on Sherman Drive was completed in September, providing more room for pediatricians, space for a behavioral health specialist and a care coordinator, additional PT space, and an enlarged gym. When capital becomes available, a similar expansion of Kingdom Internal Medicine will ensue. After that there will be a state-of-the-art upgrade of the second Operating Room. Eventually the building of a new physician office building will relieve much-needed space on the hospital’s third floor for Cardiac Rehab and Women’s Wellness.

In the enigmatic world of health reform NVRH continues to provide excellent health care and is meeting the goals of the triple aim. Although the shifting stage of the future will present challenges, our hospital is well-positioned to overcome any hurdles and to be here in 20 years serving our population better than ever.
A Message From
THE CHIEF EXECUTIVE OFFICER, PAUL BENGTSON

At our annual Green Mountain Care budget hearing in August, Northeastern Vermont Regional Hospital was complimented for its leadership in health care in Vermont. NVRH is a small hospital with a large influence. We are known for our innovation and creativity when it comes to delivery system structure and design, as well as our ability to work well with others to address complex problems.

Most health problems our country faces are not isolated unto themselves. They are always linked to some other complex of problems, and almost always involve stressed economics. Obesity is linked to poverty. Food insecurity is linked to poverty and consequently to obesity. Affordable housing is linked to family stability.

Without stable, affordable housing, a person is more likely to not have a job or not be able to keep a job. If you have stable, adequate housing you are more likely able to control a chronic problem with diabetes. Everything, in other words, is connected to our health and well-being.

NVRH is aware of these connections and working with multiple agencies to find synergy among leaders in our region to address these often intractable problems we face. For years NVRH has put a model program in place to improve the health of our population by connecting the work of the hospital, the medical practices, and other health and helping organizations. It’s called the Community Connections Program. It has made a real difference in the health of our communities. In fact, our health service area ranks number 4 among the 13 statewide health service areas for outcomes related to our clinical care.

An informal group of leaders, known informally as the “A Team” meets monthly at NVRH to address regional health and prosperity challenges. This group is comprised of leaders from the Northeastern Vermont Area on Aging, the Rural Edge housing authority, Northern Counties Health Care (Federally Qualified Health Center), Northeast Kingdom Community Action (NEKCA), the Vermont Foodbank, NVRH, along with representatives to our north (North Country Hospital and Orleans Essex VNA and Hospice). We understand that alone we will not make headway with the challenges of improving population health, lowering the cost of healthcare and improving patient experience.

These are but a couple of examples of the creative work underway in our part of Vermont. And our state leadership is looking to us to set the pace for productive, useful health reform in the front lines. We are fortunate to have the collective talent of professionals within the hospital and among the various area agencies working together in ways that augur a healthy future for the Northeast Kingdom. There may be many changes in health care in the years ahead, but we are looking forward to shaping these changes to improve the health of all the people we serve.

A Message From
THE MEDICAL STAFF PRESIDENT, MARK PRICE

It has been an active year for the Medical Staff as we strive to fulfill the Triple Aim Initiative of Improving Population Health, Enhancing the Patient Experience and Lowering per Capita Cost.

Improving Population Health takes place in many ways, but one of the biggest ways is by bringing providers to our community so that patients can be seen quickly and locally. Over the last year we have added a new neurologist, new surgeon, new pediatrician, new cardiologist, new urologist, new family practitioners, new hospitalists and internists, as well as several new nurse practitioners. Many of these providers are associated with practices that are Medical Homes, which are transforming care by working to keep care local, coordinated and timely. We serve our patients best when they are seen in their Medical Home and are not going to the Emergency Room or traveling out of town to receive care.

Enhancing the Patient Experience is demonstrated by the renovations and expansion of several local practices. Dan Wyand Physical Therapy and St. Johnsbury Pediatrics have new and expanded offices. Kingdom Internal Medicine and Women’s Wellness are next! Having more space allows for more privacy for our patients, as well as additional providers, which certainly improves patient satisfaction.

Physicians are constantly working to Lower Per Capita cost in different ways. Probably the biggest way we can do this is having accessibility to Primary Care Providers. Getting patients into the office quickly when they are sick allows illnesses to be treated before they become worse. Seeing the patient in the office keeps them out of the Emergency Room where care is expensive and may be redundant. And finally, seeing patients frequently and regularly for chronic illnesses keeps them out of the hospital.

Medical care can be costly and complicated, but we do know that in general, local care is best. We are all working to keep patients healthy, happy and satisfied. Medicine is changing and there are challenges, but there is more evidence that the things we are doing work.
NO SUGAR ADDED

NVRH launched the No Sugar Added social marketing campaign in 2014 to reduce and prevent obesity by decreasing consumption of sugar-sweetened beverages. The campaign includes messages spread through print and radio advertisements, posters, videos; and the distribution of water bottles and filtered water pitchers to reduce perceived barriers to drinking water as a healthy alternative beverage.

DART 2.0

The former Drug Abuse Resistance Team was reenergized in the past year as DART 2.0. This community-based group of representatives from the hospital, state agencies, local organizations, and community members is addressing the issues of prescription drug and other substance abuse at multiple levels: prevention, treatment, and recovery.
Improving the Health of Populations

PUBLIC HEALTH PROFESSIONALS know that health starts where you live, learn, work and play. At NVRH we have long believed this, and understand that health happens outside the walls of the hospital.

At NVRH we take a community building approach to health; we try as best we can to address the root causes of poor health – the social determinants – like education, income, and social policies.

We know we can’t do this alone. A key component of our community health needs assessment was to identify our partners. We know there are times we need to take the lead on a community health initiative, times to take a support role and let others lead, and times to partner with others to leverage the greatest collective impact.

Our 2012 community health needs assessment identified obesity, mental health and substance abuse, and poverty related issues as our three top health priorities. We aim to tackle health priority issues not just at the individual level, but at the organizational, community, and health policy level.

These pages illustrate examples of the community health initiatives we have led, financially supported, or partnered with others on during the last year.
SAFE PATIENT AND MATERIALS HANDLING

Topping the list of injuries in healthcare workers are those attributed to patient handling activities: lifting, transferring, and repositioning patients. Safe patient handling programs that include lift equipment reduce staff injuries. Using lift equipment also reduces patient anxiety, improves patient comfort, and maintains the patient’s dignity and privacy. To reduce the barriers to using safe patient handling equipment NVRH developed peer role models, restructured the lift equipment training schedule and curriculum, and reenergized the safe patient handling program with a hospital wide communication campaign.
Improving the Patient Experience of Care

When Patients Come to NVRH they get more than great medical care. Patient centered care at NVRH means patients are treated with respect in a comfortable and confidential environment.

We are aiming for more than patient satisfaction. We want your experience at our hospital and physician practices to be personally gratifying and to promote health. We want all your interactions with our staff from check in or admission, to your exam or procedure, to your discharge and aftercare to reflect our values of quality, compassion, and dignity.

As a patient at NVRH you have a right not only to be informed, but involved and engaged in your own health and healthcare. Our medical providers and other staff aim to explain things clearly and listen carefully to make you feel less anxious and more confident in your own abilities to follow your treatment plan, and get well and stay healthy.

In the past year we have adopted new technology and initiated new programs to help us partner with you to improve your experience of care at NVRH.

Patient Portal
Patient Wanda Hawkins studies her recent lab results on the patient portal. NVRH now offers patients the option to access select portions of their health records online through the main hospital website at www.nvrh.org. The Portal allows for better communication between providers and their patients as well as patients managing their healthcare from home.

Real Time Feedback
Nakeeta Simpson, RN explains the “Real Time Feedback” form to a patient. The goal of the form is to address patient concerns in a timely fashion, while patients are still in the hospital. The forms provide an opportunity to make positive changes and/or give recognition to people and departments that provide great patient care. This is one of the many new programs initiated in the last year to improve the patients’ experience of care.
STATE INNOVATION MODELS

NVRH received a grant from the Vermont Health Care Innovations Project (VHCIP). Working with our community partners we will develop a new approach to meet the health and social needs of people dually covered under Medicare and Medicaid. The goal is to reduce expenditures in the Medicare and Medicaid programs. Community health worker Lew Apgar makes home visits to work with clients to reinforce provider-initiated treatment plans, and provide hands-on assistance in support of chronic disease self-management plans.
Reducing the Per Capita Cost of Healthcare

WE HAVE BEEN HEARING for a long time about the high costs of healthcare and the resulting negative consequences on both your personal finances and the state and national economy. The State of Vermont is currently implementing, and testing, new payment and service delivery models. Models under consideration in Vermont include shared savings through Accountable Care Organizations (ACO), bundled payments, and pay for performance models of reimbursement for healthcare services.

Other models like hospital global budgets are also under consideration. These payment models hope to reduce costs while not reducing quality or access to healthcare. These models are expected to replace the current fee for service model based on volume and move us toward more population-based payment models based on quality. The goal is to create a high performing, cost efficient health system that delivers the right care – at the right time – in the right setting – and to achieve full coordination and integration of care.

NVRH is actively piloting new healthcare delivery and payment models. Our aim is better care for individuals, improved health for populations, and controlled growth in healthcare spending.

PALLIATIVE CARE

Dr. Dobbertin and Dr. Mary Ready, both board certified in Palliative Medicine, see patients in the Palliative Medicine office in the Bloch Building. When patients like Ben and Rosalie Harris can no longer travel comfortably to the office, they are seen at home. Palliative care is dedicated to improving the health and well-being of all members of the community, including the sickest among us. Drs. Dobbertin and Ready lead a team of healthcare professionals and family members that meet regularly to evaluate, assist, implement and alter the plan of care to meet the patient’s needs and desires.
<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$1,497,571</td>
<td>$2,209,633</td>
</tr>
<tr>
<td>Patient accounts receivable, net allowances for doubtful accounts and contractual allowances of $4,343,998 in 2014 and $4,329,283 in 2013</td>
<td>8,912,444</td>
<td>9,271,282</td>
</tr>
<tr>
<td>Estimated third-party payor settlements</td>
<td>142,332</td>
<td>–</td>
</tr>
<tr>
<td>Supplies</td>
<td>1,386,434</td>
<td>1,445,105</td>
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<tr>
<td>Prepaid expenses</td>
<td>359,389</td>
<td>441,715</td>
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<tr>
<td>Other accounts receivable</td>
<td>1,703,185</td>
<td>2,595,721</td>
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<tr>
<td>Assets limited as to use</td>
<td>423,824</td>
<td>408,804</td>
</tr>
<tr>
<td>Total current assets</td>
<td>14,425,179</td>
<td>16,372,260</td>
</tr>
<tr>
<td>Assets limited as to use, excluding current portion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internally designated for Capital acquisitions</td>
<td>12,484,293</td>
<td>10,837,385</td>
</tr>
<tr>
<td>Funded depreciation</td>
<td>3,269,590</td>
<td>2,982,385</td>
</tr>
<tr>
<td>By bond agreement held by trustee for Future capital projects</td>
<td>1,572,065</td>
<td>1,574,200</td>
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<tr>
<td>Total assets limited as to use, excluding current portion</td>
<td>17,325,948</td>
<td>15,393,970</td>
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<tr>
<td>Pledges receivable, net of allowance for doubtful accounts of $15,118 in 2014 and 2013</td>
<td>66,387</td>
<td>36,936</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>28,854,002</td>
<td>27,439,259</td>
</tr>
<tr>
<td>Asset held for sale</td>
<td>–</td>
<td>1,395,000</td>
</tr>
<tr>
<td>Long-term investments</td>
<td>668,977</td>
<td>696,600</td>
</tr>
<tr>
<td>Deferred financing costs, net of amortization</td>
<td>153,782</td>
<td>175,612</td>
</tr>
<tr>
<td>Other long-term assets</td>
<td>339,467</td>
<td>187,258</td>
</tr>
<tr>
<td>Total assets</td>
<td>$61,833,742</td>
<td>$61,696,895</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Line of credit</td>
<td>–</td>
<td>$500,000</td>
</tr>
<tr>
<td>Current portion of long-term debt</td>
<td>485,000</td>
<td>464,003</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>7,030,858</td>
<td>5,613,790</td>
</tr>
<tr>
<td>Estimated third-party payor settlements</td>
<td>–</td>
<td>913,318</td>
</tr>
<tr>
<td>Other current liabilities</td>
<td>1,847,497</td>
<td>1,481,107</td>
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<tr>
<td>Total current liabilities</td>
<td>9,363,355</td>
<td>8,972,218</td>
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<tr>
<td>Long-term debt, excluding current portion</td>
<td>13,015,000</td>
<td>13,500,000</td>
</tr>
<tr>
<td>Annuity liability</td>
<td>38,218</td>
<td>43,518</td>
</tr>
<tr>
<td>Interest rate swap</td>
<td>400,572</td>
<td>529,813</td>
</tr>
<tr>
<td>Other long-term liabilities</td>
<td>299,467</td>
<td>147,258</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>23,116,612</td>
<td>23,192,807</td>
</tr>
<tr>
<td>Commitments and contingencies (Notes 4, 7 and 11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>37,256,430</td>
<td>37,157,312</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>1,018,972</td>
<td>905,139</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>441,728</td>
<td>441,637</td>
</tr>
<tr>
<td>Total net assets</td>
<td>38,717,130</td>
<td>38,504,088</td>
</tr>
<tr>
<td>Total liabilities and net assets</td>
<td>$61,833,742</td>
<td>$61,696,895</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SERVICE TO THE COMMUNITY</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Admissions*</td>
<td>1,199</td>
<td>1,355</td>
</tr>
<tr>
<td>Deliveries</td>
<td>202</td>
<td>196</td>
</tr>
<tr>
<td>Acute Patient Days*</td>
<td>3,739</td>
<td>4,426</td>
</tr>
<tr>
<td>Average Acute Length of Stay (days)*</td>
<td>3.1</td>
<td>3.0</td>
</tr>
<tr>
<td>Operating Room Procedures</td>
<td>2,550</td>
<td>2,804</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>13,858</td>
<td>14,942</td>
</tr>
<tr>
<td>Radiology Exams (X-Rays)</td>
<td>20,189</td>
<td>19,901</td>
</tr>
<tr>
<td>Laboratory Tests</td>
<td>166,062</td>
<td>149,018</td>
</tr>
</tbody>
</table>

*Excluding Newborns
## OPERATING STATEMENT FOR THE YEARS ENDED SEPTEMBER 30, 2014 & 2013

<table>
<thead>
<tr>
<th>WHERE THE MONEY COMES FROM</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>We billed for services to inpatients</td>
<td>27,961,697</td>
<td>28,484,574</td>
</tr>
<tr>
<td>We billed for services to outpatients</td>
<td>91,553,429</td>
<td>86,719,459</td>
</tr>
<tr>
<td>We had other operating revenue of</td>
<td>4,694,412</td>
<td>4,282,038</td>
</tr>
<tr>
<td>Total operating revenue</td>
<td>124,209,538</td>
<td>119,486,071</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BECAUSE WE DID NOT RECEIVE FULL PAYMENT FOR AMOUNT BILLED</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>From those unable to pay (charity care based on charges)</td>
<td>2,000,119</td>
<td>2,087,961</td>
</tr>
<tr>
<td>To all for those patients who are unwilling to pay (bad debts)</td>
<td>2,924,757</td>
<td>2,698,300</td>
</tr>
<tr>
<td>From Medicare and Medicaid</td>
<td>45,813,438</td>
<td>42,309,176</td>
</tr>
<tr>
<td>From other contracted payors</td>
<td>6,908,057</td>
<td>7,007,620</td>
</tr>
<tr>
<td>Therefore we wrote off</td>
<td>57,646,371</td>
<td>54,103,057</td>
</tr>
<tr>
<td>OUR NET REVENUE WAS</td>
<td>66,563,167</td>
<td>65,383,014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHERE THE MONEY GOES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>To pay salaries and benefits to our 528 employees</td>
<td>39,977,839</td>
<td>37,553,042</td>
</tr>
<tr>
<td>To purchase supplies and services</td>
<td>19,231,159</td>
<td>18,161,921</td>
</tr>
<tr>
<td>To pay the VT Health Care Provider Tax Assessment</td>
<td>3,617,327</td>
<td>3,459,247</td>
</tr>
<tr>
<td>To allow for wear and tear on buildings and equipment</td>
<td>2,868,536</td>
<td>2,776,996</td>
</tr>
<tr>
<td>To pay for utilities</td>
<td>1,217,875</td>
<td>1,350,869</td>
</tr>
<tr>
<td>To pay interest on our outstanding debt</td>
<td>439,830</td>
<td>469,922</td>
</tr>
<tr>
<td>OUR TOTAL EXPENSE WAS</td>
<td>67,352,566</td>
<td>63,771,997</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THIS PROVIDES AN OPERATING REVENUE OF</th>
<th>(789,399)</th>
<th>1,611,017</th>
</tr>
</thead>
<tbody>
<tr>
<td>We had income (losses) from investments and non-operating revenue of</td>
<td>888,517</td>
<td>1,012,997</td>
</tr>
<tr>
<td>FUNDS REMAINING TO PAY ON OUTSTANDING DEBT AND TO INVEST IN THE HOSPITAL’S FUTURE</td>
<td>99,118</td>
<td>2,624,014</td>
</tr>
</tbody>
</table>

The accounting records for Northeastern Vermont Regional Corp. and Subsidiary have been audited by Berry Dunn, Certified Public Accountants. The complete audited report is on file and is available for inspection at NVRH’s Finance Office.

## COMMUNITY BENEFITS

### The Link Between Mission and Action

The Internal Revenue Service (IRS) provides clear guidelines on what counts as a community benefits:

**DOES THE PROGRAM OR ACTIVITY:**
- address an identified community need? and
- seek to address at least one of the following community benefit objectives:
  - improve access
  - enhance population health
  - advance knowledge
  - relieve government burden

**IS THE PROGRAM OR ACTIVITY:**
- provided primarily to benefit the community rather than the organization?
- subsidized by the organization, not by employee contributions (financial or time)?

NVRH quantifies our benefit to the community on Schedule H of IRS form 990. Here is a summary from our Fiscal Year 2013 Community Benefits Report.

### 2013 COMMUNITY BENEFITS REPORT

| Uncompensated Medicaid                                | $ 5,574,224 |
| Charity Care                                          | 1,035,328   |
| Medical and Professional Education                    | 269,440     |
| Cash and In-Kind Contributions to Community Groups   | 188,251     |
| Subsidized Health Services                            | 4,138,243   |
| Community Health Improvement Services                | 1,001,017   |
| **Total FY13**                                        | **$ 12,206,503** |

The community benefits provided by NVRH during fiscal year 2014 are calculated and submitted to the IRS in late summer 2015 and will be posted to the FY 2015 annual report.
Medical Staff & Trustees

NVRH MEDICAL STAFF AND ALLIED HEALTH PROFESSIONALS
Mark Price, MD
President
Terry Larsen, DO
President-elect
Joyce Dobbertin, MD, DC
Secretary/Treasurer

ANESTHESIOLOGY
Stephen A. Fischer, Jr., MD

AUDIOLOGY
Jacey R. Courser, AuD, CCC-A

CARDIOLOGY
Michael G. Hayes, MD
Mark R. Heitzman, MD
Stefan Lischke, MD, PhD
Gregory MacDonald, MD

CARDIOLOGY/OBSTETRICS
Steve Genereaux, MD
Fay Homan, MD
Simone Lessac-Chenen, MD
Aaron Solnit, MD

CARTOMETRY
Christopher S. Danielson, DO
Kenneth Danielson, MD
Annick-Marie V. Kaufman, MD
Terry Larsen, DO

CERTIFIED NURSE ANESTHETISTS
Rebecca Barski, CRNA
David Hetzelt, CRNA
Deanna Howland, CRNA

CERTIFIED NURSE MIDWIVES
Anea G. Lelong, CNM
Sarit Shatken-Stern, CNM
Shirley J. Thompson, CNM

CERTIFIED NURSE PRACTITIONERS
Cathleen Besch, FNP-C
Debra Bixby, FNP-C
Carey Brodzinski, FNP-C
Katie Burnell, FNP-C
Anna Driscoll, AGNP
Jane Goodman-Page, ANP
Ashley Gerrish, AGNP-C
Megan Hoygood, APRN
Mariel Hess, FNP-C
Jessica MacLeod, AGNP-BC
Diane Matthews, NP-C
Michael Moss, FNP
Elaine L. Robinson, FNP-C
I. Margaret Rowlett, APRN
Brenda Stewart, PNP-C
Barbara Sitits, NP-C
Susan Taney, ANP-C
Janet Wilson, FNP

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James Newell
Steve Nichols
Ken Norris
Thomas Paul, Esq.
Mark Price, MD
Thomas Robinson
Laurel St. James
William A. Sargent, MD
Richard Showalter
Susan Zucker
Northeastern Vermont Regional Hospital is grateful to the following individuals and organizations whose generosity over the last year made an important difference to the health of our community.

Steve & Lisa Adler  
Dr. Peter Albright & Elizabeth Albright  
Hiram & Lois Allen  
Stephen Amos  
George & Judith Anderson  
Mr. Michael J. Anderson  
Patricia Anderson  
Sharon & Shawn Anderson*  
Jane Arthur & John McClung  
Father Luke P. Austin  
Margaret Austin*  
Sally Austin  
Jennifer Ayer*  
Holly Barrett*  
Shauna Barrett*  
Arlan & Marie Batchelder  
George & Peace Baxter  
Lynn & Maurice Beaudoin  
Brent & Sandra Beck  
Bradley & Kim Before  
Edward & Kimberly Behr  
Paul & Christine Bengtson*  
Joe & Deb Benning  
Cindy & Steve Berlack  
Glenda Fay Bernier*  
Lizzy Berube*  
Kevin & Nicole Biggie  
Tracey N. Billings, RN*  
Mr. & Mrs. Gerard Bittner  
Lyn & Debra Bixby*  
Noami Bosson  
Ruth & Don Bostic  
Mr. Alan Boye & Ms. Linda Wacholder  
Catherine Boykin & Walter Morris  
Michael & Barbara Braden  
Linda & Bernard Bradshaw  
Cynthia Briggs  
Alan & Pam Brink*  
Marissa Brink*  
Stacia Bristol  
Thomas Broderick, DO & Jill Broderick*  
David & Nancy Brown  
Hildegarde Brown  
Lorraine Brunelle  
Charles & Deborah Bucknam  
The Bunbury Company  
Amanda Burger & Douglas Chapman  
Jeffrey & Melissa Burroughs  
Burke Town School  
Rita Calkins  
Jodi Campbell*  
Denise Caron  
Alice L. Carpenter  
Dennis Casey & Barbara Zander  
Karen A. Cate*  
Joseph & Pamela Cavanaugh  
Janet Charren  
Cheryl & Garth Chesley*  
Seleem & Caroline Chouthury*  
Terry & Waneta Clifford  
Joseph & Lillian Cloutatre  
Lorraine & Mark Clough*  
Lynn Collins*  
Susan Cooley  
Community National Bank  
Harry & Karla Cornelius  
Bruce Corrette  
Wendy & Larry Corrow*  
James Coulson & Holly Heverly*  
Merlyn Coursir  
Peter & Paige Crosby  
Raymond & Diane Cummings  
Lionel & Elinor Daigneault  
Daniel & Kathy Daley  
Polly Damon*  
Chris & Dina Danielson*  
Kim & Roy Darby*  
Drs. Bridgette Dargis & Mederic LeBlanc*  
Andrea Dawson & John Conway*  
Angela Day*  
Dead River Company  
Hilary & Thomas De Carlo*  
Richard Degreene Family*  
Laurie Despins*  
Randell DeVoid*  
David & Vicki Dill*  
Marie Dimick*  
Joyce Dobbertin & Robert McCabe*  
Craig Dreishbch & Michelle Authier*  
John & Rachel Duquette  
Jamie Eaton*  
Hope Edwards  
Amy Ehrlich & Henry Ingraham  
Holly & Jeremy Ely*  
Martha Erwin*  
Kurt Eschmann*  
Carl & Barbara Esser  
Fairbanks Scales  
Steve & Marty Feltus  
Stephen & Svetlana Fischer*  
Andrew Fisher  
Ginny Flanders*  
Larissa M. & Thomas M. Flynn  
Jim Flynn & Claudia Mosher*  
Dover Ford  
Patricia & Glenn Forest*  
Dr. Mielie Fox & Mr. John Howard  
Elizabeth Fox*  
Nancy Frank & Jay Abramson  
Ms. Doreen E. Fraser  
Raymond & Caroline Frey  
Harold & Beverly Frost  
Bob & Sharon Fuehner  
Richard & Carmen Gagne  
Richard & Laurie Gagnon*  
Jim & Sue Gallagher  
Mr. & Mrs. John Garey*  
Tim & Paula Gaskin*  
Matthew & Barbara Gauvin  
Jean & James Geer  
Robert & Leslie Gensburg  
Mrs. Martha B. Gessner  
Allan Gilmour & Eric Jirgens  
The Gilmour - Jirgens Fund  
Douglas Gimler  
Scott & Gena Glidden  
Tammy Good*  
John & Nancy Goodrich  
Goodridge Lumber, Inc.  
Patricia Gray*  
Michael & Jeanine Greenleaf  
Gloria Greenwood*  
Sharon Grenier*  
Lory Grimes*  
Charles & Elizeth Guest  
Gary Guion*  
Mary Ann* & Pete Gummere*  
David & Betty Ann Gwatkin*  
Lee P. Hackett  
Sarah Hagen*  
Amy & Jeff Hale  
J.E. Hale Construction Inc.  
Stella & George Halpern  
Gretchen & Ken Hammer  
Mr. & Mrs. W. Robert Hansen  
Russell & Judy Harbaugh*  
Douglas & Deborah Haselton*  
Gary & Joyce Hatcher*  
Marie J. Hayes  
John & Megan Haygood  
Dr. & Mrs. Albert J. Hebert, Jr.*  
Christine Heinrich & Matthew Clark  
Allison Henderson*  
Patricia & David Henderson  
Colleen Herrity*  
Robert & Lucene Hersey*  
David & Beth Hetzel*  
Hickok & Boardman  
Anthony & Kathleen Higgs  
Martha Hill & David Price  
Shawn Hilliker*  
Darla Hodge*  
Carol Hodge*  
Angela Holmes  
Teala J. Hooker*  
Pattie & John Horvatch*  
Mr. Daren Houck  
& Ms. Suzanne Aldana  
Dove & Janet Houston  
Deanna Howard  
Kimberly Howard  
Dan & Mary Hughes  
Jackie Hughes & Rob Bent  
Mrs. Ruby M. Humphrey  
Linda Hunkins*  
James & Deborah Hunt  
James & Reintette Hutchins*  
Michael Hutchins*  
Frances P. Hyde  
Robert & Martha Ide  

Estate Planning at NVRH

NVRH is deeply grateful for the thoughtfulness and generosity of the following individuals who have included NVRH in their estate plans:

Charlie & Wynne Brown  
Pat Burnham  
The Estate of Frances Conlon  
Duffy & Pat Dodge  
Jim Flynn & Claudia Mosher  
James & Susan Gallagher  
Gretchen Hammer  
Marilyn Moulton  
Jim & Sally Newell  
Thomas Ryan Paul  
The Estate of  
Gregory R. Reynolds  
The Estate of Dorothy W. & Theodore E. Sargent  
Dr. Katherine A. Silloway  
& Mr. R. Gerald Webber  
The Estate of  
Barabara McKay Smith
Dr. & Mrs. John G. Scott* 
Mary Scott 
Pauline Scott 
Agnes C. Sears 
Nicholas Selig* 
Judy & Bart Selle* 
Michelle Shepard, MD * 
Samuel & Kareena Shippee 
Dr. Kimberly A. Silloway 
Katherine A. Silloway, DDS & Mr. R. Gerald Webber* 
Nilda Silloway 
Saro J. Simpson 
Colleen Simon* 
Barbara Sitsch* 
Jesse & Debora Smith* 
Walter & Laura Sophrin* 
Hazen Spaulding 
St. Johnsbury Academy 
St. Johnsbury Automobile Co. 
Norma J. Stahler 
Laurel Stanley 
Jennifer L. Starling* 
Elaine Stasny, M.D.* 
Laurel Stanley 
Norma J. Stahler 
Laurel Stanley 
Jennifer L. Starling* 
Elaine Stasny, M.D.* 
James & Susan Steele* 
Gael B. Stein 
Amy Stetson 
Wendy Stimets-Henderson* 
Audrey Stone* 
William & Ann Swanson 
Patricia & Robert Swartz 
Mr. & Mrs. Gary Swenson 
Suzanne & Tim Tanner* 
Jody Taylor* 
Thodore Stevens School 
C. Dart Thalman 
John Thompson* 
Abel & Kitty Toll 
Bonnie & Don Torres* 
Dr. Thomas Turek & Dorothy Jackson-Turek 
Union Bank 
John & Teresa Vasko 
Edward J. Vilandrie, Jr. & Martha D. Cavanaugh 
Drury & Ruth Vinton 
VSECU 
Kristy Walker* 
William & Robbi Walker 
Dr. & Mrs. Martin Walko* 
John & Carolyn Washburn 
* Employees and Medical Staff
Seventh Annual NVRH Gala

NVRH is very grateful to Ed Vilandrie and Marty Cavanaugh for opening their home for the Seventh Annual NVRH Gala, and to the many guests who attended the party. They had a great time strolling through the Vilandries’ beautiful horse farm in Peacham. The evening began with a cocktail party and hors’ d’oeuvres, supplied by the Kingdom Taproom, in a log house with a stunning view of Peacham village. The evening didn’t stop there; the guests continued on to Ed and Marty’s barn, where dinner, dancing, and continued conviviality completed the evening!

Stephanie & Calvert Watkins
Weidmann Electrical Technology
Linda & Fred Wells*
Christopher Wenger & Brian Romeo
Cathie & Jake Wheeler
Casie Whitehead*
Jamie & Tonya Whiting*
Karl & Merrily Wieland
Keith Willey*
Cecil Williams
Roland & Elizabeth Williams
Angela Williamson*
David & Sara Willis

* Employees and Medical Staff

Mr. & Mrs. Christopher P. Wilson
Lucille & William Wolf
Joan M. Wolfrath
Nathalie H. Wood
Dan & Mary Wyand
Dan Wyand PT & Associates
Deborah Yonker & Vincent Foy*
Thomas & Charlene Zabek
Jacquelyn Zaun*
Thomas Zlobowski
& Beth Williams*
Tracy & Kurt Zschau
Susan & Daniel Zucker

The Susan Sebastian Foundation donated artwork last year for each of NVRH’s inpatient rooms. Elise Braun founded the Susan Sebastian Foundation in 2011, in memory of her daughter. The Foundation’s mission is to bring original artwork to every inpatient hospital room in Vermont. Susan spent many hours in hospital rooms toward the end of her life and often mentioned the blank walls to her mother. Elise vowed to add color and beauty to patients’ stays.

The Foundation asked that NVRH choose colorful artwork by Vermont artists and that it be framed behind museum glass. The NVRH coordinators have chosen artists from the Northeast Kingdom, selecting art that is calming and easily discernible. NVRH is grateful to the Susan Sebastian Foundation for brightening patient rooms and making hospital stays more pleasant.
NVRH is grateful to the following individuals, who chose to remember and honor their friends and family members with gifts to the hospital.

**In Memory of**
- CATHERINE C. AMOS
- Stephen Amos

**In Memory of**
- WESLEY BRILL
- Ronald Brill
- Coworkers & Friends of Melanie Robinson

**In Memory of**
- DR. JAMES BAILEY
- Jean Bailey
- Kathryn Bailey & William Hoyt
- Frances Blake
- Virginia H. Boyle
- The Coffee Club
- William J. & Alice L. Cruess
- Martha Elliott
- Russell & Judy Harbaugh
- Bill & Sue Merrow
- Donald & Annette Miller
- Harry & Claire Morrison
- Patricia Peck
- Nicole Stevens
- Brenda & Brian Stewart
- Phyllis M. Stinehour
- Patricia & Robert Swartz
- Mr. & Mrs. Friedrich Walther
- Lillian E. Zeller

**In Honor of**
- CHRISTINE A. DOUGLAS
- John Washburn

**In Memory of**
- MARIE J. “MJ” HAYES
- Anonymous
- Virginia H. Boyle
- Michael & Barbara Bradeen
- Alice L. Carpenter
- Suzanne & Francis Cloutre
- Merlyn Courser
- Mr. & Mrs. Conrad Doyon
- Jeannette & Robert Farmer
- Jim Flynn & Claudia Mosher
- Patricia & Glenn Forest
- John & Deborah Greenan
- Russell & Judy Harbaugh
- Russell Harbaugh Jr.
- Christopher & Cathy Hardman
- Andrea Harris
- Ben & Rosalie Harris
- John & Megan Haygood
- Mr. & Mrs. Robert Lawrence
- Allison & Wayne Letourneau
- Marcia Littel
- Dorothy McCauley
- Edward & Althea Meilleur
- Bill & Sue Merrow
- Robert & Barbara Morency
- Charles Nolin
- Kelly Nolin
- Staci Smith
- Charles & Roberta Thurston
- Joan M. Wolfrath
- Mary Wood
- Perley & Carolyn Wright

**In Memory of**
- DOUGLAS BINNEY
- “BUNKER” KITCHEL, JR.
- Paula, Douglas & Natalie Kitchel

**In Memory of**
- SHERMAN M. “SHERM” LAUGHTON
- Jim Flynn & Claudia Mosher
- Scott & Gena Glidden
- Gretchen & Ken Hammer
- Kenneth & Anne Miller
- John & Teresa Vasko
- Roland & Elizabeth Williams

**In Memory of**
- ALTHEA MEILLEUR
- Alphonso & Agnes Argenio
- Alice L. Carpenter
- James & Dianne Chamberlin
- Kay Hopkins
- Lanny R. Paris
- Mr. & Mrs. Gordon G. Spaulding
- John Washburn

**In Memory of**
- PAUL R. SWEENEY
- Phyllis Kehley Sweeney

**In Memory of**
- CAROLYN P. WASHBURN
- John Washburn

**In Memory of**
- PHYLLIS R. WOOD
- Anonymous
- Doug & Jane Bengston
- Robert & Lugene Hersey
- NVRH Friends of Linda Sherman
- Roger & Joy Wood

**In Memory of**
- GLENN B. YOUNG
- Andre & Karen Young-Payette

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**The Fifth Annual Radiothon!**

NVRH’s fifth annual Radiothon took place March, 25, 2014. Northeast Sports Network provided live streaming video of interviews, while radio broadcasts took place on Magic 97.7, KIX 105.5, and WSTJ.

We are indebted to trustee Steve Nichols, who spearheaded this effort; corporator Bruce James, who provided time on the stations of Vermont Broadcast Associates, and Eric Berry from Northeast Sports Network.

Patients discussed their excellent experiences at NVRH, as well as the compassion and caring they received from hospital staff. The funds raised helped purchase a new patient monitoring system for the ICU, ER, OR and Recovery Room.

A number of local companies and organizations made gifts to the Radiothon or encouraged their staff to support the effort. We also received gifts from the following organizations: Burke Town School, Community National Bank, Dead River Company, Kinney Pike Insurance, Lyndon Institute, Lyndon State College, Morrill and Guyer Real Estate, Northern Physical Therapy, Poulos Insurance Company, and Thaddeus Stevens School.
On September 11, 2014 NVRH held a community-wide ribbon cutting ceremony to celebrate the opening of the new Moffett building, which houses Dan Wyand Physical Therapy and St. Johnsbury Pediatrics. Members of the community came together for tours, refreshments, games, give-a-ways, and great fun.

St. Johnsbury Pediatrics was renovated and expanded by 2100 square feet to provide more privacy for patients and improved workflow for staff. The project included a spacious and comfortable waiting area, additional exam rooms, offices, a conference room, new nurses’ station, and reception area. Children’s books and colorful artwork for the family friendly waiting area were provided by local authors and artists.

For their part of the 2100 square foot expansion, Dan Wyand Physical Therapy received a renovated gym, more treatment rooms, office space, a conference room and reception area all combined to improve patient experience and staff well-being.

Every effort has been made to ensure this report is accurate and complete. Please accept our apology for any inadvertent errors or omissions. We ask that you report any errors to the Development Office at 802-748-7313 so that we may correct our records.
Auxiliary

THE PURPOSE OF THE NVRH AUXILIARY is to render service to Northeastern Vermont Regional Hospital and its patients, and to assist Northeastern Vermont Regional Hospital in promoting the health and welfare of the community.

Membership is open to all male and female adults who are interested in Northeastern Vermont Regional Hospital and who are willing to uphold the purpose of the auxiliary. All volunteers of Northeastern Vermont Regional Hospital are automatically members of the NVRH Auxiliary; membership includes over 150 individuals.

The NVRH Auxiliary, through fundraising efforts, support the patients and staff. Annually, the NVRH Auxiliary gives back to hospital departments through the Wish List. Departments submit items they feel would help patients and/or staff and the auxiliary votes on the new equipment or programs to fund. This year, $31,753 was given back to NVRH by way of fulfilling the Department Wish List requests. Some of the equipment that was purchased included 3 comfortable rocking chairs for the Birth Center; yarn for the Prayer Shawl Program; a microwave convection oven for Dietary Services; new monitors for conference room schedules; noise reduction equipment for patients;
stat specimen monitor for the laboratory; patient information monitors for the Emergency Room; education equipment for Tobacco Cessation; hand rails for Corner Medical; a work stool for Diagnostic Imaging; furniture for Medical Surgical waiting area; EZ Way Stand for Safe Patient Handling; and 2 blood pressure cuffs with stands for Surgical Associates. This equipment will benefit our patients, staff and our visitors.

The NVRH Auxiliary also gives four (4) $1,000 Scholastic Achievement Awards to deserving students pursuing a career in health care. Eligible students are NVRH employees, high school students, current college students, and adults returning to college.

The NVRH Auxiliary, through the NVRH Volunteer Services Department manages both the NVRH Cherry Wheel Gift Shop and Vermont’s only specialty cancer boutique, the Circle of Care Boutique. The NVRH Auxiliary holds over a dozen fundraising events annually.
The Way North, a painting by William B. Hoyt graces the hospital's lobby. The painting was given to the hospital in memory of Dr. James T. Bailey by his daughter Kathy Bailey and her painter husband, William Hoyt. Bailey, a long-time and popular physician, passed away in December, 2013.
AMBULATORY SERVICES
Day Surgery, Infusion Therapy, Optical Laser Therapy, Phototherapy (PUVA), Preoperative Testing

ASTHMA MANAGEMENT CLINIC

BIRTH CENTER

CARDIAC REHABILITATION PROGRAM

CARE MANAGEMENT

CHAPLAINCY SERVICES

COMMUNITY CONNECTIONS

DIABETES SELF-MANAGEMENT

DIAGNOSTIC IMAGING SERVICES
DEXA Bone Density Testing, Cardiovascular Imaging, Digital Mammography, Nuclear Medicine, X-ray, Ultrasound, CT Scan, MRI, Cardiac Stress Test

EMERGENCY ROOM
MD staffed 24 hours a day, 7 days a week

INPATIENT HOSPICE

INTENSIVE CARE UNIT

LABORATORY SERVICES
Blood Bank, Pathology

LACTATION CONSULTANT SERVICES

MEDICAL/SURGICAL/ PEDIATRIC SERVICES

MENTAL HEALTH COUNSELING

NORTH COUNTRY OTOLARYNGOLOGY & AUDIOLOGY
Ear, Nose, Throat, Hearing; Facial Plastics (Face, Nose, Eyes); Cosmetic Surgery & Botox; Facial Rejuvenation & Laser Treatments; Surgical Dermatology

NUTRITIONAL COUNSELING

OCUPATIONAL MEDICINE

OUTPATIENT INFUSION SERVICES

PAIN CLINIC

PALLIATIVE MEDICINE

PHYSICAL THERAPY
Inpatient and Outpatient

PRIMARY CARE
Corner Medical, Kingdom Internal Medicine, St. Johnsbury Pediatrics

PSYCHIATRY

RESPIRATORY CARE SERVICES
EEG, EKG, Holter Monitor, Pulmonary Function Testing, Overnight Oximetry Test, Arterial Blood Gases

PULMONARY REHABILITATION AND EDUCATION

SLEEP MEDICINE

SPECIALTY OUTPATIENT CLINICS
Cardiology, Neurology, Pediatric Subspecialities, Urology

SPEECH LANGUAGE PATHOLOGY

SURGICAL SERVICES
Anesthesiology, Ear, Nose & Throat, Endoscopy, General Surgery, Gynecology, Obstetrics, Ophthalmology, Orthopaedics, Podiatry, Urology

WOMEN’S WELLNESS CENTER

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