Looking forward to your health.
A Message From
THE CHIEF EXECUTIVE OFFICER, PAUL BENGTSON

With this year’s annual report you are introduced to real life experiences with our state-of-the-art health services here at NVRH. I know you will enjoy the stories and the meaningful information you will glean from reading them. I certainly did.

NVRH is a rapidly evolving health care system that is gaining recognition at regional and national levels for putting programs and services in place that are in fact improving the health of the population we serve while containing health care cost growth. In fact, just yesterday I met with a physician representing a medical group in Oregon who spent the whole day with us learning how to replicate our structure and systems of care in her region of that state. Last week I worked on a pilot project that innovators hope to “scale up” for application in other areas of the state and country. And a couple of weeks ago, one of our family physicians, Dr. Joyce Dobbertin, was named “Physician of the Year” by the Vermont State Medical Society for her innovative and leadership work in health care.

I continue to be amazed by the enthusiasm and creativity of our knowledgeable, formally trained employees to provide you with the services people will need in the years to come. Our population in Vermont may not be growing by leaps and bounds, but the quality and coordination of services is.

Everything we do at NVRH is driven by our mission: to improve the health of the people we serve. We are not confused about the type of business we are in. People want to be healthy and stay healthy. All of our services are designed to help people get well and stay well. A hospital cannot do this by itself, so we have strong collaborative relations with many helping agencies, the Vermont Department of Health, and other health care organizations to make sure we make a positive difference in our region.

Our work is driven by real health needs identified through a formal community health assessment process that includes the hospital and many community partners and residents. We design our services based on health needs. We strongly believe that the services we have put in place will achieve the goals all Vermonters want: improved health, improved quality, constrained costs, and an organization that can attract excellent professionals.

Health care is changing rapidly these days. I think this report will demonstrate how we are both changing and leading in a good direction. Enjoy!

Paul Bengtson
Chief Executive Officer
A Message From
THE BOARD CHAIR, CHARLIE BUCKNAM

Our hospital has had an eventful year with many positive developments, despite the looming dramatic changes in the funding and delivery of health care under the Green Mountain Care Board and the Affordable Care Act. This year’s success can be directly attributed to the commitment of Paul Bengtson and his management team. They focus on the health care needs of our community while working on ensuring the NVRH is favorably positioned to adjust to changes as they occur.

In the spring, NVRH took on the role of Medical Director of St. Johnsbury Health and Rehabilitation, which has helped to forge an even stronger community health alliance on behalf of our friends and neighbors. Hospitalist Dr. Michael Rousse and Physician Assistant Joshua Gleiner split their time between NVRH and St. J Health and Rehab.

NVRH and North Country Hospital entered into a joint venture to create the Northern Vermont Center for Sleep Disorders at NVRH. Housed at 55 Sherman Drive, the office has been very busy since opening last October.

Under the leadership of Laural Ruggles, Vice President of Marketing and Community Health Improvement, NVRH has spent much of the year identifying areas to focus on that could improve the overall health of our community.

After working for months with community members and organizations, poverty, obesity and substance abuse were identified as likely contributors to poor health in the Northeast Kingdom. An implementation plan was developed to formalize the hospital’s approach to help alleviate the impact these conditions have on the community; in September, the Board of Trustees approved the plan.

A pilot project is underway to better coordinate care with primary care physicians for cancer patients at the Norris Cotton Cancer Center–North. The goal of the program is to improve the quality of care for cancer patients in our area, improve patient experience and satisfaction, reduce avoidable utilization of services and reduce the growth in overall expenditures related to cancer care.

With seventeen physician practices, management identified the need for a full time Director of Physician Practices. Lory Grimes, previously Practice Manager at Norris Cotton Cancer Center–North, has taken on the role at NVRH since June.

We have a high quality hospital in our community, thanks to the efforts of its outstanding staff, and the many community members who support it with their time and resources. It has been gratifying to serve as a trustee, with a bird’s eye view of how it all comes together on our behalf.

Charlie Bucknam
Board Chair

A Message From
THE MEDICAL STAFF PRESIDENT, MARY READY

I am a big believer in being happy. I mean deeply happy, where you feel that you are right with the world, connected to your community. I think it’s good for your health, and for the health of people around you. If you are doing what you think matters, in a way that you feel represents the best of you, overall, you will not only be happy, but you will also nurture the strengths of those around you.

I remember my first visit to Northeastern Vermont Regional Hospital in 2004, when I was a family medicine resident seeking a place where I belonged. I met Paul Bengtson, of course, and Betsy Merrill, the librarian, and Sharon Baker on OB, and Ann Creaser in the cafeteria, and I thought, isn’t it amazing that everyone I met seemed to like their job! I was looking particularly for a hospital which did not perpetuate the hierarchy of most medical institutions, with the doctor on top issuing orders from above. I wanted a small town hospital where I could be a team member, just as but no more valuable than the respiratory therapist, or laboratory technician, or the ICU nurse. I am fortunate to have found NVRH and the NEK.

I love walking in the ER doors in the morning and greeting the people at the triage desk, (Hi Sandy! Hi Heather! Hi Chris and Vickie and Monica!), then going up to the Med/Surg floor where I usually pass the very busy housekeepers and cafeteria staff tidying rooms and serving meals. The charge nurse and medical secretary call every one for morning meeting while I check in briefly with the nurses taking care of the sickest patients. The meeting pulls us all together—pharmacists and the care managers, respiratory therapy and our chaplain, nurses, physical therapists, the Physician Assistant and me.

Though at times it can be stressful and demanding, and ultimately the doctor has the responsibility for the plan of care, I am proud to work in a hospital where we help each other, make suggestions, provide insights, share conversations had with patients or family members which may change the direction of care. I am constantly impressed by the professionalism and conscientiousness of the vast majority of my co-workers—and I include in that category everyone who gives their time, energy, emotion and expertise to this organization.

So as we go forward into the great unknown of health care reform, physician shortages and increasingly medically complex patients, let’s stick together, let’s remain mindful of why we do this work: we’re here to make a difference, share the load, have some fun, and be happy!

Mary Ready
Medical Staff President
The Inpatient Experience

When Peg Smith woke up that morning with abdominal pain she assumed it was just that “stomach bug” that was going around. Peg, a licensed cosmetologist, doesn’t like to disappoint her clients and rarely misses a day of work, but as she got ready for work that morning the pain got worse and Peg and her husband Mark headed for the NVRH emergency department.

Peg spent most of the next week in the medical/surgical unit at NVRH with a painful case of acute pancreatitis. Her family, some from as far away as Arizona, stayed by her bedside. “It was so helpful to have my family with me. The hospital staff were great to both me and my family.”

“I felt like I had my own personal nurse while I was here. The nurses were very friendly, and always professional. I really felt like I had a relationship with them, and they were genuinely concerned about me.”

PEG SMITH, LYNDONVILLE

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PEG SMITH, LYNDONVILLE

The hospital’s lab conducts 94% of its testing in-house. Healthcare providers rely heavily on lab tests to make diagnoses; lab results often identify the presence of disease in its earliest state, when treatments are least costly and most effective.

THE HOSPITAL HAS A FULL TIME INTERFAITH CHAPLAIN. THE CHAPEL, LOCATED ON THE FIRST FLOOR OF THE HOSPITAL PROVIDES A PEACEFUL RESPITE FOR PATIENTS, FAMILIES AND STAFF.

“The Team of Hospitalists at NVRH specializes in the care of inpatients 24 hours a day/7 days a week. Hospitalists coordinate inpatient care with patients’ healthcare providers, who are only a phone call away.”
Inpatient Experience

Care Manager Gary Osborn assists patients and their families with planning and assessing care needs either at home or transitional care before leaving the hospital.

Med/Surg Nurse Mary Coathup-Young administers medicine with the medication reconciliation system, designed to enhance patient safety by clarifying names, medication history, dosages, frequency and route of medication administration.
Stephanie Churchill, her husband and two friends wanted to beat the crowds, so they were out on the Kingdom Trails early in the morning on July 4, 2011. Stephanie had been mountain biking for years, but this particular morning, she hit a patch of soft dirt and flew over the handle bars. Based on the odd angle, she knew right away that she had broken her wrist.

After being seen in the hospital’s emergency room and getting the pain under control, her wrist was x-rayed, showing a virtually shattered wrist. She underwent emergency surgery that afternoon; both plates and pins were used to align her wrist.

“It was a great experience. What I found so impressive is that every single one of the people who helped me, from those in the ER to the x-ray technologist to the people in the operating room, as well as nurses on the Medical/Surgical unit – they were all exceptional – nothing was lacking.”

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After three months of physical therapy, Stephanie was back on her bike, as well as hiking and skiing.

Doctors and nurses, diagnostic imaging technologists, surgeons and physical therapists are all committed to helping rebuild and rejuvenate!
Outpatient Experience

Dan Wyand, physical therapist, has been helping patients recover from injuries and surgeries for over 31 years. His two offices include physical therapists, physical therapist assistants and athletic trainers who help patients recover from trauma and resume their daily lives.

Sarah Springsteen, RN, and triage nurse in the emergency room, determines the order and priority of emergency treatment based on the severity of patients’ conditions. The ER saw 15,219 patients in 2012.
On April 2, 2011, Carolyn didn’t panic when strong quick contractions interrupted her morning chores. She checked in to NVRH at noon, labored in the warm waters of the birthing tub for several hours, and at 9:36 p.m., Luke Steven Morrison was born.

In preparation for Luke’s birth, Carolyn chose to attend the Centering Pregnancy group, which she loved. “I learned so much. It took my knowledge to the next level. Each class, I checked my weight and blood pressure, as well as my urine for excess sugar and protein. I felt aware and informed. The knowledge really empowered me.”

Earl and Carolyn attended Childbirth Education, where they learned things like proper breathing and how to swaddle a baby. Between Centering Pregnancy and Childbirth Ed, they heard from a pediatrician, a dietitian, lactation consultant, obstetrician, and many more infant experts.

Luke has grown into a healthy and happy little boy “with my ears and personality – otherwise, he’s like a little Earl,” quips Carolyn.

Carolyn and Luke attended Mother/Baby Time on Monday mornings at the hospital, where new mothers and babies came together to share and talk. It was an informal but important time, where lasting friendships were made.

“The experience we had at NVRH was great and we plan to do it over again soon!”
Holly LeVie, internationally certified lactation consultant, explains breastfeeding techniques. Breastfeeding provides the perfect nutrition for babies and many health benefits for both mother and baby.

The Megan Meredith Car Seat Safety Program offers free car seat safety education to anyone transporting children in vehicles.
Irene Blanchard retired from Lyndon State College in 1998, after teaching Psychology for 22 years. She is a three time breast cancer survivor. Despite her health challenges, she celebrates wellness, and she does everything possible to regain her strength so she can travel once again. Traveling is her passion; she has been to the majority of countries in Western Europe and she’s gearing up for those in Eastern Europe and elsewhere.

She’s participated in the Lyndon State College fitness program twice – “I love the program. The students and staff are terrific - solicitous, positive, encouraging and knowledgeable. They take great care of everyone and they want to see you succeed.”

NVRH has many programs and services that celebrate wellness. Programs such as physical therapy, nutritional advice, support groups, and strength and agility training all support independence and the ability to live life to its fullest.
NVRH CHRONIC DISEASE SUPPORT GROUPS OFFER PATIENTS A CHANCE TO LEARN FROM HEALTH PROFESSIONALS AND EACH OTHER HOW TO LIVE BETTER WITH A CHRONIC DISEASE. SUPPORT GROUPS, LIKE THIS CARDIAC REHAB GROUP, OFTEN INCLUDE A CHANCE TO SOCIALIZE WITH A HEALTHY MEAL.

SHAUNA BARRETT, COMMUNITY HEALTH WORKER AND HEALTH EDUCATOR FROM THE NVRH COMMUNITY CONNECTIONS PROGRAM, SHOPS WITH A CLIENT FOR HEALTHY AND EASY TO PREPARE FOOD ON A BUDGET.

ELLA KELSEY, TOBACCO TREATMENT SPECIALIST, OFFERS AN ONGOING WEEKLY GROUP CLASS TO ANYONE INTERESTED IN QUITTING TOBACCO.
## Financial Statements

### BALANCE SHEETS September 30, 2012 & 2011

#### ASSETS

<table>
<thead>
<tr>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$1,406,145</td>
</tr>
<tr>
<td>Patient accounts receivable, net of allowances for doubtful accounts and contractual allowances of $3,558,056 in 2012 and $3,463,485 in 2011</td>
<td>8,215,757</td>
</tr>
<tr>
<td>Estimated third-party payor settlements</td>
<td>–</td>
</tr>
<tr>
<td>Supplies</td>
<td>1,365,988</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>401,639</td>
</tr>
<tr>
<td>Other accounts receivables</td>
<td>3,527,798</td>
</tr>
<tr>
<td>Assets limited as to use</td>
<td>393,765</td>
</tr>
<tr>
<td>Total current assets</td>
<td>15,311,092</td>
</tr>
<tr>
<td>Assets limited as to use, internally designated for Capital acquisitions</td>
<td>9,964,069</td>
</tr>
<tr>
<td>Funded depreciation</td>
<td>3,367,864</td>
</tr>
<tr>
<td>By bond agreement held by trustee for future capital projects</td>
<td>1,579,143</td>
</tr>
<tr>
<td>Assets limited as to use, excluding current portion</td>
<td>14,911,076</td>
</tr>
<tr>
<td>Pledges receivable, net of allowance for doubtful accounts of $15,118 in 2012 and 2011</td>
<td>62,845</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>27,126,050</td>
</tr>
<tr>
<td>Asset held for sale</td>
<td>1,700,000</td>
</tr>
<tr>
<td>Beneficial interest in charitable remainder trust</td>
<td>26,504</td>
</tr>
<tr>
<td>Long-term investments</td>
<td>612,729</td>
</tr>
<tr>
<td>Deferred financing costs, net of amortization</td>
<td>197,442</td>
</tr>
<tr>
<td>Other long-term assets</td>
<td>67,291</td>
</tr>
<tr>
<td>Total assets</td>
<td>$60,015,029</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.**

#### LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current liabilities</td>
<td></td>
</tr>
<tr>
<td>Current portion of long-term debt</td>
<td>$529,794</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>7,584,806</td>
</tr>
<tr>
<td>Estimated third-party payor settlements</td>
<td>815,086</td>
</tr>
<tr>
<td>Other current liabilities</td>
<td>452,136</td>
</tr>
<tr>
<td>Total current liabilities</td>
<td>9,381,822</td>
</tr>
<tr>
<td>Long-term debt, excluding current portion</td>
<td>13,964,895</td>
</tr>
<tr>
<td>Annuity liability</td>
<td>48,818</td>
</tr>
<tr>
<td>Interest rate swap</td>
<td>773,106</td>
</tr>
<tr>
<td>Other long-term liabilities</td>
<td>27,291</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>24,195,932</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>34,533,297</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>844,274</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>441,526</td>
</tr>
<tr>
<td>Total net assets</td>
<td>35,819,097</td>
</tr>
<tr>
<td>Total liabilities and net assets</td>
<td>$60,015,029</td>
</tr>
</tbody>
</table>

**Service to the Community**

<table>
<thead>
<tr>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Admissions*</td>
<td>1,328</td>
</tr>
<tr>
<td>Deliveries</td>
<td>204</td>
</tr>
<tr>
<td>Acute Patient Days*</td>
<td>4,230</td>
</tr>
<tr>
<td>Average Acute Length of Stay (days)*</td>
<td>3.2</td>
</tr>
<tr>
<td>Operating Room Procedures</td>
<td>2,942</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>15,219</td>
</tr>
<tr>
<td>Radiology Exams (X-Rays)</td>
<td>20,144</td>
</tr>
<tr>
<td>Laboratory Tests</td>
<td>159,124</td>
</tr>
</tbody>
</table>

*Excluding Newborns
## OPERATING STATEMENT
For the Years Ended September 30, 2012 & 2011

<table>
<thead>
<tr>
<th>Source of Money</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>We billed for services to inpatients</td>
<td>25,664,281</td>
<td>24,808,019</td>
</tr>
<tr>
<td>We billed for service to outpatients</td>
<td>81,539,055</td>
<td>80,206,431</td>
</tr>
<tr>
<td>We had other operating revenue of</td>
<td>2,770,048</td>
<td>1,865,266</td>
</tr>
<tr>
<td><strong>Total operating revenue</strong></td>
<td><strong>109,973,384</strong></td>
<td><strong>106,879,716</strong></td>
</tr>
</tbody>
</table>

### Because We Did Not Receive Full Payment for Amount Billed

| From Those Unable to Pay (charity care based on charges) | 2,108,648 | 1,902,362 |
| To all for those patients who are unwilling to pay (bad debts) | 2,466,847 | 2,281,396 |
| From Medicare and Medicaid | 38,899,644 | 41,173,736 |
| From other contracted payors | 5,439,708 | 3,548,874 |
| **Therefore we wrote off** | **48,914,847** | **48,906,368** |

**Our Net Revenue Was** | **61,058,537** | **57,973,348** |

### Where the Money Goes

<table>
<thead>
<tr>
<th>Purpose</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>To pay salaries and benefits to our 495 employees</td>
<td>35,498,670</td>
<td>33,581,677</td>
</tr>
<tr>
<td>To purchase supplies and services</td>
<td>19,715,895</td>
<td>19,167,233</td>
</tr>
<tr>
<td>To allow for wear and tear on buildings and equipment</td>
<td>2,413,920</td>
<td>2,369,234</td>
</tr>
<tr>
<td>To pay for utilities</td>
<td>1,253,115</td>
<td>1,133,621</td>
</tr>
<tr>
<td>To pay interest on our outstanding debt</td>
<td>446,439</td>
<td>498,642</td>
</tr>
<tr>
<td><strong>Our Total Expense Was</strong></td>
<td><strong>59,328,039</strong></td>
<td><strong>56,750,407</strong></td>
</tr>
</tbody>
</table>

**This Provides an Operating Revenue Of** | **1,730,498** | **1,222,941** |

<table>
<thead>
<tr>
<th>Source</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>We had income (losses) from investments, gifts and nonoperating revenue of</td>
<td>3,569,433</td>
<td>65,244</td>
</tr>
</tbody>
</table>

**Funds Remaining to Reduce Outstanding Debt and to Invest in the Hospital’s Future**

<table>
<thead>
<tr>
<th>Source</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>(New and replacement equipment, new technology, new services, etc.)</td>
<td>5,299,931</td>
<td>1,288,185</td>
</tr>
</tbody>
</table>

## Community Benefits:
The Link Between Mission and Action

At NVRH we support a community building approach that goes beyond the delivery of medical care, to improving the health and the quality of life for people in the communities we serve. Community building involves addressing the root cause of health problems such as poverty and related issues, as well as identifying and providing services and programs that directly influence health and quality of life.

NVRH quantifies our benefit to the community on Schedule H of IRS Form 990 using the guidelines and standards required by the Internal Revenue Service. Here is a summary from our Fiscal Year 2011 Community Benefits Report.

### 2011 COMMUNITY BENEFITS REPORT

<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncompensated Medicaid</td>
<td>$5,688,205</td>
</tr>
<tr>
<td>Charity Care</td>
<td>$927,857</td>
</tr>
<tr>
<td>Medical and Professional Education</td>
<td>$242,355</td>
</tr>
<tr>
<td>Cash and In-Kind Contributions to Community Groups</td>
<td>$77,444</td>
</tr>
<tr>
<td>Subsidized Health Services</td>
<td>$2,243,566</td>
</tr>
<tr>
<td>Community Health Improvement Services</td>
<td>$79,147</td>
</tr>
<tr>
<td><strong>Total FY11</strong></td>
<td><strong>$9,758,874</strong></td>
</tr>
</tbody>
</table>

The community benefits provided by NVRH during fiscal year 2012 are calculated and submitted to the IRS in late summer 2013 and will be posted in the FY13 Annual Report.
Medical Staff and Trustees

NVRH Medical Staff and Allied Health Professionals

Mary Ready, MD  
President  
Mark Price, MD  
President-elect  
Joyce Dobbertin, MD, DC  
Secretary/Treasurer

ANESTHESIOLOGY
Stephen A. Fischer, Jr., MD

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

DENTISTRY
Richard S. Kozlowski, DDS  
Katherine A. Silloway, DDS

DERMATOLOGY
Charles J. Hammer, MD

EMERGENCY MEDICINE
John Ajamie, MD  
Stanley L. Baker, MD  
Marc Bouchard, MD  
William J. Brunelli, MD  
Jay Dege, MD  
Marc Keller, MD  
Richard Merrick, MD  
Paul M. Newton, MD  
Kevin Rodgers, MD  
William A. Sargent, MD

FAMILY PRACTICE
John Ajamie, MD  
Sarah Berrian, MD  
Thomas Broderick, DO  
Brigitte F. Dargis, MD  
Joyce Dobbertin, MD, DC  
Sharon D. Fine, MD  
Susan Gesser, MD  
Albert Hebert, MD  
Dana C. Kraus, MD  
Mary Ready, MD  
John Scott, MD, PhD

GENERAL SURGERY
Christopher S. Danielson, DO  
Kenneth Danielson, MD  
Terry Larsen, DO  
Martin S. Walko, MD

INFECTION DISEASE
Mary Ramundo, MD

HOSPITALIST
Michael R. Rouse, MD

INTERNAL MEDICINE
David Steven Brody, MD  
Susan Platt Erisman, MD  
Claudia Lee, MD  
Frank J. Meierdieck, MD  
Timothy H. Tanner, MD  
Thomas F. Zioberowski, MD

NEUROLOGY
Geoffrey E. Starr, MD

OBSTETRICS-GYNECOLOGY
Karen Kenny, MD  
Elaine Paul, MD  
Gailyn Thomas, MD

OCCUPATIONAL MEDICINE
Susan Olsen, MD

OPHTHALMOLOGY
Krista N. Haight, MD  
Ted V.J. Houle, MD  
Stephen Phipps, MD

ORTHOPAEDICS
Craig D. Dreisbach, MD  
Richard N. Gagnon, MD

OTOLARYNGOLOGY
Patrick Fitzpatrick, DO  
Robert J. Jouch, MD  
Deane Rankin, MD

PATHOLOGY
Allison L. Ciclino, MD

PEDIATRIC CARDIOLOGY
Scott Yeager, MD

PEDIATRICS
Joshua Kantowitz, MD  
Karyn Marie Patno, MD  
Mark Price, MD  
Elaine Stasny, MD  
Timothy H. Tanner, MD  
David Toll, MD

PODIATRY
Denis J. Lamontagne, DPM  
Craig S. Schein, DPM

PULMONOLOGY
Veronika Jedlovszky, MD

RADIOLOGY
Richard Bennum, MD  
Hartley S. Neel, MD  
Candice Ortiz, MD  
Robert M. Smith, MD

SLEEP MEDICINE
David Alsobrook, MD  
Innocent C. Ezenwa, MD  
Veronika Jedlovszky, MD

UROLOGY
Andrew Nisbet, MD

CERTIFIED REGISTERED NURSE ANESTHETISTS
Rebecca Barski, CRNA  
David Hertzelt, CRNA  
Carroll Ellis Ruhlman, CRNA

PHYSICIAN ASSISTANTS
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Gregory Rubin Reynolds: A Remembrance

by Jim Flynn
Director of Development

GREGORY RUBIN REYNOLDS was a very generous supporter of Northeastern Vermont Regional Hospital. He died July 30, 2011 after a long illness. I miss his wit, his creativity, his broad knowledge of literature and film, his high standards and his occasional low humor. Mostly, I feel lucky to have known him.

“Eventually I will give away everything I own. I guess it’s a method of recycling but, more than that, it’s an expression of love.”

My favorite Gregory quote came from a 1969 interview in Esquire Magazine that focused on his avant garde clothes. The line describes his attitude toward his wardrobe, but over time it applied to most other aspects of his life: “Eventually I will give away everything I own. I guess it’s a form of recycling but, more than that, it’s an expression of love.” How appropriate. Gregory was always giving things to those he cared about and over the last five years of his life, NVRH came to be an organization for which he cared a great deal. In 2005 he named the parking lot at the cancer center. “I like parking lots,” he told Paul Bengtson and me at our first meeting. We scrambled to find one among the projects we were undertaking.

A couple of years later he made a large gift that was recognized with the naming of the day-surgery unit. Ultimately Gregory made a bequest of his home and his art collection, and the main hospital building was named in his memory.

I believe that Gregory’s generosity was based on his love for the larger community that surrounded his Peacham home, his gratitude to NVRH for the care we provided, and the strength of the friendships that Gregory developed all over the hospital. He had strong relationships with the infusion nurses whom he saw with increasing frequency; the staff of the cafeteria, where he ate most Monday mornings; the day-surgery nurses who “adopted” him after the naming gift, as well as a broad array of administrators, plant operations staff, volunteers, and ER nurses. With some he joked; with others he was quite formal, but he respected each person as an individual.

The Gregory Rubin Reynolds Building is a wonderful tribute to a generous, colorful, caring man, but I suspect that the stories and anecdotes may outlast even the bricks and mortar.
Many Thanks

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.

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