

GIFFORD

Building FOR THE FUTURE

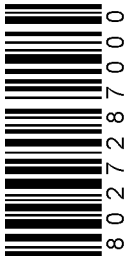


FOCUSING ON PRIMARY CARE
 BECOMING A FEDERALLY QUALIFIED HEALTH CENTER

GOING DIGITAL
 THE AGE OF ELECTRONIC MEDICAL RECORDS

**TRANSITIONING TO PRIVATE
 PATIENT ROOMS**

**CREATING A
 SENIOR LIVING
 Community**
 GIFFORD'S VISION
 FOR THE FUTURE





The Birthing Center
at Gifford

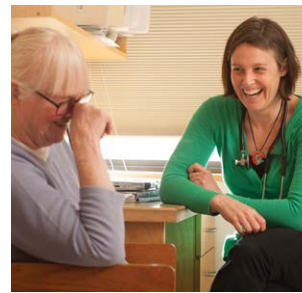
*Caring for families
for more than 35 years!*



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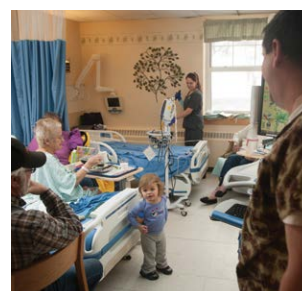
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Active Adult Day Health Service
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 Volunteer Services Coordinator
 (802) 728-2324
 cbuckley@giffordmed.org

To learn more about the many ways you can support Gifford, contact:
 Ashley Lincoln
 Director of Development and Public Relations
 (802) 728-2380
 alincoln@giffordmed.org

This report was designed by Tammy Hooker and written by Sara Tucker and Robin Dutcher, with photographs by First Light Studios and Robin Palmer.

Building FOR THE FUTURE



Preparing and adapting to a changing health-care landscape

A message from Administrator Joe Woodin

FISCAL YEAR 2014 was a transformative one for Gifford as several long-term initiatives came to fruition—efforts that will not only benefit patients but also position Gifford well for the future in an era of health-care reform.

In November 2013, a very excited Senator Bernie Sanders called to say that Gifford had been designated a Federally Qualified Health Center. What we qualified for were federal funds that provide greater access to primary care—including dental and mental-health services—for Medicaid patients and the uninsured. By July, after a lot of hard work by our administrative team, we were ready to start drawing on those funds.

The Gifford Retirement Community now under construction in Randolph Center passed its final regulatory

hurdle a month before the senator’s phone call, and ground was broken in the spring. Add to these developments the hospital’s conversion to single-patient rooms and Gifford’s transition to electronic medical records and you can see why we’ve titled this report “Building for the Future.” In the following pages, we discuss the new developments and relate them to the changing health-care landscape.

Last but not least, Gifford “made budget” for the fifteenth year in a row, a feat not replicated by any other hospital in Vermont. Achieving its state-approved operating margin is an indicator of Gifford’s health as a medical center, community organization, and employer, and credit for this achievement goes to the entire staff.



VOLUNTEERS

Guiding the future of rural health care

Volunteer board leads Gifford with vision, passion and energy.

Back (left to right) Linda Morse, Peter Nowlan, Sheila Jacobs, Paul Kendall, Matt Considine, and Lincoln Clark. Front: Jody Richards, Barbara Rochat, Gus Meyer, Dr. Ellamarie Russo-DeMara, Randy Garner, Sue Sherman, Joe Woodin, Carol Bushey, and Linda Chugkowski. Not pictured: Bill Baumann, Fred Newhall, and Bob Wright.

2014 WAS A YEAR OF GREAT EXCITEMENT for Gifford, as several projects moved from the planning stage into actual implementation. Our FQHC status, new senior living community, and the much-needed upgrade for inpatient rooms are all visible signs of Gifford's readiness for quality community care in a larger landscape of changing healthcare reform.

Each of these accomplishments was built on years of behind-the-scenes planning. None of them would have been possible without the dedicated work of our 16 volunteer board members, who last year alone collectively gave more than 2,500 hours of their time to meetings and subcommittee activities. Board members bring passion and energy to the challenge of balancing the work that translates our mission (providing access to high-quality care to all we serve) with anticipating and planning for future healthcare needs.

"Gifford is woven into the fabric of this community. For more than 100 years generations have had the benefit of local access to quality care," says board secretary

A message from Board Chair **Gus Meyer**

Robert Wright, who was born at Gifford and now lives in Brookfield. “Gifford has been able to maintain that identity and also grow with the times, attracting highly skilled people and successfully investing in the equipment and facilities needed to provide the quality of care that people expect.”

Board members are recruited from across the community and have worked in various businesses and civic organizations. This diverse perspective keeps Gifford’s vision grounded in the community it serves, with a distinctive small town commitment to quality.

Board work is demanding, but members say learning about the hospital and participating in decisions that will shape the future of healthcare in their community is rewarding.

“It is by far the most rewarding volunteer activity that I have ever done,” says Randolph resident Randy Garner. “Gifford has shown me the model of being an actively engaged board member, and seeing the results of the board’s actions is extremely gratifying.”

Others want to give back to their community: “I joined the board because Gifford is community focused, a small town hospital that provides excellent healthcare and uses the latest technology,” says Northfield resident Linda Chugkowski. “I feel proud and privileged to be promoting the hospital during these troubled health care times.”

The job description for a Gifford board member might read: part planner, policy-maker, visionary, realist, promoter, cheerleader, and community advocate. It requires the ability to bring a pragmatist’s eye to sustaining robust primary care and a visionary’s openness to future possibilities. When asked what makes the institution unique, you’ll get the clear answer of a realist:

“Gifford is unique in that they are a small Critical Access Hospital and FQHC facility with niches that they do better than anyone else, like primary care, podiatry and sports medicine,” says Brookfield resident Carol Bushey. “They will never compete with the large hospital, but they will continue to do what they do better than anyone long into the future.”

But new possibilities and future community roles for Gifford are always part of the planning:

“I am excited to see the direction Gifford is going with the senior living community and hope that this continues to all levels so Randolph will have a place where folks can comfortably live out their lives,” says Garner. “Gifford will continue to be on the forefront of quality care with a small town feel.”



What a momentous year it’s been! As described in Joe Woodin’s message, things we had been planning for years came to fruition in 2014. Even as these fundamental changes in our organization have taken place, Gifford has maintained its remarkable fiscal stability and continued our steady growth in the proficiency, professionalism, and breadth of service that we provide.

In 2015, we anticipate completion of the nursing home, renovation of the space that Menig now occupies, expansion of mental health and dental services associated with the FQHC, and full implementation of the EMR, along with ongoing commitment to fiscal responsibility and improvement in quality of care.

These accomplishments are all the more amazing because they have been achieved in a very uncertain health care environment. While Governor Shumlin has suspended planning for single payer health care, many other aspects of health care reform continue. For example, accountable care organizations are now in development, with the goal of changing from fee-for-service to covered lives reimbursement. How these changes get implemented will have profound impact on how medical decisions are made, as well as how and where care is delivered. In the coming year, as we pursue the internal strands mentioned above, we will also maintain our active involvement in the health care reform planning process, working to ensure that Gifford’s patients continue to have the highest quality, locally provided health care possible.

2014 HIGHLIGHTS

January



The first baby of the year is born to Casandra Perry of Bethel. Baby Bryden is welcomed on Jan. 2 at 3:48 a.m.

A “Matters of the Heart” series is offered monthly all year long for heart patients, or anyone looking to improve his or her heart health. Also offered: Chronic Conditions Support Group, Caregiver Support Group, Diabetes Group Education Classes, childbirth classes and a new Mood Disorder Support Group.

A “Quit In Person” tobacco cessation class helps those addicted to smoking or other tobacco products to quit.

A “Chronic Pain Healthier Living Workshop” is offered at the Randolph House. The six-week free series addresses coping with chronic pain.



Experienced nurse leader Alison White joins Gifford as vice president of

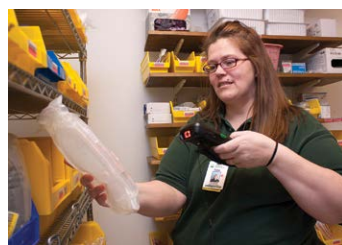
patient care services – a role that oversees the Hospital

Division, including inpatient care, the Birthing Center, Ob/Gyn and Midwifery, the Emergency Department, Menig nursing home and Adult Day Program.

After considerable input from providers, staff, and clergy, the Gifford board passes a policy implementing the Patient Choice at End of Life law. The policy allows willing primary care providers to prescribe lethal prescriptions but prohibits use of such prescriptions in the hospital setting.

February

An educational event shares Gifford’s “Vision for the Future” with Corporators. The vision focuses in part on constructing a senior living community in Randolph Center.



The Gifford Medical Center Auxiliary awards \$19,000 to various Gifford departments, including equipment for inpatient units, pulse oximeters for primary care offices, play equipment and furniture for The Robin’s Nest Child Enrichment Center, and a handheld scanning device for Materials Management.

Experienced hospitalist Dr. Robert Cochrane joins Gifford’s hospitalist (inpatient care) team.



An “Infant and Child CPR” class helps new parents and families learn lifesaving techniques.

A “Home Alone and Safe” course teaches children 8-11 how to respond to home alone situations.

March

A “Babysitter’s Training Course” is held for area pre-teens and teens seeking greater expertise in safe child care.



Chiropractor Dr. Michael Chamberland joins the Sharon Health Center sports medicine team.

A “Healthier Living Workshop” series begins, providing the chronically ill free information on improving their health.

A second “Quit In Person” tobacco cessation class is held, this time at the Gifford Health Center at Berlin.

Gifford’s Health Connections office and Blueprint for Health team partner with Bi-State Primary Care to offer free help signing up for



Vermont Health Connect. Help is available each weekday, but on March 6 and March 13 extra “navigators” come to Gifford to help even more people sign-up in advance of a March 15 deadline.



Gifford’s annual Diabetes Education Expo is merged with a Health Fair for all chronically ill and offered on March 14.



Gifford holds its 108th Annual Meeting of its corporators, announcing achievements of 2013, unveiling a new video about Gifford, and hearing a special presentation from Green Mountain Care Board Chairman Al Gobeille. Corporators elected Matt Considine of Randolph to the board and re-elect Lincoln Clark of Royalton. Grants

were announced, including \$25,000 in William and Mary Markle Community Foundation funds to 10 area towns' schools to support exercise and healthy eating programs. The Philip D. Levesque Memorial Community Award, in memory of Gifford's late president, is awarded to the Orange County Parent Child Center.

Gifford staff raise \$520 for the March of Dimes by wearing "Blue Jeans for Babies."

Gifford's mammography and nuclear medicine departments earn three-year, national re-accreditations from the American College of Radiology.



Certified nurse-midwife and women's health nurse practitioner April

Vanderveer joins Gifford's 24-hour midwifery team.

April

Gifford employee Cindy Legacy, who shared her weight loss story in the 2013 annual report, starts a popular "Weight Loss Support Group" at Gifford on Wednesday evenings.

Gifford volunteers are celebrated at a luncheon. In 2013, 120 volunteers gave 16,678 hours to Gifford or 2,085 eight-hour days.



Auxiliary volunteers working at the Thrift Shop gave another 6,489 hours or 811 eight-hour days. The celebration's theme was "Hats Off to You."

May

Gifford is named a Top 100 Critical Access Hospital in the nation by iVantage Health Analytics. iVantage used what it calls a Hospital Strength INDEX to compare Gifford against 1,246 Critical Access Hospital nationwide on 66 different performance metrics.



Starr Strong retires from the Chelsea Health Center after 21 years. She was the first physician assistant Gifford ever hired. An open house recognizes both Starr's contributions and welcomes new providers to the clinic, which is packed for the event.

Sen. Bernie Sanders (I-Vt.) and officials from the Health Resources and Services Administration release a video holding up Gifford as a national model for primary care.

Sharon Health Center staff members cut a ribbon on their newly expanded health center. Added are 2,600 square feet and a sign beside the front door declaring the building "Casa Rinaldi" in



honor of podiatrist Dr. Rob Rinaldi who helped create the vision behind the popular sports medicine clinic. New technology is also offered, such as a state-of-the-art Noraxon gait and movement analysis system, and a large wall-mounted monitor for a better look at live ultrasound imaging.



Ground is broken on a much-anticipated senior living community in Randolph Center. More than 100 are on hand to witness the start of the first phase of the project — a new, 30-bed nursing home to replace the current Menig Extended Care Facility.

A second "Infant and Child CPR" course is held, along with a second "Home Alone and Safe" course, a second "Babysitter's Training Course" and another "Quit In Person" group smoking cessation series.

"Low Impact Water Aerobics for Chronic Conditions" is offered at Vermont Technical College's pool for free for those with an economic need and chronic condition who are struggling to exercise.

June



Gifford announces that it will merge with Barre adult day program, Project Independence, at the end of September. Project Independence is the state's first adult day program and serves 23 towns in Washington and northern Orange counties, providing an essential community resource. The non-profit organization was facing financial struggles following flooding in 2011. A merger with Gifford means shared staff and reduced costs for the organization, allowing it to keep operating. The boards of both non-profits agreed to the merger in May.

Gifford is the first hospital in Vermont to "go live" with the Vermont Department of Health interface for syndromic surveillance. The interface is part of federal meaningful use criteria.



Renovations begin on Gifford’s third floor specialty clinics to group medical secretaries, nurses, and patient waiting for improved efficiency and a modern model of care.

July



The White River Valley Chamber of Commerce and Gifford once again partner to offer concerts and now a farmer’s market on Tuesday evenings throughout the summer in the Gifford Park. Two community barbecues — one by Stagecoach and one by the Randolph Center Fire Department — also draw a crowd.

Podiatrist Dr. Samantha Harris joins the Gifford Health Center at Berlin, providing full spectrum surgical and non-surgical podiatric care.



Gifford’s midwives hold an open house to introduce their new team to the community.

August



After working at Gifford since January as a locum tenens physician, orthopedic surgeon Dr. Kenyatta Norman makes her position permanent.

A “Heartsaver CPR” certification course is offered to the community.

JP’s Flea Market, formerly the Randolph Antique and Artisans Fair, is held in the Gifford park on Aug. 9. Cars line the street looking for deals and meals.



The ninth annual Last Mile Ride raises a record \$60,000 for end-of-life care. This year’s event is spread over two days and attracts a record 386 participants. *See sidebar on opposite page for more on this year’s event.*



Sue Schoolcraft of Randolph gains media recognition statewide for her work to make personalized quilts for Menig residents. Her work is supported by the Last Mile Ride.

Ob/Gyn Dr. Sean Tubens joins the Gifford Ob/Gyn and Midwifery team from his hometown of Baltimore, bringing total laparoscopic hysterectomies to Gifford for the first time.



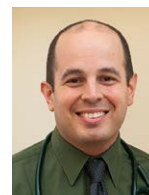
September



Dr. Melissa Scalera, an Ob/Gyn, joins Gifford’s women’s health team, providing complete gynecologic and obstetrics care in Randolph.



Colorado couple, sports medicine physician Dr. Nat Harlow and family nurse practitioner Christina Harlow, join Gifford’s Sharon sports medicine and Randolph primary care practices respectively. Dr. Harlow is fellowship trained. Christina holds a doctor of nursing practice degree.



Family nurse practitioner Jeff Lourie joins the Gifford Health Center at Berlin.

Project Independence of Barre officially merges with Gifford.

October

Gifford completes its upgrade to electronic medical records (EMR). Throughout the year, Gifford primary care and specialty care outpatient practices moved from paper to electronic records as part of a federal initiative.



Gifford and the White River Valley Chamber of Commerce collaborate to hold the only local candidates’ debate for Senate and House of Representatives candidates.



Gifford employee Teresa Bradley and her niece, Krista Warner, once again hold a bowling tournament in memory of Teresa’s mom and Krista’s grandmother, Ruth Brown. Money raised supports Gifford’s Woman to Woman Fund and brings awareness to the importance of mammograms.



Gifford announces it has met its state approved operating margin for the 15th consecutive year.

November



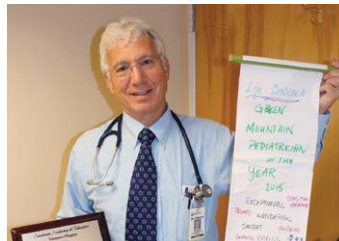
Major Melvin "Mac" McLaughlin

Aug. 5, 1917 - Nov. 13, 2014

Gifford loses one of the greatest heroes of our time, Major Melvin McLaughlin. Affectionately known as "the Major" and "Major Mac," he spent the last 40 years volunteering at the hospital, encouraging staff and patients with words of love and friendship. He will be greatly missed, but never forgotten.



Hannaford Supermarket in South Barre presented Project Independence with a gift certificate worth \$1,500. The gift is used to offset the cost of groceries for the program which provides a daily breakfast, lunch, and snack for roughly 38 participants. When the store manager asked staff which nonprofit they should contribute to, the adult day program was at the top of their list.



Pediatrician Dr. Lou DiNicola receives the Green Mountain Pediatrician Award from the American Academy of Pediatrics Vermont Chapter. He was acknowledged for over 38 years of service as a Gifford pediatrician. Along with a plaque, Dr. DiNicola was presented a 7-foot-long handwritten scroll describing what makes him special.

December

Gifford once again invests \$40,000 into the regional economy through the Gifford Gift Certificate program.

9th Annual Last Mile Ride



When specialist Cody Flanagan, a medic with the US Army 82nd Airborne Division, came home on holiday leave in December, a visit to Wilkins Harley-Davidson in Barre was high on his list of things to do. He'd been waiting since August to climb onto the seat of a shiny new Harley Sportster 48, the raffle prize from the 2014 Last Mile Ride.

Last August, after just a month in Afghanistan, he had been dealing with the recent loss of a battalion team member. Back home his father Tim Flanagan, a respiratory therapist at Gifford, purchased four raffle tickets and put two in Cody's name the night before the ride. When Cody's name was pulled at the raffle drawing, his family's joy rippled through to everyone witnessing the event.

"It really was an emotional moment," said Gifford board member Linda Chugkowski. "Tim could hardly talk, and as the story moved through the crowd people started clapping and then rose in a standing ovation. Tears were coming down all our faces."

Photo above: (left to right): Wilkins Harley-Davidson owner Barbara Wilkins, co-owner John Lyon, Tim Flanagan, Vermont Lt. Governor Phil Scott, Gifford Administrator Joe Woodin, front: Cody Flanagan

Save the date!

Join us in making a difference for those who are in advanced illness or at the end-of-life

10th Annual Last Mile Ride
August 14 and 15, 2015



Family nurse practitioner Christina Harlow shares a laugh with Mary Williams of Randolph Center during a recent visit. Opposite page, Christina Harlow consults with family medicine physician Dr. Marcus Coxon.



Primary Care Gets a Boost

A family unable to afford dental care. An uninsured mother-to-be. A loved one suffering from depression. These are some of the people who will be helped by Gifford's new status as a Federally Qualified Health Center.



THE MEMO to staff was dated November 7, 2013, and sprinkled with exclamation points. It came from administrator Joseph Woodin and was entitled “A Must Read!” The message: Gifford had just been named a Federally Qualified Health Center (FQHC)—an event that Woodin characterized as “some of the biggest news I have ever shared with staff since working at Gifford!”

The FQHC designation is a coveted one, opening the gate to a stream of federal dollars for primary care. The funding comes from the Health Resources and Services Administration (HRSA), the primary federal agency for improving access to health-care services for people who are uninsured, isolated, or medically vulnerable. Of particular interest to Gifford: support for dental care and mental-health services for Medicaid patients and the uninsured.

“This assistance from the federal government allows us to develop programs for dentistry, psychiatry, and mental health that are hugely important for the community,” says

“As a community health center and medical home, Gifford’s mission is to improve and manage the health of the people we serve by providing and assuring access to affordable, high-quality health care, and by promoting the health and well-being of everyone in our service area.”

- GIFFORD’S MISSION

Medical Director of the Hospital and Medicine Divisions Dr. Martin Johns. “It also allows us to place a bigger focus on primary care. It means we can take better care of our Medicaid patients, offering them services that we couldn’t before because of finances, and that’s huge.

“We’re finding out almost weekly that we can offer things to patients that we didn’t even know about, let alone have the capacity to apply for. The designation was designed to help small groups of physicians serving in rural communities. Our mission has always been that.”

To qualify for FQHC status, a community health center must be open to all, regardless of ability to pay. It must offer a sliding fee scale with discounts based on patient family size and income in accordance with federal poverty guidelines. The federal money is intended to offset these obligations.

Over the past year, Gifford has laid the groundwork necessary to begin drawing on those funds. Among the steps: conducting a search for a psychiatrist to join the medical staff, working out agreements with area dentists to provide care to Medicaid patients, and completing a transition to electronic medical records (*see page 14*).

“HRSA is really concerned that they make these health centers as feasible as possible,” says VP of Finance Jeff

Hebert, “so there’s a lot of grant opportunity that impacts our financial stability. We get support every year as long as we keep up with the requirements.

“Probably the biggest benefit is that we get bigger reimbursement for our Medicaid patients. Reimbursement is cost-based, and not fee-based, so instead of paying a percentage of the fee for x, y, and z, the government looks at how much it costs to provide those services. It’s a better reimbursement methodology for Medicaid.” Other perks of the designation are: insurance coverage for primary care physicians and relief from staggering medical-school debt, a powerful recruitment incentive.

IF IT WALKS LIKE A DUCK

The Gifford model is an unusual one: a community health center with satellite clinics and a small hospital at its hub. As such, it provides both primary and critical care to a rural population. It would thus seem eligible for both FQHC funding and the benefits it receives as a Critical Access Hospital, a designation conferred in 2001. But would the feds see it that way?

The FQHC “duck test” was a laborious application process that involved many hospital departments and years of preparation, followed by months of waiting. With acceptance, Gifford the health center became the “parent” of Gifford the hospital—one of only three FQHC/CAHs in the country. “Our primary-care services—which include internal medicine, family practice, pediatrics, and ob-gyn—are all part of that community health center parent,” explains Woodin.



The new FQHC designation allows primary care physicians like Dr. Marcus Coxon (left) to offer Gifford patients increased access to mental and dental health services.

“The concurrent designation is tremendous for us,” says Johns. “It enables us to provide the most possible benefit to the community while being a small hospital, and it protects us from a lot of the changes going around the state and the region with regard to accountable care: As an FQHC, we cannot be purchased by or absorbed by a larger organization.”

“I look at health-care reform as being primary-care focused,” says Hebert. “It’s that primary-care provider who keeps you healthy and works with you to make sure you as a patient are getting what you need. If you’re prompting that patient to come in for a physical, and to develop healthy behaviors, you’re going to keep that patient a lot healthier at a manageable level than a model that doesn’t focus on primary care. I use myself as an example of what not to do: I only go to a health-care provider when I get to the point when I’m ready to go into the hospital and that’s

an extremely expensive proposition. It’s not as efficient, and you as a patient aren’t as satisfied because you’re looking at a long recovery time. By making Gifford Health Care the parent of our organization, we’ve set ourselves up for the future, and I feel we’re in a really good place.”

After eight months of administrative work, Gifford was ready to start drawing on its new funds. The first bill went out in July. “It’s probably going to take most of 2015 to really understand all the levers and dynamics,” says Woodin.

“My thanks and appreciation go out to the staff behind the scenes who made this happen. It was a huge amount of work, and yet strategically, it positions us well, given health-care reform both in the state of Vermont and nationally. It helps us to have the right focus again around primary care, taking care of Medicaid and the uninsured, and looking to build from there.”

ENHANCED RESPONSE TO COMMUNITY NEED

AS MANY COMMUNITY HOSPITALS find themselves contracting—or even closing—because of external pressures, Gifford is developing models that will expand services to respond to community needs.

“FQHC resources allow us to expand existing medical services and to create new paths to help patients with behavioral health and dental issues,” says Dr. Martin Johns, medical director of the hospital and medicine divisions. “These areas can impact a patient’s general health, and need to be part of standard primary care.”

Integrating behavioral and dental health into primary care

A special behavioral care team (a psychiatrist, psychologists, social workers, and care managers) has been created to help link access to behavioral health services to primary care. This group will work directly in concert with primary care providers in their offices, so services can be seamlessly added to a patient’s care plan as needed. The new enhanced

behavioral health services model will be offered at Gifford’s Randolph campus early in 2015, and will then expand to the community clinics.

Gifford has established relationships with local dentists so that people coming to primary care providers with unmet dental conditions can receive care. This program will hopefully expand to include additional dental providers and other FQHC and federal programs services.

Rising to the challenge of increased substance abuse

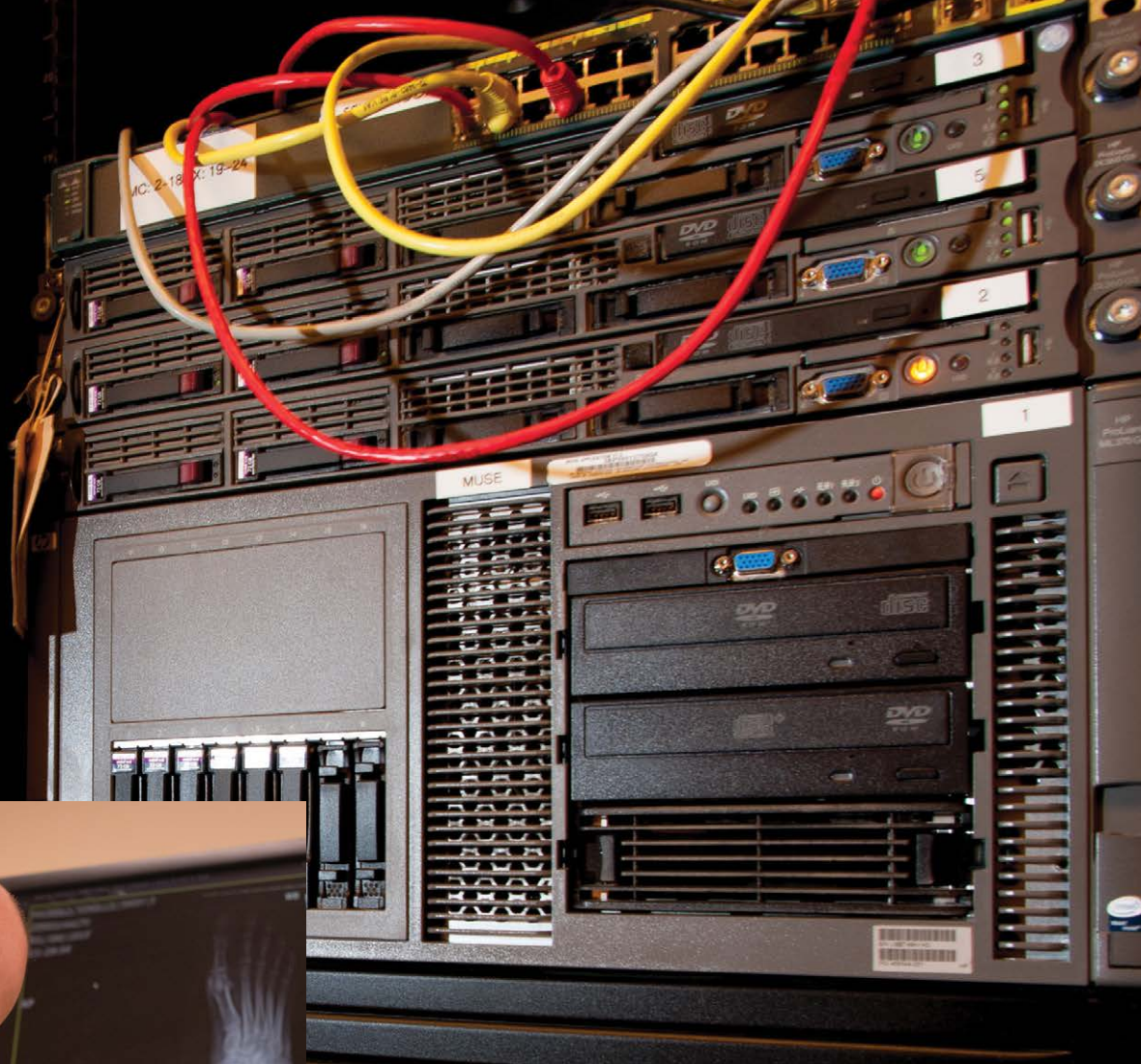
Medical centers across the country are struggling to meet the needs of people with alcohol and substance dependency problems. FQHC funding is allowing Gifford to expand existing Vermont Blueprint for Health services so providers can better address the special needs of those who are opiate dependent and want to avoid substance abuse.

Going Digital

In the final push toward paperless medical records, pediatricians, surgeons, and other providers pocketed their pens and rolled up their sleeves



Podiatrist Dr. Nicolas Benoit creates a mold for a custom orthotic. Behind him, a wall-mounted computer offers providers access to medical records without having to carry around cumbersome paper files.



FLASHBACK TO MARCH 2014. Gifford’s switch to electronic medical records, the industry standard, has been in the works for a couple of years. The challenge: To complete the transition before spring 2015, when government penalties are due to kick in. For the shift to occur, providers—doctors and other medical professionals—will have to learn to use the system. This learning will be put to the test in front of patients. A prevailing sentiment: “I was really hoping I’d retire before we got around to doing this.”

“EMR came out of the Affordable Care Act as a sort of a mandate for us,” says Gifford Administrator Joe Woodin. “We had some electronic files and file management in the past, as many hospitals do, but now there’s a clear mandate of completing that loop, and the government has given us economic incentives to do it, as well as economic penalties if we don’t. So like every other hospital in the country, we’ve been passionately working on this for a couple of years.”

When we think of doctors, we think of clipboards and script pads and cheap ballpoint pens. We think of scrawly handwriting. With the shift to EMR, doctors who were

used to scribbling notes on charts and sending them to medical transcriptionists were being asked to give up those tools and plug in the data electronically. VP of Finance Jeff Hebert likens the task to mastering Excel when you've been doing spreadsheets by hand for years.

"To add more complexity," says Hebert, "the product was a brand-new one for our hospital vendor; they redesigned it and we were the first to be going live with it. So in addition to my Excel analogy going on with our providers, CPSI was introducing us to a product that they weren't that familiar with because they had just created it." Across the health-care system, a piecemeal electronic infrastructure that lacks standardization—unlike, say, the banking system—did nothing to make the task easier.

By March, pediatrics was trained and ready to go. The first wave of physicians began walking into exam rooms hugging their new laptops. Office visits slowed.

"A lot of organizations have found that transitioning to EMR affects their productivity and some of their morale," says Woodin. "It asks a lot of the providers and the patients. The challenge would be equivalent to going metric or if you were asked to speak a different language."

Over the summer, primary care joined the campaign. Neurology, surgery, and other specialists stepped up in the fall.

Meanwhile, providers and patients were starting to experience the benefits of the new system.

"Electronic medical records will allow our organization to be fully integrated across the continuum of care, from inpatient to outpatient to pharmacy—the whole thing. And it's going to allow us to better care for you. If you walk into the ER and you're a patient in our Bethel clinic, the ER can pull up your record from this morning—it's already there," says Rebecca O'Berry, vice president of operations and the surgical division. "So if you're a poor historian—meaning, for instance, that you can't remember what pills you take or whether you've had your gall bladder out—or you just know that you saw somebody today and you still don't feel well, they can pull it up, whereas before we had nothing. If it's seven o'clock at night, you can't call Bethel and say, 'Hey, I need you to pull this record and read to me what happened.' There's no delay, no lag time waiting for dictation. For somebody who has had care and needs more care within the next day or two of their last visit, everything's there, and that's the beauty of it."

By the end of the year, providers were settling into their new routine and at least some of the kinks had been worked out of the new system.

"We've done a good job," said Woodin. "We're working through it. There are always improvements to be made."

A message from the Medical Director of the Hospital and Medicine Divisions **Dr. Martin Johns**



One evening when I was on duty a 911-call patient was brought into the emergency room. The patient was unresponsive and unable to communicate. I pulled up the electronic medical record and was able to see that he had been given a new medication when seen at a Gifford clinic earlier that day. Clearly he was having a delayed allergic reaction, and because I could see exactly what medication he was given I could immediately give him the appropriate antidote. If I had not had access to the information in EMR I would have had to guess and start trying different medicines to counteract the reaction.

When another patient was confused about what medications they were taking, I pulled up their most immediate office note on EMR and made adjustments based on what had been done within the previous 24-hour period.

An important aspect of the new EMR system is that it allows medical information to follow the patient through transitions of care across all Gifford platforms: inpatient care, outpatient care in community clinics, radiology, and emergency room visits. In the past important information could be unavailable or even lost during these transitions—a clinic might be closed for the day, or important information not yet added to a patient's record. Now, anyone caring for a patient can view important information and also update the record (adding a newly developed allergy or immunization) or note changes in clinical status.





AUGUST

GIFFORD RETIREMENT COMMUNITY

Menig on the Move

A vibrant senior living community will offer a continuum of care as people age



OCTOBER



THE FASTEST-GROWING SEGMENT of Vermont's population is now 85 years and older, and care facilities for seniors are in short supply. Gifford's award-winning Menig Extended Care Facility—the only nursing home in Orange County—has a waiting list about 100 names long. Independent seniors are often forced to look elsewhere for suitable housing options. And the need is increasing: The State Plan on Aging predicts that by 2030, the number of Vermonters over 85 will be 149 percent higher than it was in 2000. This was the context in which Gifford filed a Certificate of Need for its senior-living project with the board of Green Mountain Care in early October of 2012.

At the same time, the hospital itself was due for an upgrade. Its inpatient rooms belonged to an era when semi-private rooms were the norm. Half a century later, that was no longer the case. To protect patients from



DECEMBER

The progression of construction at the Randolph Center site of the new Menig (left). Menig residents enjoy a wide variety of activities, including special interests groups like the Weavers Guild (above), Prayer Group, Men's Group, and Red Hat Society.

“Several years ago I noticed that people my age were moving away to retirement communities. In many cases these people didn’t want to leave, and our community lost neighbors and friends who made important contributions—as volunteers, donors, local service-users, and shoppers. This project is a wonderful addition to our whole community, especially for those of us who want to stay in the area.”

- **ELLIE STRODE, FORMER TRUSTEE, BROOKFIELD**

infection, speed the healing process, and boost patient satisfaction scores—a key measure of a hospital’s success—25-bed Gifford Medical Center would have to convert to private rooms. The Certificate of Need addressed these concerns as well.

In October 2013, the board of Green Mountain Care responded to the Certificate of Need with a unanimous thumbs-up. Construction began in the spring. On May 13, groundbreaking day, collars were up, hands were in pockets, and shoulders were hunched against the cold. Speeches were made. “It is a great occasion to celebrate this next step,” said Gifford Administrator Joe Woodin. “To be able to put the shovel in the ground, we’ll remember this.”

As fiscal year 2014 drew to a close, the new Menig Extended Care Facility—the first of a potential five buildings—was well on its way toward completion. Phase one of the project calls for Menig residents to relocate in spring 2015. Soon after, construction will begin on a 40-unit independent living facility, and the hospital will begin converting to single-patient rooms (*see page 22*).

Like its predecessor, the new nursing home will have 30 beds. Independent- and assisted-living units will be added over time. It is hoped that the assisted-living beds will help reduce Menig’s significant waiting list.

The community envisioned here is a vibrant one. The aim is not only to provide a continuum of care as people age but also to enable seniors to remain engaged with the larger community. “We’re asking ourselves how we can work closely with neighboring Vermont Technical College, with young farmers, with local businesses—how we can be a community resource,” says Linda Minsinger, executive director of Gifford Retirement Community, a corporation under Gifford Health Care.

Future project phases may move the adult day center in Bethel to a larger, more comfortable space in the Randolph Center facility.

“Whereas the Bethel facility has no outdoor space, we’d have the opportunity to develop gardens for it in Randolph Center,” says Minsinger. “There would be more space for crafts and games, so people wouldn’t have to take their half-done projects and close everything up before mealtime. With more space we could also increase the number of participants.

“By having a day program share space with our nursing home, we could benefit from the cross-fertilization of ideas. We’d have more people in the building when we’re doing fun activities.”

PROJECT INDEPENDENCE

Another senior-health initiative came to fruition in 2014 when the boards of Gifford and Project Independence, an adult day center located in Barre, unanimously agreed to a merger in May after studying the relationship for more than a year. The merger took place at the conclusion of Gifford’s fiscal year on September 30.

Adult Day participants at both of Gifford’s locations enjoy many activities: sing-alongs, live performances, arts and crafts, exercise, games — even visits from a therapy dog (left)!



A message from the
Executive Director of Gifford
Retirement Community
Linda Minsinger



Project Independence got its start in 1975 when a nursing home activity director, Lindsey Wade, encountered residents who didn't seem to medically belong there. Wade envisioned a social adult day program, a new concept at the time. An active board and an interested city brought to life Project Independence on Washington Street, and in the decades since, its model has expanded statewide. There are currently 14 adult day programs in Vermont.

Today's Project Independence serves 23 towns in Washington and northern Orange counties, welcoming an average 38 seniors and the disabled each weekday. The project includes meals, showers, medication management, and ample activities, providing participants with a fun and safe day care experience while also allowing them to stay at home—a far more affordable model than nursing-home care.

But an ongoing struggle for funding—combined with property damage caused by flooding in 2011 and a sewer issue during Barre's "Big Dig"—prompted small, standalone Project Independence to seek help in the form of a partner. The board was drawn to Gifford because of the adult day program in Bethel, the medical center's mission of supporting seniors, and its commitment to community.

Under the full-asset merger, Project Independence retains its name, location, and fund-raising dollars. Its board will become an advisory board to provide local perspective and experience, and employees will become part of Gifford, opening the door to enhanced benefits. Project Independence will be helped by Gifford's staff, from financial to billing to nursing help, as well as its buying power as a larger organization.

"When someone has a humble request for help as it relates to the delivery of health care services, we take that seriously," said Gifford Administrator Joe Woodin, praising Project Independence's board, values, volunteers, and hardworking team. "For us, that's extraordinarily appealing and we're thankful that they've asked us."

Joining with Project Independence is in keeping with Gifford's mission and provides support to a needed service that will no doubt grow as the state looks for more affordable ways to care for a growing senior population, said Gifford Board Chair Gus Meyer.

Vermont has a huge need to figure out how to care for its seniors. Isolation is one of the biggest problems of aging in a rural area. Humans are meant to be with humankind. We proved that years ago when we tried to understand how much touch people need as a baby; when you don't get it, you fail. It's the same with seniors. We want everyone to treasure our seniors as much as we treasure our babies.

Adult day care is a cost-effective way to help seniors age. Yet it has been underdiscussed and underplanned. The state of Vermont only wants one adult day-care center per county. That doesn't make sense. Orange County has two sets of mountains. It takes me an hour and a half to get from Bradford to Randolph—that's still in my county. It's unfair to ask fragile seniors to sit on the bus for an hour and a half. The state puts a lot of money into nursing homes, so there isn't much left over for other programs. Adult day gets what we call "budget dust." We should be trying to figure out how to have fewer people in nursing homes. Let's tip this pyramid upside-down.

When someone is diagnosed with early-stage Alzheimers, that's the time to start. The earlier you get them into social situations, the better it will be for them and for their caregivers in the long run.

15 years financially stable

Working together to achieve not only a healthy community, but a healthy company



Gifford staff pose with VP of Finance Jeff Hebert (center left) and Administrator Joe Woodin (center right) to celebrate achieving budget.

IN A FEAT NOT REPLICATED by any other hospital in Vermont, Gifford achieved its state approved operating margin for the 15th straight year, closing the 2014 fiscal year books with a three percent margin. As a fiscally stable medical center, community organization, and employer, Gifford has been able to consistently provide care and services without facing cuts and uncertainty. This achievement is especially remarkable this year, given the many healthcare changes and an equally challenging economic climate.

“By managing our expenses and the budget process, we’ve once again met our state-approved operating margin goals,” said Jeff Hebert, vice president of finance. “Consistently maintaining a steady operating margin — the money the medical center makes above expenses — is an indicator of an organization’s fiscal health and allows us to continue to invest in new clinical programs, equipment, staff, and facilities.”

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MEMBERS OF OUR GIFFORD FAMILY were recognized at the Employee Awards Banquet on October 18 at Vermont Technical College for their years of service. (Employees are recognized in five year increments.) Congratulations to these individuals and thank you to all for your dedication and service.

5 YEARS

Diane Alves
Teresa Bradley
Amy Chiriatti
Eric Christensen
James Currie
Tammy Dempsey
Lyle Farnham
David Gehlbach

Tammy Gerdes
Marjorie Gewirz
Thom Goodwin
Lindsay Haupt
Cathy Jacques
Thomas Maylin
Megan McKinstry
Loretta Miller
Michael Minchin

Susan Moore
Megan O'Brien
Martha Palmer
Heather Pejouhy
Rella Rice
Matthew Shangraw
Paul Smith
Meghan Sperry

Debra Stender
Thomas Young

10 YEARS

Lori Barrett
Jamie Cushman
Amy Danley-White
Jennifer Davis

Nancy Davoll
Cynthia Legacy
Patricia Manning
Rhonda Schumann
Rebecca Jo Ward
Lisa Young

15 YEARS

Kathrine Benson
Sadie Lyford
Shelley McDonald
Kathleen Paglia
Dessa Rogers
David Sanville
Linda Sprague
Joseph Woodin
Carol Young

20 YEARS

Kenneth Borie
Louis DiNicola
Milton Fowler
Betsy Hannah
Jean Keyes
Cheryl McRae
David Pattison

25 YEARS

Dawn Beriau
Karin Olson
Renee Pedersen
Kathi Pratt

40 YEARS

Judith Santamore





GIFFORD MEDICAL CENTER

Space that speeds the healing process

One patient per hospital room is good medicine. Here's why...

THE REALITY of a shared hospital room is that you don't get to choose your roommate.

"We do our best to match up personalities and scenarios and illnesses and infection issues," says Alison White, vice president of the hospital division, "but there are things like having a roommate who is a night owl and you like to be in bed by 7:30. If we need a bed and your room happens to be that one empty bed, you get who you get."

The new reality at Gifford is that every hospital patient will soon have a room of their own as part of a construction project that received its final okay in October 2013 (*see page 16*). In spring 2015, when 30-bed Menig Extended Care moves to Randolph Center, the hospital will begin converting the vacated wing. The number of rooms for hospital patients will double while the number of hospital beds—25—remains the same, a ratio that guarantees maximum comfort and safety. The renovations are also an opportunity to open up ceilings, replace old systems, and improve energy efficiency.

"When patients are recovering from surgery or from illness, they want what they want," says Rebecca O'Berry, vice president of operations and the surgical division.

“Sharing a room with somebody else just doesn’t work for most patients. From the surgeon’s point of view, if I’ve just replaced your total hip, the last thing I want is for you to be in a room with someone who might be brewing an infection.”

White names several other factors, besides the risk of infection, that have helped make private rooms the standard in hospitals today. Among them:

Faster healing: Studies show that patients who are in private rooms need less pain medication because they’re in a more soothing environment. If your roommate has IV pumps that are going off, or the nurse has to check your neighbor every one or two hours—which is very common—the lights go on, the blood pressure machine goes off, the nurse has to speak with the person in the bed next to you. With private rooms, all that is removed.

Ease of movement: Our rooms were built before the current technology existed. IV poles didn’t exist. We now have people with two or three pumps. With today’s technology there’s no room to move around. When you have two of everything—two chairs, two overbed tables, two wastebaskets—it creates an obstacle course.

Better doctor-patient communication: As professionals, we don’t always get the whole story because the patient doesn’t want to be overheard by his neighbor.

Patient satisfaction: Larger rooms, each with a bathroom, will give patients additional privacy and enhance the patient experience. It’s a win-win for everybody.

THE GARDEN ROOM

The new private patient room conversion project will also allow Gifford to create a second Garden Room suite for end-of-life patients. This patient room, with French doors that open onto a courtyard garden, has an attached larger room where families can gather to support and comfort the patient and each other in this period of transition.

Semi-private rooms (opposite page) offer little privacy or space for patients, their families and hospital staff. Private patient rooms will alleviate the overcrowding that is typical of shared rooms.

Legacy photos (right) are one service the Last Mile Ride funds provide. These photographs, taken by a professional photographer, offer the family an opportunity to capture a few of those last few precious moments at the end-of-life.

“A second garden room will double our capacity to care for end-of-life patients and their loved ones,” said John Young, Palliative Care certified nurse. “The Garden Room suite creates a space where families and loved ones can visit, share, interact, or just be present with each other at a time when that is needed. A dying loved one can rest, listen to music, be quiet or visit with loved ones in the attached less noisy and congested space.”

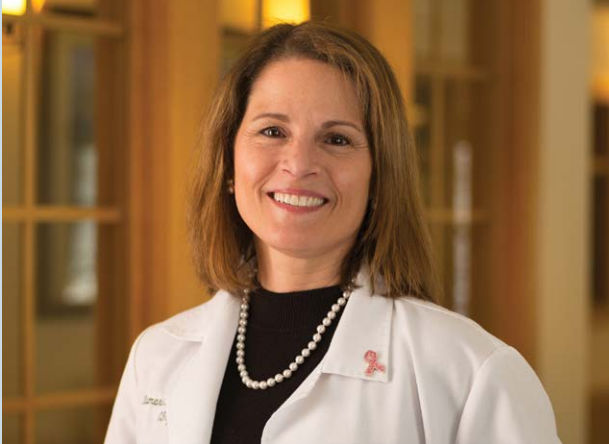
Last Mile Ride (LMR) funds support special services for patients in advanced illness and at the end of life, whether they are at home or staying in the Garden Room suite. These services include massage, acupuncture and Reiki for pain management, music therapy, and help with special wishes and one-time gifts. LMR funds also help make it possible for families and friends to focus on their loved one, providing food, transportation funds if needed, bereavement help, and professional photographs of this special time together.

For patients in this time of transition, the Garden Room adds an option to dying at home or in a nursing home. Dr. Cristine Maloney, lead provider for Gifford’s Palliative Care Program, notes that when families are caring for a loved one at home, the Garden Room can offer a comforting back-up option if things become too difficult.

“This chapter of a patient’s life has great power and poignancy, and surviving family and friends remember vividly how a death is handled,” said Maloney. “We want to help this go as well as possible and in keeping with a person’s goals and wishes.”



A message from the
Medical Staff President
Dr. Ellamarie Russo-DeMara



As president of the Medical Staff I have witnessed firsthand the hard work and dedication not only of our medical team, but of all those behind the scenes who make Gifford a place where patients are a priority.

With economic and healthcare issues front and center in our daily news, it's reassuring to work for an organization that is fiscally stable without sacrificing quality of care. I know I speak for the entire health care team when I say how fortunate we are to have our new FQHC designation, which will allow us to provide much needed dental and mental health services to our community.

Gifford continues to lead the way in its vision for the future of providing quality care for our community. At the forefront of that vision is the creation of a new Senior Living Community, where our seniors can be cared for in a home-like setting.

As part of this process we are fortunate to be able to “rejuvenate” our existing space into private, more comfortable rooms that will allow us to improve the efficiency and quality of the care we offer our patients.

It has been an exciting year of planning and creating new ways to provide access to the high-quality care we offer through all stages of life—from newborn through to nursing home resident.

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Nicolas Benoit, D.P.M.

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CHIROPRACTIC SPORTS MEDICINE

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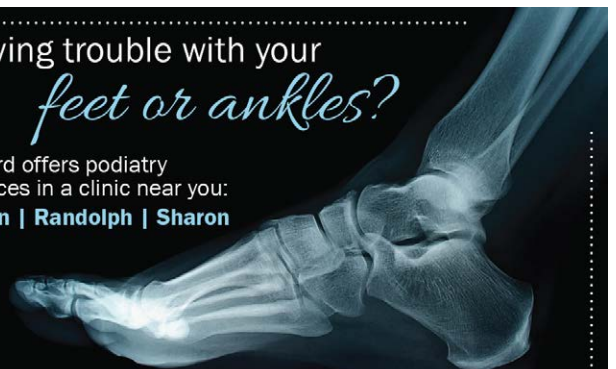
- Anxiety
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STATISTICS

Volume totals for services

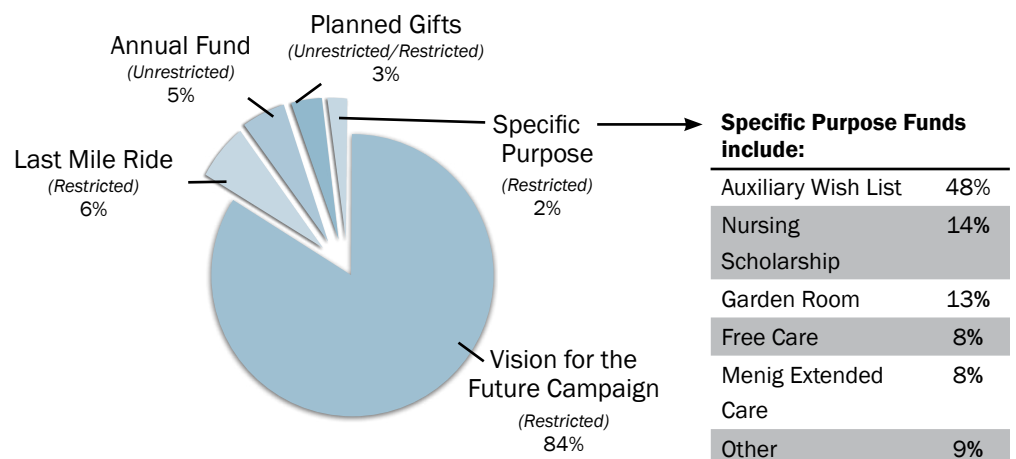
	2014	2013
Inpatient admissions	1,608	1,688
Short stay or same day admissions (outpatient)	1,281	1,475
Other outpatients	63,994	68,380
Grand total	66,883	71,543
Total patient days of care	19,469	18,959
Average daily census (hospital and nursing home)	53.3	51.9
Average length of stay in days (acute patients)	3.8	3.4
Births	209	224
Surgical procedures	2,489	2,766
Emergency treatments	7,205	7,163
Endoscopies	935	953
Cardiology exams	3,168	3,057
Respiratory care	10,728	10,383
Laboratory procedures	183,925	169,955
Radiology procedures (not including CT and MRI)	23,457	23,037
CT scans	2,309	1,677
MRI	1,363	1,545
Radioisotope procedures	567	688
Physical therapy procedures	29,681	24,429
Number patient meals served	60,969	58,196
Gifford physician offices visits	98,062	101,399

Admissions and visits by top 20 towns

	Inpatient	Outpatient	Total
Randolph/Braintree	479	19,717	20,196
Bethel	177	6,273	6,450
Royalton	100	4,988	5,088
Northfield	86	3,022	3,108
Chelsea	89	2,852	2,941
Barre	65	2,632	2,697
Rochester	77	2,499	2,576
Brookfield	67	2,220	2,287
Tunbridge	51	2,090	2,141
Berlin	60	1,263	1,323
Williamstown	37	1,236	1,273
Sharon	19	1,232	1,251
Stockbridge	24	1,019	1,043
Granville	32	572	604
Hancock	13	658	671
Pittsfield	12	399	411
Barnard	18	370	388
Washington	8	321	329
Woodstock	2	253	255
Montpelier	1	245	246
Other VT towns	174	9,820	9,994
Other states	13	1,580	1,593
Other countries	4	14	18
Grand total	1,608	65,275	66,883

Categories of giving by type

Each year Gifford is fortunate to receive generous gifts from our friends. Gifts are made to benefit specific purposes, such as technology or services, or to the general fund. The Last Mile Ride, which raises money for end of life care, continues to grow in popularity and benefits patients and their families. The pie chart shows the donations - all of which are greatly appreciated.



FINANCIALS

Balance Sheet

<i>Years ended September 30, 2014 & 2013</i>	2014	2013
CURRENT ASSETS		
Cash and cash equivalents	5,521,792	\$5,411,892
Short-term investments	2,063,816	1,835,043
Patients accounts receivable, net	8,846,306	8,442,027
Estimated third-party settlements	-	-
Other receivables	1,081,958	350,483
Supplies	1,187,456	1,264,146
Prepaid expenses	1,614,924	1,612,863
Current portion of pledges receivable	233,926	212,374
Total current assets	20,550,178	19,128,828
ASSETS LIMITED AS TO USE		
Internally designated for capital acquisition	23,720,918	22,181,443
Held by trustee under indenture agreement	-	-
Long-term investments	7,897,441	7,347,278
Total assets limited to use	31,618,359	29,528,721
PROPERTY AND EQUIPMENT, net	31,885,179	28,625,859
OTHER ASSETS		
Bond issuance costs, net	49,872	66,971
Pledges receivable, excluding current portion	415,716	405,636
Other assets	16,660	20,391
Total other assets	482,248	492,998
Total assets	84,535,964	\$77,776,406
CURRENT LIABILITIES		
Accounts payable	4,230,712	3,350,063
Accrued expenses	6,351,185	6,406,818
Estimated third-party payor settlements	1,792,219	1,816,666
Current portion of long-term debt	529,489	501,069
Other	82,500	86,979
Total current liabilities	12,986,105	12,161,595
Deferred annuity, excluding current position	373,701	414,161
Long-term debts, excluding current portion	18,253,825	18,783,314
Interest rate swap agreement	2,336,463	1,999,700
Long-term deferred compensation	-	71,485
Total liabilities	33,950,094	33,430,255
NET ASSETS		
Unrestricted	48,511,344	41,805,620
Temporary restricted	945,986	1,411,991
Permanently restricted	1,128,540	1,128,540
Total net assets	50,585,870	44,346,151
Total liabilities and net assets	84,535,964	\$77,776,406

Statement of Operations

<i>Years ended September 30, 2014 & 2013</i>	2014	2013
WHERE THE MONEY COMES FROM		
We billed for services to inpatients	29,770,768	\$26,771,474
We billed for services to outpatients	86,453,974	84,164,093
We had other operating revenue of	4,467,730	3,813,533
Total operating revenue	120,692,472	114,749,100

BECAUSE WE DID NOT RECEIVE FULL PAYMENT FOR AMOUNT BILLED

From those unable to pay (charity care based on charges)	608,399	515,241
From Medicare and Medicaid	39,313,818	35,883,932
From other contracted payors	13,104,606	11,961,308
To allow for those patients who are unwilling to pay (bad debt)	3,274,287	2,710,267
Therefore we wrote off	56,301,110	51,070,748

OUR NET REVENUE WAS 64,391,362 63,678,352

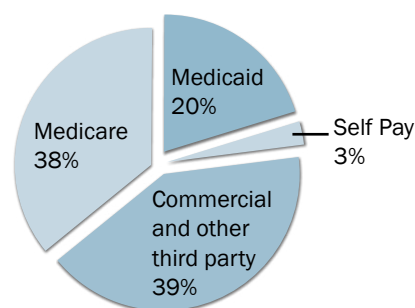
WHERE THE MONEY GOES

To pay our employees salaries and benefits	38,532,659	39,372,203
To purchase supplies and services	18,319,717	17,379,662
To allow for wear and tear on buildings and equipment	3,237,978	2,986,552
To pay for utilities	1,246,560	1,201,013
To pay for interest on our outstanding debt	966,396	992,317

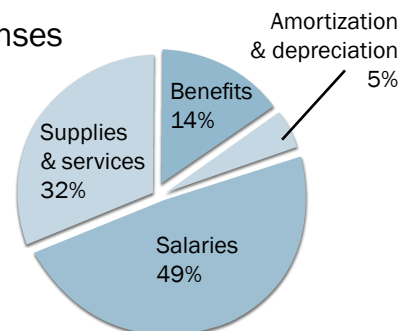
OUR TOTAL EXPENSE WAS 62,303,310 61,931,747

THIS PROVIDES US AN OPERATING REVENUE OF 2,088,052 1,746,605

Percentage of revenue by payor mix



Operating expenses





A Vision for the Future: meeting tomorrow's health care needs

A message from
Development Director
Ashley Lincoln

SINCE OUTREACH BEGAN, a little over 18 months ago, many generous donors have stepped up to pledge \$3 million for Gifford's "Vision for the Future" campaign. This \$5 million capital campaign will support patient room upgrades and a new senior living community, improvements that will help us continue to provide the best possible community health care for years to come.

This impressive early support—from members of the business community, Gifford's volunteer board of Trustees and Directors, former trustees, medical staff, employees, the Gifford Medical Center Auxiliary—is already having an impact. The beautiful new Menig building that you've watched growing in Randolph Center will open in May as an anchor for the new Morgan Orchards Senior Living Community. Soon after, renovation of the vacated hospital wing begins, creating 25 new single-patient rooms that will improve patient privacy, allow state-of-the-art technology to be brought to the bedside, and create an environment that promotes and speeds the healing process.

Humbled and energized by this wonderful start, I can now officially announce that our "silent phase" ended on Saturday, March 7, with the public launch of our "Vision for the Future" campaign at the medical center's 109th Annual Meeting of Corporators.

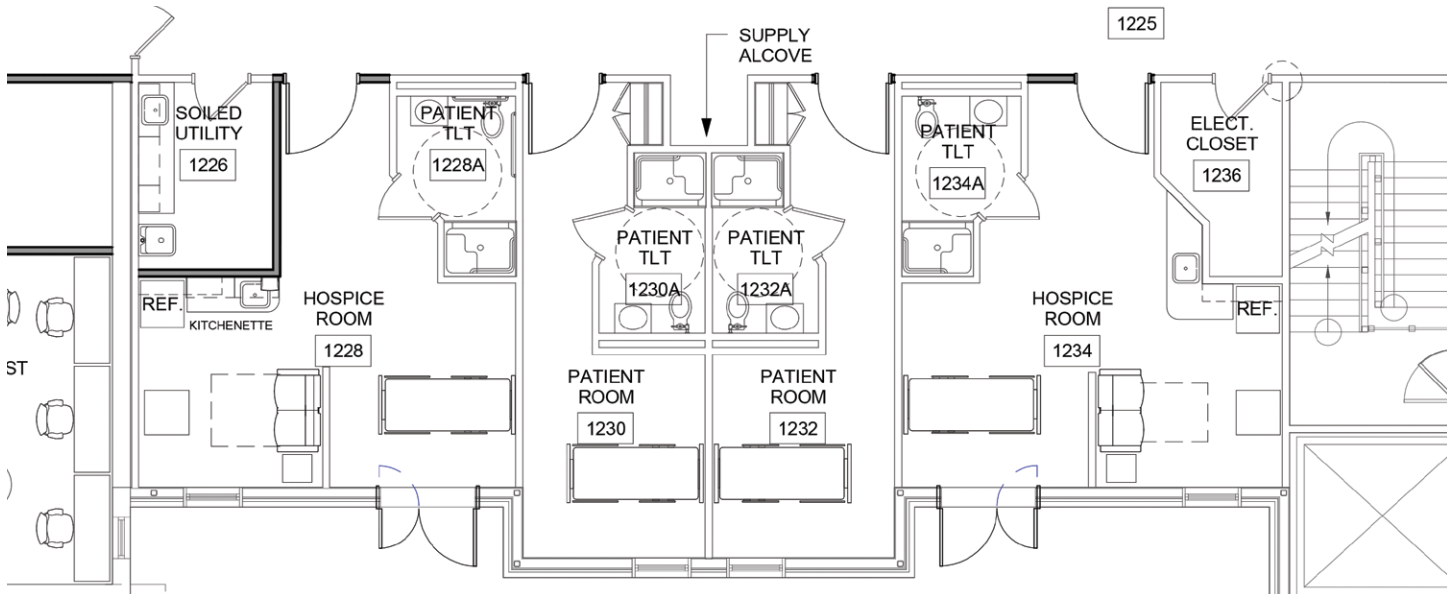
Over the years our community has generously supported Gifford through many evolutions. Moving forward we will need everyone's help to raise the remaining \$2 million by the end of 2015. Our goal of \$5 million may seem lofty, but this campaign will help us address unprecedented challenges and opportunities in health care.

Providing quality medical care in the hospital and our nine community health centers is central to our mission. We care for patients locally, eliminating the need to travel—sometimes over mountains, often in treacherous winter conditions. Over the years we have invested in state-of-the-art technology, retained high quality staff, and adopted a hospitalist model that helps us care for sicker patients. Modernizing our patient rooms is a next step in improving patient comfort and providing the best care.

A real community concern is a lack of living and care options for our seniors. As our friends and neighbors age and are looking to downsize, we want them to stay where they have grown up, worked, raised their family, and built relationships. Each individual is a piece of our community quilt: when one leaves, it starts to fray.

Your support for this project will help us sustain our community's health—and protect our "community quilt"—with the very best care, from birth through old age, for another 110 years.

Above: Ashley Lincoln, Development Director, and Vision for the Future Campaign Committee members Dr. Lou DiNicola (Co-chair), Linda Chugkowski, and Lincoln Clark (Co-chair) at the site of Gifford's new Morgan Orchards Senior Living Community.



Detail of the new private patient rooms, including two hospice (garden room) suites.

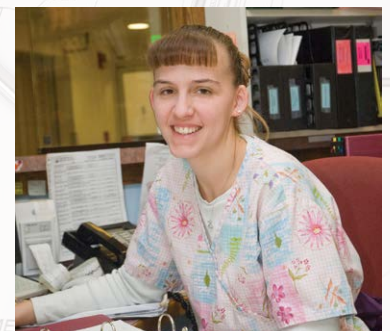


“When you’re sick, you really want to be alone. And when you share a room it can be difficult to sleep when the other patient has visitors. When I was a patient in August I noticed that by the time a nurse rolled in the computer cart there was little room for anything else. It will be so nice to have the privacy and the extra space in the new rooms.”

JACK COWDREY
FORMER BOARD MEMBER

“Single occupancy rooms will make it easier for us to get patients more involved in their care. The increased privacy will allow nurses to “sign off” to the next nurse coming on right in the room with the patient, so they can be informed and involved in the process.”

DESSA ROGERS, RN
NURSE MANAGER, MEDICAL SURGICAL & REHAB UNIT



“We bring radiology technology to the patients. It can be a challenge to navigate around beds, wheelchairs, walkers, and other equipment in the room, especially if the room is being shared. Sometimes we will wheel the portable x-ray in multiple times a day, and it can be disruptive to others in the room. The patients and family I talk with often share their difficulties with having two patients in one room. The new private rooms will really help with patient comfort, privacy issues, and visiting family and friends.”

BEN CRONAN
RADIOLOGY TECHNOLOGIST

TRIBUTE GIFTS

Each year, we receive gifts in honor of colleagues, friends and family members and also in memory of loved ones who have passed away. We honor these people at the request of their families and friends through tribute gifts.

IN HONOR OF

Ursula Barr
 Janice Berry Rushworth
 Dr. Kenneth Borie
 Andréé Ciccarelli
 Lyndell Davis
 Gifford's Howell Pavilion
 Nurses
 Azel & Myrtle Hall
 Rusty Hockman
 George LaBlanc
 Addie Flint Lamb
 Sally Lanpher
 Ashley Lincoln
 Dr. Cristine Maloney
 Judy Newell
 Gifford's OR Staff
 Stanley Phelps
 Evan Reinhardt
 Edith Reynolds
 Dee Rollins
 Cathy Rudman
 The Roe Family
 The Waters/McCullough
 Family
 The Wyle Family
 Ilene Walker
 Esther Walle

.....

IN MEMORY OF

Judy Alexander
 Ruth Allen
 Nancy Andors
 Edward Aubertin
 Marion Ballard
 Ward Ballard
 Allan Barr
 Richard J. Barrett
 Ramona Benoir
 Gordon Bent
 Margaret Beriau
 Clarence Bettis
 Ramona Blackmer

Edith Blondin
 Bill Borie
 William J. Borie
 Kenneth Bostrom
 Jack Reginald Brown
 Ruth Brown
 Pauline Bulger
 Joan Buller
 Katherine Bushey
 Marion Button
 Charles Calamia
 Gerardo Cardenas
 Russell F. Carpenter
 Shirley Carter
 Teckla Chap
 Frances Chapman
 Niles Cheney
 Kwang Ho Chun
 Doug Clark
 Charles Cota
 Gary Cushman
 George Cushman
 Reba Cushman
 Nicholas P. Dalfino
 Danny
 Bradford Davis
 Glenn E. Davis
 Philip Davis
 Carlene Dean
 Vincent d'Entremont
 Lorraine Dickinson
 Sallie Dix
 Merlin "Tuffy" Doyle
 Michael Durkee
 Robert Dustin
 Shirley Eldredge
 Robert Farnsworth
 Francis Farrell
 Ann Lesinski Figat
 Gardner Flint
 Grant Flint
 Lucy Wakefield Flint
 Donald Forbes
 Faith Forbes
 Katherine Agnew Fourcher

Emile Y. Fredette
 Theresa Freismuth
 David Gates
 Edson Gifford
 Loeata Gifford
 Armand H. Giroux
 Franklin Godfrey
 Renee Goodwin
 Patricia Gordon
 Russell Gray
 Susan Gregg
 William A. Hanley
 Ned E. Herrin
 James Heyder
 Arthur R. Hill
 Carroll L. Holman
 David J. Howe
 Merle Howe
 Linda Hull Chafee
 Samuel Izzo
 Thomas John Jacobs
 Charles G. Jones
 Leona Loiselle Joyce
 Irene Kelley
 Teresa Kennerson
 Karen Kerin
 Edward F. King
 Marcia King
 Kim Ladd
 Harriet Lavender
 Philip D. Levesque
 Frederic W. Locke
 Carl R. Lund
 Deborah MacAskill
 Bruce MacDonald
 Marlene Martin
 Melvin W. McLaughlin
 Francis J. Meaney
 Phyllis Mercier
 Doris Milanese
 Martha Miller
 Jeanette Moore
 Margreth Morgan
 Don Mugford
 Gladys A. Myhre

Eugene O'Connell
 Dorothy Olmstead
 Colleen Page
 Mary Pape
 Kevin Pearce
 Malcolm Piper
 Melvin Plavin
 Joyce E. Post
 Norman Pratt
 Janice Pring
 Donald R. Rattee
 Janell Fresolo Renner
 Lee A. Richardson
 Ronald Richburg
 Arthur Rollins
 John W. Rose
 Rachel Russo
 Marion Safford
 Sherman Salter
 David & Isabelle Sanborn
 Duane Sargeant
 Thomas J. Simpson
 Katherine B. Sivret
 Michael B. Slocum
 Mary Snow
 Burton W. Spooner
 Christine Sprague
 Elaine Stockwell
 Howard Stockwell
 Fleda Stone
 Helen Stratton
 Richard Swanson
 Therese F. Teitsch
 The Sault Family
 Larry Townsend
 Donna Viens
 Jeannette Wachtel
 Murray & Mary Waid
 Kenneth W. Webster
 Jane C. Westermann
 Janet Wheatley
 John & Lela Williams
 Patricia M. Woodin
 James & Adelaide Young

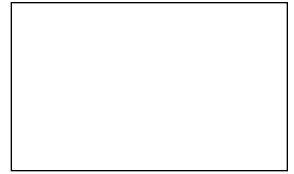
CORPORATORS

Corporators have been part of Gifford's history and oversight for more than 110 years. Corporators meet annually to elect or re-elect members of the Board of Trustees, serve on committees, and are ambassadors in the communities Gifford serves.

Grace Adams	Lou & Joann DiNicola	Jim & Jean Kennedy	Thomas & Janice Rogers
David & Peggy Ainsworth	Marlene Dolan	Carroll & Marguerite	Marvin & Carol Rogers
George & Beatrice Allen	Louis & Becky Donnet	Ketchum	Michael Ross
David & Karen Anderson	Carolyn Donnet	Joe & Beth Kittel	Wendy Ross
Barbara Angell	Dick & Marjorie Drysdale	Reed & Karen Korrow	Drs. Ellamarie & Gary
Joan Angell	Lang & Lorraine Durfee	Bennett Law	Russo-Demara
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William & Diane Brigham	Benjamin Fratkin	John & Joyce Mazzucco	Louise Sjobeck
Richard Burstein	Ron & Judy Gadway	Bob & Phyllis McAdoo	Michael & Huibertha Sorgi
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Priscilla Carpenter	Julie Goodrich	Linda Morse & Tim	Larry & Ellie Strode
Lorraine Chase & Bud	Joan Granter	Caulfield	Peter & Andrea Symonds
Cedarstaff	George & Kelly Gray	Dr. Bob & Dorsey Naylor	Florence Symonds
Linda Chugkowski	Ray & Nancy Gray	Fred Newhall	Sue Sytsma & Ken Stevens
Lincoln & Louise Clark	Helen Greenlee	Gib & Barbara Noble	Rod & Marilen Tilt
Mona & David Colton	Freeman & Jean Grout	Peter & Kathy Nowlan	Steve Webster & Susan Cliff
Leo & Sheila Connolly	Josephine Haikara	John & Gail Osha	Charlie & Kathy Welch
John & Patty Connor	Azel & Myrtle Hall	Stuart & Margaret Osha	John & Susan Westbrook
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Buckley	Cathy Hazlett	Dr. Andy & Jil Pomerantz	Al Wilker & Vance Smith
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Betsy Davis	Don & Allison Hooper	Scott & Nelda Putney	Dr. Chris Wilson
Beverly Davis	Frank Howlett	Ellen Reid	Peter Winslow
Lorraine Day	Richard & Bunny Huntley	Edith Reynolds	Todd Winslow
Barbara De Hart	Judith Irving & Steven Reid	Joyce Richardson	Barbara Wood
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Steven & Nancy Dimick	Donald Jones	David & Barbara Rochat	Bob & Rose Wright
Russ & Sharon Dimmick	Paul Kendall & Sharon Rives	John & Kathrine Roe	



Gifford
44 South Main Street
Randolph, VT 05060



IN A COMMUNITY NEAR YOU...

- Bethel Health Center
1823 VT Rte. 107, Bethel
- Chelsea Health Center
356 VT Rte. 110, Chelsea
- Gifford Health Center
at Berlin
82 East View Lane, Berlin
- Gifford Medical Center
44 S. Main St., Randolph
- Gifford Primary Care
44 S. Main St., Randolph
- Kingwood Health Center
1422 VT Rte. 66, Randolph
- Morgan Orchards
Senior Living Community
3038 VT Rte. 66, Randolph Ctr.
- Project Independence
81 N. Main St., Barre
- Rochester Health Center
235 S. Main St., Rochester
- Sharon Health Center
12 Shippee Lane, Sharon
- Twin River Health Center
108 N. Main St., White River Jct.
- Advance Physical Therapy
331 Olcott Drive, Wilder

