

COMMON THREADS

Gifford Health Care 2015 Annual Report





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Our 2015 Board of Trustees (from left to right): Bob Wright, Sheila Jacobs, Todd Winslow, Peter Nowlan, Barbara Rochat, Gus Meyer, Paul Kendall, Carol Bushey, Sue Sherman, Sue Sytsma, Linda Chugkowski, Lincoln Clark, Linda Morse, Dr. Ellamarie Russo-DeMara, William Baumann, Jody Richards, Matt Considine, and Joseph Woodin.

Gus Meyer Board Chair

Gifford's many accomplishments continued in 2015! We opened an impressive nursing home, created a state-of-the-art inpatient facility with all private-bed rooms, and worked on developing a new birthing center that will improve care for our youngest patients. Even as we make these improvements, we are addressing other challenges and opportunities.

Nationwide we face a major shift in the primary care world: fewer physicians are specializing in primary care, and those who do are much more mobile than the providers who have formed the core of Gifford's program for the past three decades. The increasing challenge of recruitment and retention has brought us an opportunity to rethink how we provide primary care. This year we began to implement a new approach, using a model where physicians form teams with physician assistants, helping to increase responsiveness (see pg. 16).

It will take time to adjust to not seeing our main physician each time we go to the doctor's office, but the time we wait to see a familiar, trusted practitioner who is fully qualified to meet our needs will be shorter. Hence, Gifford will improve the quality of patient care while maintaining stability in our primary care provider group in the years to come.

As a board, we are continually impressed by the capacity of Joe and the Gifford staff to meet challenges like this. We know Gifford will continue to find innovative ways to improve the quality, responsiveness, and breadth of our health care services.



Joe Woodin Administrator

One of the pleasures of working in a rural hospital is the connection between the delivery of care and the impact it has on people's lives. At Gifford, every employee sees either patients or their families as they work each day—from nurses and providers to the person at registration or shoveling snow from the walkways.

How we work together is shaped by this fact: we work with or care for our neighbors, the people we see in the grocery store, or those who teach our children. This brings a real and intimate quality to the connections we make, and because of this everyone feels accountable.

Over the years Gifford has grown, but certain core foundational values have endured, and they weave through all we do. In this annual report we celebrate these "common threads:" compassionate care, the importance of relationships, community roots, "personalizing" the newest technology, and pioneering responses to external changes (like the current shortage of primary care providers) with innovative models that preserve patient-focused care.

Our mission remains the same today as it was more than 110 years ago. We provide quality, accessible, local care to all who walk through our doors.

This mission, and the core values that have sustained it, is preserved by the people who work here. As you will see in the profiles that follow, people keep this culture alive, passing what they have learned on to new staff. It is this ongoing passion for innovative and community rooted, patient-focused care that continues to attract talented new people to Gifford today.



2015 Highlights

JANUARY



The first baby of the year is born to Summer Flint of East Bethel. Baby Bentlee is welcomed on Jan. 4 at 11:42 p.m. at 7 pounds 12 ounces. He is the first child of Summer and her partner Jeremy Clark.



Kayla Denny, of East Bethel, brings the Birthing Center two plastic bins filled with 36 colorful quilts created by Crazy Angel Quilters. Within hours of the donation, Monica and AJ Alsop of Thetford Center, VT, head home with a sleeping newborn Lola, warmly enveloped in playful owls, pink hearts, and polka dots.

Gifford scores above the national average on Infant Feeding Practices (performing better than 84 percent of national facilities with a similar number of births) according to the most recent Centers for Disease Control and

Prevention's (CDC) survey of Maternity Practices in Infant Nutrition and Care (mPINC).

FEBRUARY



Gifford receives the White River Valley Chamber of Commerce Business Excellence in Sustainability Award at the chamber's annual meeting for its holiday gift certificate program. Historically, during three weeks in December, employees spend nearly \$40,000 at locally owned community businesses from Chelsea to Rochester, Sharon to Barre, and towns in between.

Gifford Auxiliary provides \$7,035 for various department "Wish List" funding, including support for the summer Concerts in the Park series and the purchase of patient whiteboards for the inpatient unit.

MARCH

Nearly 100 community members gather for Gifford's 109th Annual Corporators Meeting, where administrators and board members reported on an exciting and transformative year. After members were updated on the implementation of several long-term initiatives, Lincoln Clark, board treasurer and co-chair of the *Vision for the Future* campaign,



announces the launch of the public phase of Gifford's \$5 million capital campaign. Corporators elect board of directors' officers Gus Meyer, chair; Peter Nowlan, vice chair; Barbara Rochat, secretary; Lincoln Clark, treasurer.

Bailey Fay receives the Dr. Richard J. Barrett Health Professions Scholarship; Laura Perez, communications director of the Stagecoach Transportation Services, accepts the \$1,000 Philip D. Levesque Memorial Community Award; and for the second year of a two-year commitment, the \$25,000 William and Mary Markle Community Grant is given to schools in Gifford's service area to promote exercise and healthy eating and lifestyles.



Gifford staff gather to celebrate podiatrist Dr. Rob Rinaldi's 12 years of service to an expanding community of athletes, and to wish him well as he transitions to new roles in the organization.

Gifford hosts 10th Annual Free Diabetes Education Expo: "A New Year, A New You." Free educational presentations by Gifford staff help those with diabetes better manage their disease.



Gifford staff raises \$505 for the March of Dimes by wearing "Blue Jeans for Babies." Gifford also sponsors the organization's "Central Vermont March for Babies" walk in Montpelier in May.

Menig Snowmobile Ride-in: More than 40 snowmobilers take a break along the VAST trail crossing the meadow near the new Menig in Randolph Center for a warm lunch of chili and mac and cheese (and cookies). Volunteer greeters and servers were Rebecca O'Berry (vice-president of Operations and Surgical Services), Brooks Chapin (director of Nursing, Menig), Ashley Lincoln (director of Development), and Lyndell Davis (retired longtime Gifford employee).

APRIL



Susan Tubens, PA-C, joins Twin River Health Center's team, adding primary care to their patient-centered urology and OB/Gyn practices.



Dr. Elisabeth Nigrini joins Gifford OB/Gyn, bringing skills and experience that enhance the comprehensive approach of women's care services, particularly for women with complicated or higher risk pregnancies.

Gifford Earns EPA ENERGY STAR Certification

Gifford joined the list of top 25 percent most energy-efficient hospitals nationwide after earning prestigious U.S. Environmental Protection Agency's (EPA's) ENERGY STAR certification. The national certification, awarded in August, signified that the building meets strict energy efficiency performance levels set by the EPA.

"It was a hospital goal to achieve ENERGY STAR rating this year, and we are very excited to be one of the first in Vermont to do so," said Director of Facilities Doug Pfohl. "We needed an EPA rating of 75 or higher to qualify, and we actually achieved a rating of 81."

Over the years Gifford has steadily improved energy efficiency throughout the entire organization through low-occupancy settings for heat and electricity, improving kitchen ventilation equipment, and installing internal and external LED lighting. Two significant improvements contributed to the hospital's high rating:

- A new energy-efficient 90-ton chiller replaced an aging 50 ton unit, and structures were put in place for three new chillers to accommodate future air-conditioning upgrades; and
- An energy recovery unit was installed to capture return air and recondition it for reuse; this "climatized" air requires less energy to re-heat or re-cool.

Facilities Director Doug Pfohl stands beside the new air handler.





Gifford volunteers are celebrated at an annual appreciation luncheon. In 2015, 78 volunteers gave 16,678 hours to Gifford, or 2,085 eight-hour days.

MAY



Dr. Andrew Erickson joins Gifford's surgery team bringing experience in emergency general surgery, transplantation, and cardiovascular and laparoscopic surgery.

A "Babysitters Training Course" is offered for area pre-teens and teens seeking greater expertise in child care.

A "Home Alone and Safe Course" is offered, teaching children ages 8-11 how to safely respond to a variety of home alone situations.



Pediatrician Dr. Christina DiNicola joins father-in-law and former mentor Dr. Lou DiNicola in the Pediatrics Department.

More than 150 early campaign donors tour the newly completed Menig Nursing home at a celebration party where it is announced that the entry road, "Tom Wicker Lane," has been named to honor the journalist friend of an anonymous donor.



Chiropractor Dr. Steven Mustoe joins Gifford's busy Sports Medicine team at the Sharon Health Center.

JUNE



American Health Centers Inc., which brings a mobile magnetic unit to Gifford patients in Randolph, Sharon, and Berlin, donates \$2,000 to the Last Mile Ride.

Gifford Health Care sponsors a Dental and Medical Health Access Day, offering free medical and dental health screenings and information about community resources that can help with access to care.



Lieutenant Governor Phil Scott, Green Mountain Care Board Chair Al Gobeille, and Division of Licensing and Protection Director Suzanne Leavitt were among the distinguished guests who joined in the ribbon cutting celebration at the new Menig Nursing Home on June 10.

A "Chronic Disease Self-Management Workshop" is offered to teach patients and their caregivers skills that can be used to manage chronic conditions.



Physician Assistant Leslie Osterman joins Gifford's primary care team, working closely with long-time Gifford provider Dr. Milton Fowler.



Gifford creates its first employee-staffed Radiology Department with the arrival of Dr. Jeffrey Bath and Dr. Alan Ericksen.

JULY



Gifford and the White River Valley Chamber of Commerce once again partner to offer a 6-week summer concert series in Gifford Park. The series includes a community market, where local vendors sell farm products, flowers, baked treats, and crafts. Weekly offerings from the grill are prepared by a different nonprofit agency during each performance.

AUGUST

JP's Flea Market, with filled with antiques, architectural salvage, collectables, drafts, food, furniture, home goods, and vintage clothing, is held in the Gifford Park on August 8.



Podiatrist Dr. Jonathan Bjork joins Gifford and begins seeing patients at the Randolph and Sharon clinics. He brings widespread clinical interests to his work, from rear foot and ankle surgery, flat foot reconstruction, and heel spur resection to diabetes-related infections, sports injuries, and treatment for bunions and hammertoes.

SEPTEMBER

Gifford's Morgan Orchards Senior Living Community sponsors a fall series of free monthly presentations to help families prepare for and adjust to life in their later years: "Investment Strategies – Focus on Fixed Income," "Tips and Advice on How to Sell Your Home," and "Nutrition for Healthy Aging with Cooking Demonstrations."



Dr. Laura Barber joins the Chelsea Health Center, bringing more than 20 years of experience as a primary care physician. A Texas native, she says the Chelsea community reminds her of the small rural town that inspired her first dreams of becoming a physician, and "feels like home."

OCTOBER



Physician Assistant Ellen Bando begins practicing with the Pediatrics team in Berlin and Randolph, bringing a special interest in pediatric and adolescent care.

10th Annual Last Mile Ride Raises \$104 K for End-of-Life Care

On August 14 and 15 more than 385 Last Mile Ride participants joined together to raise \$104,000 to support Gifford's end-of-life services, exceeding the event's ambitious 10th Anniversary goal of \$100,000.

Since 2006 the annual event has raised funds that bring patients in their "last mile" alternative therapies like Reiki, massage, and music therapy to help with pain management, and also provides services to support family members during this time with their loved ones.

This year 206 motorcyclists and bicyclists, 77 5K runners, and 102 walkers participated, raising funds for the creation of a second garden room, a special hospital suite designed to support dying patients and their families.

"The enthusiasm, spirit, and selfless efforts of all of you—volunteers, staff, participants, donors, and Combat Vet road guards who keep our event safe—have helped us to raise more than \$300,000 over the years for end-of-life services," Director of Development Ashley Lincoln told the crowd as she announced this year's record-breaking figure. "Thanks to you we've exceeded our \$100,000 goal, allowing us to provide comfort and support to families when they are feeling most vulnerable."





Auxiliary

Gifford Medical Center's Auxiliary announced a million dollar gift to the hospital's *Vision for the Future* campaign at the organization's quarterly membership luncheon in November. Funds for the generous gift were raised through small-dollar sales at the popular volunteer-staffed Thrift Shop in Randolph.

"This gift represents an overwhelming generosity of time and resources," said Gifford Administrator Joseph Woodin, who noted that over the years the Auxiliary has supported strategic projects (including the original Menig Extended Care wing, the Philip Levesque Medical Building, and the employee day care center) as well as annual departmental "wish list" items not included in the hospital budget. "The Auxiliary is a key part of Gifford's success, and truly adds tremendous value to our community."

The Thrift Shop first opened its doors in 1956 and has been providing clothing and household items to bargain hunters and those in need ever since. Dedicated volunteers sort through donations, clean and mend clothes, price items, stock shelves, and staff the store. Each year the Auxiliary also funds scholarships for college students pursuing health careers, financial aid for students enrolled in LNA programs, and supports other community outreach programs.

Gifford now needs only \$800,000 to close the \$5 million campaign, which supports the multi-phased project that built the new Menig Nursing Home in Randolph Center, 25 private inpatient rooms, and an updated and more centrally located Birthing Center in the hospital (planned to open in spring 2016).



Two certified nurse midwives join the Birthing Center team. Ali Swanson has supported mothers with birth in both hospital and

out-of-hospital settings, and Susan Paris's clinical interests include the prenatal and birthing experience as well as well-women and adolescent care.

NOVEMBER



Gifford Retirement Community announces that Wiemann Lamphere Architects will design independent living apartments at the new Morgan Orchards Senior Living Community in Randolph Center. The Colchester, Vermont design firm will build on Gifford's original design concept to create a vibrant neighborhood for the 31-acre campus, which includes the Menig Nursing Home and planned future assisted living.

A second "Chronic Disease Self-Management Workshop" is offered to teach patients and their caregivers skills that can be used to manage chronic conditions.



Dr. Anthony Fazzone joins the Gifford team, bringing nearly 20 years of experience in anesthesiology. He enjoys his work in smaller hospitals like Gifford because he can develop ongoing relationships with patients.

State legislators join Gifford's leadership team for a roundtable discussion on patients with mental health issues in community hospital emergency rooms.

Gifford announces it has met its state approved operating margin for the 16th consecutive year.



Emergency medicine physician Dr. Scott Rodi is appointed Gifford Medical Center's Emergency Department and Hospital Division Medical Director. He comes from Dartmouth-Hitchcock Medical Center, where he worked as the Medical Director and Section Chief of Emergency Medicine. Dr. Rodi has worked part-time in Gifford's Emergency

Department since 2007.

Gifford Auxiliary provides \$21,035 for various department "Wish List" funding, including laptops and books for the Birthing Center; an elliptical bike for Cardiac and Pulmonary Rehab; vital sign machines for Menig and Patient Care; commodes, pulse oximeter, floor scale, and vein finder for Patient Care; and HawkGrip equipment for Rehab Therapy.

DECEMBER

A second "Home Alone and Safe Course" is offered, to teach children ages 8-11 how to safely respond to a variety of home alone situations.



Vision for the Future campaign donors receive a special tour of 25 new private inpatient rooms prior to their opening on December 17.

Gifford once again invests \$40,000 into the regional economy through the Gifford Gift Certificate Program, which encourages staff to buy locally during the holiday season.

Barbara Quealy Named Chief Operating Officer

In December Barbara E. Quealy, RN, MBA, joined our senior leadership team as Chief Operating Officer (COO). She leads hospital-based operations, and reports directly to Administrator Joseph Woodin.

Quealy was most recently vice president of Physician and Ancillary Services at the Huggins Hospital in Wolfboro, NH, and previously was vice president of Physician Services at Monadnock Community Hospital in Peterborough, NH.

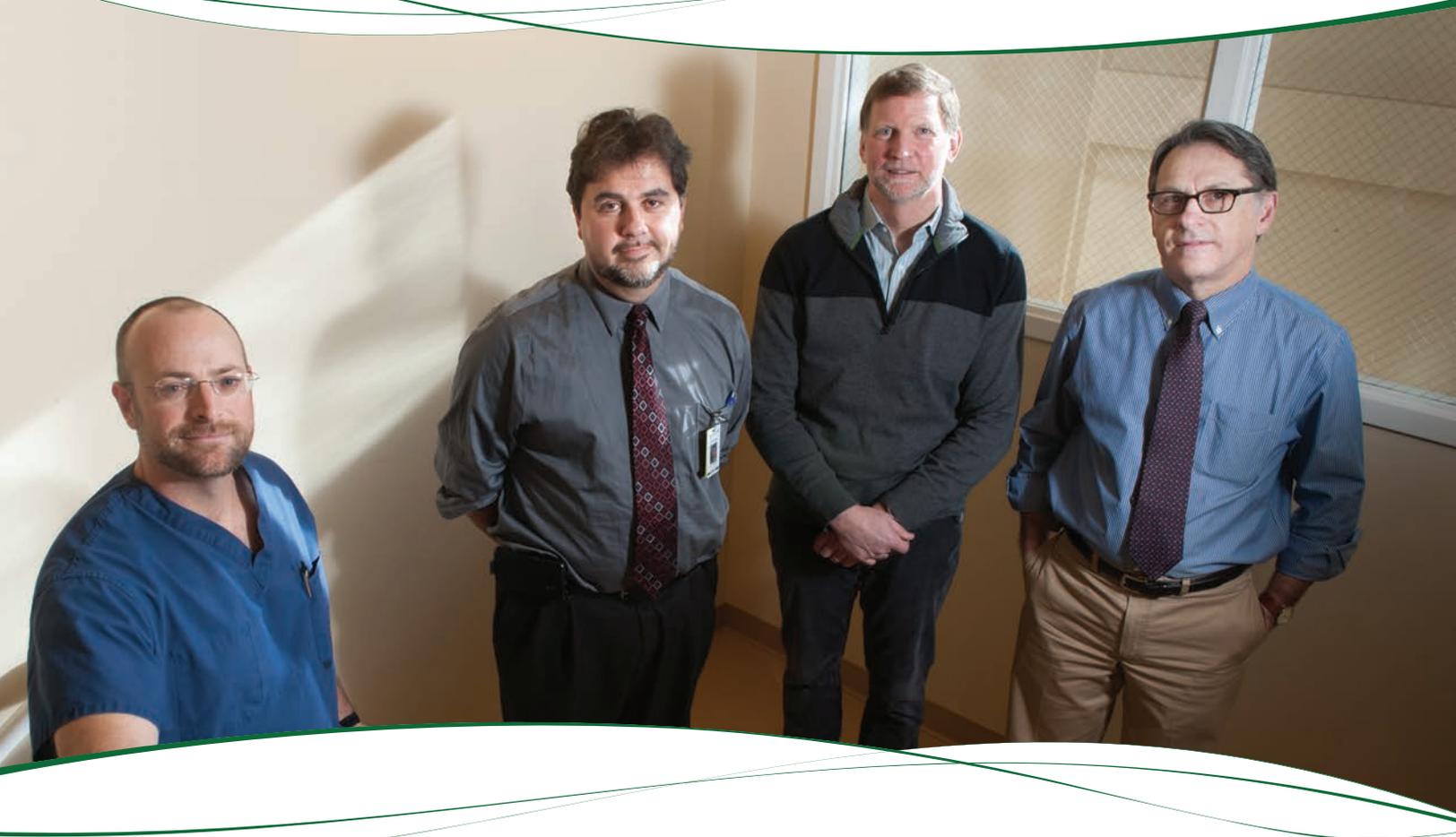
A Boston native, she began working as a candy-striper when she was fourteen, worked as a nurses' aide through high school and college, and worked for 10 years as an RN in intensive care, cardiac care, and cardiac rehab units before moving into hospital administration.

Quealy says she was attracted to Gifford's commitment to community, strong financial performance, and because she could be an administrator and still interact with patients and their families.

"I began my career in nursing and learned early on the importance of these relationships. Because of this I'm able to bring the patient care conversation to the highest levels of an organization," she said. "At Gifford I've been especially impressed by the attention to patient care, and the team work and collaboration I see in all areas of the organization."



A Pioneering Vision that Preserves a Mission



For years, Gifford's growth has been directed by community need. Balancing forward-looking thinking with a steadfast commitment to high-quality, local care has kept us flexible and able to respond to change in creative ways.

This innovative approach has brought many successes: we were the first hospital in Vermont to have a Birthing Center and we were one of the first hospitals in the country to support primary care in rural areas through community health centers. Our Menig Nursing Home anchors a new senior community model that addresses both the housing and medical needs of an aging population.

Today, Gifford has more than 600 employees at 11 locations. Our services include primary care, surgical care, advanced diagnostic technologies,

emergency, and inpatient care at the hospital.

"Patients move through three different divisions at Gifford: Primary Care, Surgery, and the Hospital," said Dr. Martin Johns. "A smooth flow between these divisions is essential to quality care, and we want to make sure the crossover points are seamless."

As chief medical officer Johns facilitates communication across divisions, and builds relationships with external organizations like UVM and Dartmouth, so patients needing specialized treatments for cancer or other conditions also have smooth transitions.

Progressive thinking, equally creative and grounded in our mission, has also led to an unusual leadership structure that keeps the organization focused on the patient experience. People directly

involved in patient care are at the core of the administration, helping to shape policy.

A practicing provider, teamed with an administrator, leads each division: Dr. Mark Seymour is the medical director for Primary Care, Dr. Nicholas Benoit is the medical director for Surgery, and Dr. Scott Rodi is the medical director for the Hospital. Additional professionals from each division serve on the Clinical Leadership Council, which reviews organizational strategy.

"Gifford blends thinking outside the box with preserving what we truly do well," said Johns. "The best way for us to remain successful is to continue to provide the proven excellent care that our providers and staff bring to patients every single day."

Beyond “Cookie-Cutter” Medicine

Keeping the Passion Alive



When podiatrist Rob Rinaldi first visited Gifford in 2003 he was struck by the energy and passion he encountered as he talked with staff.

“Everyone shared two ideals—to serve their patients in the best way they possibly could, and to make the hospital grow in good ways. Everyone wanted to make a contribution.”

Rinaldi says this first impression hasn’t changed over the years. The hospital has grown: clinics, buildings, and additional staff have been added and new technology brought in. He helped to create a new Sports Medicine program in 2005. Today, athletes come from all over the Upper Valley to the Sharon Health Center, which now has a physical therapy gym space, physical therapy treatment rooms, and a state-of-the-art gait analysis system.

“I’m amazed at how much has changed and happened, but the passion—the focus on the health and wellbeing of the people we serve—is still here,” he said. “We don’t treat patients with cookie-cutter medicine. People are not just numbers here.”

“...the passion—the focus on the health and wellbeing of the people we serve—is still here”

Dr. Rob Rinaldi

This focus on personalized care also brought Podiatrist Jonathan Bjork to Gifford last spring.

“I like to develop good, ongoing relationships with patients—not just performing surgery but also helping with rehabilitation, and treating patients in

the clinics,” he said. “I saw I could do that here.”

Like Rinaldi years ago, Bjork was impressed by the open and supportive environment created by his colleagues. “There’s no sense of hierarchy here,” he says. “People offer help and guidance, but it isn’t done with a critical eye.”

Rinaldi says that new providers at Gifford are nurtured by seasoned staff, many who have been at Gifford for years, and that this model transforms the traditional mentoring role.

“It’s unusual because the long-term providers all still have the passion they started with!” he says. “Now they are showing new providers—not how to be a better doctor necessarily, but about the rewards of personalized patient care and how this helps to keep the passion alive.”

Drs. Jonathan Bjork and Robert Rinaldi

Nurturing Connection

The Art Behind the Science



Every surface was polished and shining and immaculately maintained: this is the detail that comes to mind when General Surgeon Dr. Ovieto Ciccarelli thinks back to his first visit to Gifford.

This small detail reflected a sense of connection and ownership that still impresses him today: staff members feel connected to the organization and take pride in their work.

“The people who work here take care of what’s theirs,” says Podiatrist Dr. Nicolas Benoit, who took over as Director of Surgical Services when Dr. Ciccarelli stepped down from the role in December.

Building relationships—to employees, to patients, to the people we serve—is key to Gifford’s success. They form a connecting thread that keeps us in

touch with community concerns and needs, and has sustained us through a changing healthcare landscape for more than 100 years. People feel they are an important part of the organization and they want to help make it the best it can be.

“Gifford is very well-managed and has a concern for its employees some find unusual in the 21st century,” said Dr. Ciccarelli. “Every employee is in the same boat. You see this in our quarterly staff meetings, in how people are treated, and even in how we’ve weathered financial ups and downs: there’s never been a layoff. Everyone’s expected to not panic, to ride with it, and to pull a little harder.”

Over the years significant expansion and growth has been driven not by a business strategy, but in direct

response to specific community needs (improvements to ensure access to quality local care or to fill needs like sports medicine or senior needs)

Doctors Ciccarelli and Benoit have witnessed major changes in their area in the last 10 years: the addition of a third operating room; a new ancillary services wing and patient-friendly surgical services floor; a systematized approach to wound care; and a radiology department transformed by the most modern technology and the expertise of two full time radiologists. They say that the sense of an “employee team” has contributed to the organization’s growth over the years, bringing a resiliency and nimbleness that has allowed quick and thoughtful responses to internal and external change.

"I'm always impressed by how fast we can band together to get something accomplished here," said Dr. Benoit. "People are willing to give the extra effort—if something seems impossible, we break it down in smaller steps to build it faster."

The Art Behind the Science

Across the organization people are encouraged to collaborate and to help bring new colleagues up to speed when needed. As a surgeon in a small community hospital Dr. Ciccarelli says peer support is especially important.

"The biggest challenge for a surgeon in rural health care is isolation," he said. "Electronic media has made it easier

to stay current, but most of surgery is an art, not a science: knowing what to

"Electronic media has made it easier to stay current, but most of surgery is an art, not a science: knowing what to do when is important, but how you do it and how much to do—this is where having peers becomes important."

Dr. Ovleto Ciccarelli

do when is important, but how you do it and how much to do—this is where having peers becomes important."

For Dr. Ciccarelli, nurturing relationships is especially important for recruiting a new generation of community health care providers—so many students are now encouraged to specialize or to take positions in larger hospitals, primarily because of student loan obligations. Both Leslie Osterman (pg. 16) and Rebecca Savidge (pg. 18) completed rotations with him as students, and both are now practicing at Gifford.

"Direct patient care is an honor and a privilege. Believe me, nothing beats being at a bedside with a patient!" he says. "We need to show young people how rewarding caring for patients can be."



The OR Team:

Bringing compassion and respect to patient care

Members of the OR Team (l to r): Ella Armstrong, Josh Redden, Morgan Nichols, Jeanelle Achee, Andrea Scott, Tammy Schellong, Jamie Floyd, Rebecca Johnson, Caitlyn Welch, Jason Lewis, Victoria Pulie, Kelsey Mancini.

"Patients feel very vulnerable when they are in the hospital for surgery," said Surgery Nurse Manager Jamie Floyd. "We provide our patients with high quality surgical procedures, and our strong team approach allows us to give safe and compassionate care."

Personalizing High Tech

Keeping core values while opening to change



Gifford's laboratory, tucked into the heart of the hospital, provides essential services that touch all areas of patient care. Open 24-hours, the lab performs chemistry, hematology, blood bank, and microbiology tests so providers can diagnose and treat their patients.

The expertise and quality of our lab is well-recognized: when Centers for Medicare and Medicaid Services inspectors spent two days looking at the competency of staff, equipment, and all analytic processes (from blood drawing, testing, and delivery of results to providers), Gifford's final score was "100 percent."

"I'm amazed by the number of tests we perform here now," says Laboratory Technician Susie Curtis, who has

witnessed many changes in her more than 40 years in the lab.

She's seen many "best practices" evolve. People no longer smoke in the lab or use their mouth to pipette, and now everyone always wears gloves. But she says one thing has remained the same: at Gifford the patient is the #1 concern.

"We always try to accommodate special situations—for example, a courier can bring specimens to the lab from a community clinic if a patient is unable to travel to Randolph."

There have been major lab renovations and equipment upgrades, but Curtis says the biggest change has been in technology she uses every day.

"When I first started the glucose testing machine was huge and it took forever to get results," she said. "Now a

machine half the size does 20-30 tests at a time."

Over the years Curtis was mentored by several colleagues who had spent most of their careers here. They provided a sense of continuity, and passed on the importance of preserving Gifford's core values while embracing change. Today she finds herself in that role, and enjoys working with new lab technicians like Matt Clayton.

Matt is fresh out of school and has innovative ideas—we talk about them," she said. "I explain why we do certain things the way we do, and together we come up with an approach that is best for the patients."



Sophisticated equipment, less travel, compassionate care

When Lead Mammographer Terri Hodgdon came to Gifford in 1991, the Radiology Department had four full-time employees and she took medical images in just two areas. Now patients come for bone density, mammography, ultrasound, X-rays, MRIs, and interventional radiology treatment. The darkrooms are gone (images are digital now), and the department is staffed by nearly a dozen people, including technologists at the Sharon and Berlin clinics.

This growth responded to a need for local radiology services, so patients could avoid travelling for care. Hodgdon sees primarily sports related injuries when working in Sharon, but in Randolph she helps patients with mammograms, cardiac and lung issues. The newest procedures use interventional radiology (using medical imaging for breast biopsies, to place PICC lines, or to find and drain abscesses), which are less invasive than surgery.

“In radiology you have to be a perfectionist—it’s really important that everything is lined up perfectly,” said Hodgdon. “Still, easing people’s anxiety is a big part of my job. We’ve expanded. We have the newest technology, but helping the patient through the process still comes first. That’s stayed the same over the years.”

In-house imaging expertise for faster reports

For many, “Radiology” brings to mind a room filled with intimidating X-ray, CT, MRI, ultrasound, or mammogram machines. Few think about the people behind the cutting-edge equipment, specially trained physicians who translate images into accurately diagnosed diseases or injuries. These specialists work closely with providers to troubleshoot and find the most effective treatments for patients.

Last spring Gifford hired two new radiologists, Dr. Jeffrey Bath and Dr. Alan Ericksen, to create our first employee-staffed Radiology Department (radiology services were previously contracted through outside private practices).

This change strengthens our personalized patient-care focus by providing seamless physician collaboration and shorter reporting times. Using new voice recognition software, the radiologists can read images and dictate their findings right into the digital storage system—often within just a few hours.

“With radiologists in-house the whole process is streamlined—I don’t have to wait for technicians to send images out as I’ve had to do in larger hospitals,” said Pediatrician Dr. Christina DiNicola. “In an emergency I could have a report within 20 minutes, the time it takes a patient to cross the street to radiology, have the procedure, and return to my office to discuss treatment!”

Gifford’s radiologists Drs. Alan Ericksen and Jeffrey Bath



Making a difference:

When work becomes community



In 1976 Pediatrician Lou DiNicola came to Randolph for an interview shortly after completing his residency. The first provider he met wore jeans and a flannel shirt, and he knew right then he was at an unusual organization.

“I spent the night at the CEO’s house—it really was a community hospital!” he said. “I wanted to work in Vermont, and I wanted to care for kids, not just see them and send them on to a larger medical center. I took the position.”

Forty years later, DiNicola is still practicing in Randolph (he also saw families in the Rochester clinic until 1992), and he has become a passionate and respected advocate for children’s health, helping to shape state legislation on a range of issues.

The organization has grown (there are now six community health centers), and you see fewer flannel shirts, but the feel of a “real community hospital” remains. The local Rotary Club holds morning meetings in the cafeteria, where at lunch the staff mingles with neighbors who come for great locally-sourced food; there are no reserved spaces for VIPs in the parking lot; and the computerized staff email directory is still arranged alphabetically by an employee’s first name.

In a small community everyone’s lives are intertwined. We care for people who repair our cars, teach our children, attend our church, or manage the store where we buy groceries. The lines that separate hospital from community, caregiver from patient, and even family from co-worker are less distinct.

“Everything that happens in the community—a town fire, school events, Hurricane Irene—comes into our office as well. I have patients now who are the grandchildren of patients I saw years ago,” said Dr. Lou DiNicola. “I live less than three miles from work; clearly this is my home.”

For Dr. Lou DiNicola the connection goes even deeper: Pediatrician Dr. Christina DiNicola spent a summer job-shadowing him before heading off to Stanford University in fall of 1994. Today her former mentor is both a colleague and her father-in-law.

“I wanted to live in the same community I worked in, to have the same accountability to community as to family,” said Christina, who came from a larger practice in Philadelphia last spring. “People care about each

other, and about life outside work. There's a special kind of familiarity this way. The people I see in the office I also see in my community—just in different roles."

Both Dr. DiNicolas say this blurred line between their work and community roles brings relevance to their work, and shapes the way they deliver care. When something they do has a positive impact, they can see how lives are changed.

"In previous positions I was part of a team of rotating doctors," said Christina. "My work in the clinic here is especially satisfying to me because I can follow up directly with patients and build ongoing relationships with families."

Dr. Lou DiNicola says the opportunity for connection and community still attracts new providers. Another draw also endures, something he recognized

"I wanted to live in the same community I worked in, to have the same accountability to community as to family."

Dr. Christina DiNicola

when he visited years ago, and that is Gifford's focus on quality. This ensures that the technology and expertise needed for direct patient care is available locally—most patients aren't sent elsewhere after diagnosis. We do

everything we can to treat our patients in the community setting.

"Today medical students are most often trained to be specialists at larger medical centers. Those who want to do more personalized care, and to see a wide range of cases, come to rural medicine," he said. "I value my ongoing relationships with people in the community, but I also take satisfaction in being there for people who have come a long way for care. People from all over choose to have their babies at Gifford and helping them with the birthing process, whether routine or complicated, has also always been a rewarding experience. We have the best of both worlds at Gifford!"



The Best Beginnings:

Personalized, 24-hour support for moms and newborns

Photo (l to r): Bonnie Hervieux-Woodbury, Ronda Flagherty, Karin Olson, Kim Summers, Mary Borie, Bonnie Solley, Jennifer Davis

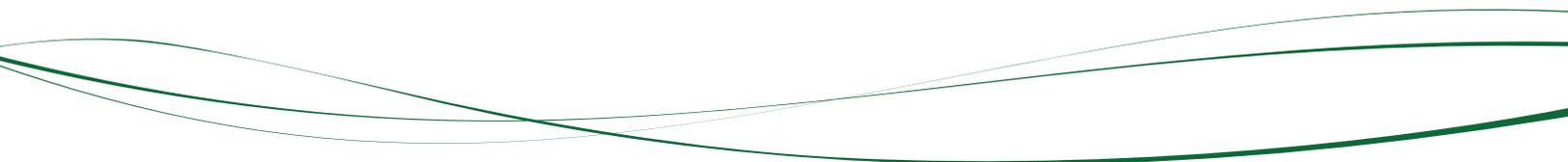
For more than 35 years women have traveled from all over to have their babies at Gifford. Our nurses are famous for their loving care — many have helped welcome multiple siblings to a family.

"Our certified nurse midwives and Birthing Center nurses provide compassionate, personalized labor support for low-intervention births," said Director of Women's Health Bonnie Hervieux-Woodbury. "Women are attracted to Gifford because we offer a variety of choices, including epidurals and the back-up support of three ob/gyn physicians."

A New Model for Primary Care



For Dr. Milt Fowler and physician assistant Leslie Osterman,
teamwork is the key to continuity of care.



Dr. Milt Fowler had just completed his residency when he arrived at Gifford in 1976.

He and his wife were eager to leave the city and wanted to be part of a small community.

He's still practicing at Gifford forty years later, and now he faces another major life transition: easing into retirement.

"I'm having a hard time cutting back. I've known some of my patients for 35 or 40 years," he said. "There's a deep richness and joy in practicing primary care in a small community. Once you've shut the door on the chaos and paperwork and sit to connect with a patient, the office is like a sacred space."

Providers at Gifford often say that an ongoing patient relationship is the most satisfying part of their work. For family physicians, the bonds can grow especially strong: it is not unusual for long-time primary care physicians to have treated several generations in a single family.

"I see my role as being a positive influence, someone a patient can come to for help—not just with medicine, but with other issues as well," said Dr. Ken Borie, who has been practicing family medicine at Gifford since 1980. "Family doctors can build trust in ways a specialist can't. That's what's valuable about being a primary care physician—it's one of the intangibles that you can't put a price on."

Across the country a shortage of primary care physicians is forcing rural community hospitals like Gifford to look for alternatives to this traditional model. As a generation of long-time physicians

starts to retire, fewer new providers choose a career in primary care.

Many factors have contributed to this shortage: primary care pays less than other fields and many medical students, burdened with student debt, specialize in other areas. Those who do practice primary care are in demand, and are much more mobile than the providers who settled in Randolph years ago. Rural communities are especially hard hit, since salaries are much higher in urban areas.

To respond to this primary care recruitment challenge, Gifford has implemented a team model, often pairing a physician with a physician assistant or nurse practitioner. These healthcare professionals have been specially trained to diagnose and

"There are not enough MD/DO's to care for everybody—we have to find new models," said Fowler. "Leslie and I work really well together."

Dr. Milt Fowler

treat a variety of conditions, prescribe medication, order and interpret tests, counsel, and manage patient care. (see sidebar pg. 18).

Fowler works closely with Physician Assistant-Certified, Leslie Osterman. The arrangement shortens a patient's waiting time for appointments, but also helps to make sure that patients have quality time with a provider during visits.

"There are not enough MD/DO's to care for everybody—we have to find new models," said Fowler. "Leslie and I work really well together. She's taken

over much of the acute care and the preventive and health maintenance visits like annual physicals and cancer screenings. I tend to manage care for patients with more complicated needs."

Osterman previously worked as a respiratory therapist but found she wanted to be more involved in patient care. She saw that the physician assistants she worked with could focus on preventative medicine, and shared knowledge and decision making as a team. She returned to school, received a Masters of Physician Assistant studies from Franklin Pierce University (she completed three of her nine rotations at Gifford), and came to practice at Gifford in 2015.

"Milt introduces me to his long-time patients and they see us working together. If their next appointment is with me, I won't be some random person they haven't seen before," said Osterman. "Continuity of care is really important to people."

The new team model increases patient access to primary care professionals while preserving a quality provider/patient relationship. Like the long-term providers they work with, physician assistants and nurse practitioners say they specifically chose their roles because they wanted to build ongoing connections with patients.

"I trained as a physician assistant because I had seen that many doctors weren't able to spend extra time with patients discussing concerns or preventive care," said Osterman. "Sometimes patients need extra time for education or explanations, and I wanted to help fill this need."



Rebecca Savidge

Chelsea Health Center PA-C

“When I was growing up I came to the Chelsea Health Center to see Starr Strong. The way she practiced medicine influenced my choice to become a PA.

Living close to those I care for is important to me. Now I see generations of patients in the same family. When I started Starr passed her patient’s history on to me, as it had been passed on to her when she started. It’s like the passing of a community torch.”



Tammy Gerdes

Bethel/Rochester Health Center PA-C

“Patients want to be heard—when they feel heard, healing can happen. I wanted to be in a small clinic setting where I could give unique and individualized care because I treat every patient as if they were a member of my extended family.

Practicing medicine is a fine art. I have found that I am both a teacher and a student, asking questions on my medical journey. Gifford’s focus is on the patient, so I knew this setting would allow my practice style to flourish.”

Partnering to improve patient access to care

Physician assistants and nurse practitioners are partnering with medical doctors to help patients get the care they need, when they need it. These health professionals have been specially trained to provide primary care and help patients learn how to make the lifestyle changes that will help them stay healthy.

Physician Assistants Certified (PA-C)

Physician assistants, under the supervision of a physician, are primary health care professionals who are trained to diagnose and treat acute illness and injury, assist in surgery, and manage chronic disease. Following a medical model, they use preventive medicine to promote healthy lifestyles and provide a broad range of healthcare services.

Education: Physician assistants graduate from a Master of Physician Assistant Studies program.

Certification: Physician assistants are certified by the National Commission on Certification of Physician Assistants and, like physicians, licensed by the state Board of Medical Practice.

Nurse Practitioners (NP) also known as Advance Practice Registered Nurses (APRN)

Nurse practitioners train to specialize in a specific area (including primary care). The core philosophy of the nurse practitioner field is individualized care, preventing illness, promoting wellness, and patient education.

Education: Nurse practitioners are registered nurses who have completed a minimum of a master’s degree and received training in the diagnosis and management of common medical conditions, including chronic illnesses.

Certification: Nurse practitioners are certified through the American Nurses Credentialing Center or American Academy of Nurse Practitioners in specialized areas and are licensed by the state and overseen by the Vermont State Board of Nursing.

Employee Awards

Recognizing long-term employees

Gifford's care is special because of the people who work here.

Each year we hold an Employee Awards ceremony to recognize staff members for their dedication and years of service.

This year the following individuals were honored at a banquet held at Vermont Technical College (employees are recognized for every five years of service).

Congratulations, and thank you!

40 years

Kathryn Brooks
Susan Curtis

35 years

Daryl Donahue

30 years

Patricia Harrington
Cynthia Loomis
Sheila Miller

25 years

Dr. Terry Cantlin
Lisa Delegato
Diane Harrington
Susan Mascola
Dr. Mark Seymour

20 years

Ella Armstrong
Dawn Decoff
Christine Kresock
Michael Marshall
Barbara (Barbie) Salls

15 years

Ann Bridges
Janice Davis
W. James Floyd
Sherri Morgan
Marianne Slack
Linda Warner

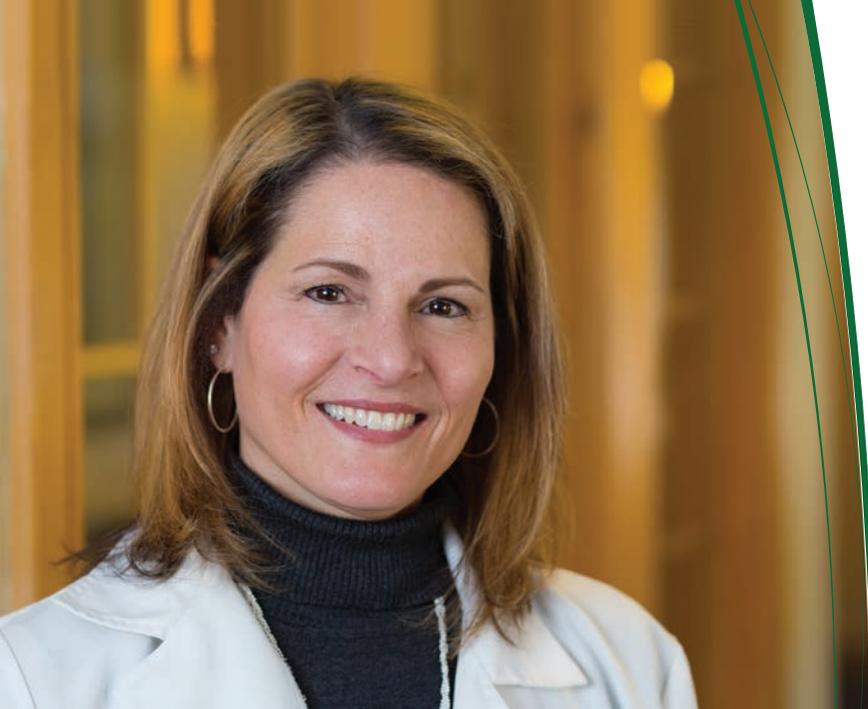
10 years

Betina Barrett-Gallant
Kristen Bolio
Barbara Conant
Angela Currier
Tammi Ennis
Catherine Haraden
Melissa Herring
Cheryl Jewkes
Steven Morgan
Susan Peterson
Annette Petrucelli
Dr. Ellamarie Russo-DeMara
Tammy Schellong
Dr. Robin Schwartz
Dolores Smith
Edward Striebe
Kimberly Tenney
Carrie Wright
Michele Young
John Young

5 years

Kelly Boucher
Jennifer Celley
Dr. Ovleto Ciccarella
Janet Coffey
Heather Fortin
Erica Gillette
Doris Hunt
Melissa Kill
Connie Martin
Dr. Saul Nurok
Rebecca O'Berry
Donna O'Neill
Anne Pietryka
Megan Pike
Kathryn Rathmann
Marcelo Reyes
Kathryn Saunders
James Shodunke
Tammy Slack
Tracy Smith
Penny Upham
Joshua White





Dr. Ellamarie Russo-DeMara

Medical Staff President

I have been president of the Gifford medical staff for three years and a practicing physician for more than 25. Like most healthcare providers, I have had to embrace change to keep current with medical technological advances while providing quality care.

This year Gifford has seen a transformation in both our external structure and internal organization. While many in the community may understand the benefits of new technology and remodeling, they still have a need for what is familiar.

Gifford's familiar dedication to quality healthcare remains steadfast. While some patients and families have had to say goodbye to the provider who has cared for them for decades, they can feel confident that our extraordinary team of new providers share Gifford's vision and mission.

Patients can trust in the collaboration of Physicians, PAs, NPs and Certified Nurse Midwives to deliver the quality care they have come to expect at Gifford. Behind the scenes, refinement of leadership in Primary Care as well as a new Chief Operating Officer role will further enhance the patient experience.

Our external changes this year included moving our Menig residents to a new home in Morgan Orchards Senior Living Community and a seamless relocation of our inpatients to new private patient rooms. End-of-life care continues to be a priority at Gifford. We now have two Garden Room suites dedicated to patient's and their families at the end of life.

Through all the changes, one thing endures: Gifford's mission and dedication to quality patient care and support of our community from birth through the end of life.

2015 Medical Executive Committee

MEDICAL EXECUTIVE COMMITTEE 2015

PRESIDENT

Ellamarie Russo-DeMara, DO

VICE PRESIDENT

Joseph Pelletier, MD

SECRETARY

Nicolas Benoit, DPM

PAST PRESIDENT

Marcus Coxon, MD

CHIEF MEDICAL OFFICER

Martin Johns, MD

PEER REVIEW COMMITTEE CHAIR

Robert Rinaldi, DPM

CREDENTIALS COMMITTEE CHAIR

Mark Seymour, DO

NON-VOTING MEMBERS

ADMINISTRATOR

Joseph Woodin, CEO

INTERIM SENIOR DIRECTOR QUALITY/RISK

Susan Peterson

VP OPERATIONS AND SURGICAL DIVISION

Rebecca O'Berry

VP HOSPITAL & PRIMARY CARE DIVISION

Alison White

2016 Medical Staff

ANESTHESIOLOGY

Christopher Chinn, MD
Bernd Dotzauer, MD
Anthony Fazzone, MD
Dennis Henzig, MD
Craig Hofsess, MD
Jon-Richard Knoff, MD
Madeline Waid, MD

CARDIOLOGY

Bruce Andrus, MD
Armin Helisch, MD

CHIROPRACTIC SPORTS MEDICINE

Michael Chamberland, DC
Steven Mustoe, DC

DENTIST

John Lansky, DDS
Daniel Oakes, DDS
Christopher Wilson, DDS

EMERGENCY MEDICINE

Jared Blum, MD
Steven Fisher, MD
Sarah Johansen, MD
Martin Johns, MD
Wayne Misselbeck, MD
Duane Natvig, MD
Saul Nurok, MD
Kevin Rodgers, MD
Scott Rodi, MD
Brian Sargent, DO
A. Nicole Thran, MD
Joshua White, MD

FAMILY MEDICINE

Laura Barber, MD
Kenneth Borie, DO
Terry Cantlin, DO
Marcus Coxon, MD
Erwin Lange, MD
Deborah Richter, MD
Mark Seymour, DO

Tammy Gerdes, PA-C
Christina Harlow, APRN
Mary Labrecque, APRN
Jeffrey Lourie, APRN
Rebecca Savidge, PA-C
Elizabeth Saxton, APRN
Starr Strong, PA-C
Susan Tubens, PA-C

GENERAL SURGERY

Ovieto Ciccarelli, MD
Andrew Erickson, MD
Mario Potvin, MD
Nikki Gewirz, PA-C

HOSPITALIST MEDICINE

Robert Cochrane, MD
William "Sandy" Craig, MD
Martin Johns, MD
Kevin Rodgers, MD
Melissa Beaudry, PA-C
Sue Burgos, PA-C
Megan O'Brien, APRN
Fred Staples, PA-C

INTERNAL MEDICINE

Kasra Djalayer, MD
Milton Fowler, MD
Mark Jewett, MD
Cristine Maloney, MD
Leslie Osterman, PA-C

INTERNAL MEDICINE AND PEDIATRICS

Martin Johns, MD
Joshua Plavin, MD, MPH

PSYCHIATRY AND BEHAVIORAL HEALTH HEALTH

James Tautfest, APRN
Peter Thomashow, MD
Robert Vaillancourt, LPMA

MIDWIFERY

Judith Brock, CNM
Maggie Gardner, CNM
Susan Paris, CNM
Kathryn Saunders, CNM
Meghan Sperry, CNM
Alethia Swanson, CNM
April Vanderveer, CNM
Tonya Waters, CNM

NATUROPATHIC MEDICINE

Christopher Hollis, ND
Erica Koch, ND

NEUROLOGY

Robin Schwartz, MD

NEUROSURGERY

Joseph Phillips, MD
Harold Pikus, MD
Alyssa Pearl, PA-C
Ashley Lammers, PA-C

OBSTETRICS/ GYNECOLOGY

G. Brent Burgee, MD
Elisabeth Nigrini, MD
Ellamarie Russo-DeMara, DO
Melissa Scalera, MD
Sean Tubens, MD

ONCOLOGY

Eswar Tipirneni, MD

OPHTHALMOLOGY

Christopher Soares, MD

OPTOMETRY

Dean Barcelow, OD

ORTHOPEDICS

Stephanie Landvater, MD
Kenyatta Norman, MD
Jayne Collins, PA-C
Bradford Salzmman, PA-C

PATHOLOGY

Katherine Devitt, MD
Robert McDowell, MD
Cathy Palmer, MD
Susan Sharp, MD

PEDIATRICS

Christina DiNicola, MD
Louis DiNicola, MD
Elizabeth Jewett, MD
Joseph Pelletier, MD
Ellen Bando, PA-C

PODIATRY AND SPORTS MEDICINE

Nicolas Benoit, DPM
Jonathan Bjork, DPM
Samantha Harris, DPM
Robert Rinaldi, DPM
Paul Smith, DPM

PULMONARY MEDICINE

Marda Donner, MD

RADIOLOGY

Jeffrey Bath, MD
Alan Ericksen, MD

SPORTS MEDICINE

Nathaniel Harlow, MD
Peter Loescher, MD

UROLOGY

Richard Graham, MD

VASCULAR STUDIES

Andrew Stanley, MD
Georg Steinthorsson, MD

Statistics

Volume totals for services

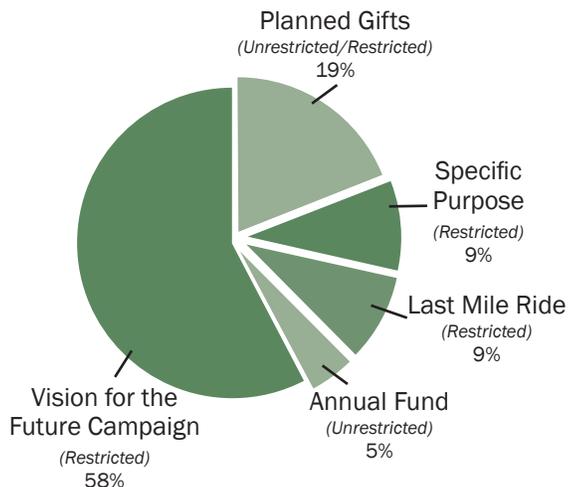
	2015	2014
Inpatient admissions	1,700	1,608
Short stay or same day admissions (outpatient)	1,164	1,281
Other outpatients	79,071	63,994
Grand total	81,935	66,883
Total patient days of care	19,073	19,469
Average daily census (hospital and nursing home)	52.3	53.3
Average length of stay in days (acute patients)	3.8	3.8
Births	192	209
Surgical procedures	2,058	2,489
Emergency treatments	7,780	7,205
Endoscopies	763	935
Cardiology exams	3,144	3,168
Respiratory care	11,875	10,728
Laboratory procedures	162,436	183,925
Radiology procedures (not including CT and MRI)	21,711	23,457
CT scans	2,725	2,309
MRI	1,327	1,363
Radioisotope procedures	471	567
Physical therapy procedures	29,941	29,681
Number patient meals served	60,372	60,969
Physician offices visits	90,850	98,062

Admissions and visits by top 20 towns

	Inpatient	Outpatient	Total
Randolph/Braintree	565	24,379	24,944
Bethel	195	7,723	7,918
Royalton	86	7,116	7,202
Chelsea	92	3,348	3,440
Northfield	104	2,990	3,094
Tunbridge	49	2,893	2,942
Rochester	61	2,881	2,942
Barre	79	2,713	2,792
Brookfield	51	2,502	2,553
White River Junction	5	2,155	2,160
Sharon	20	1,768	1,788
Williamstown	38	1,463	1,501
Montpelier	57	1,258	1,315
Stockbridge	30	1,144	1,174
South Strafford	-	899	899
Hancock	24	695	719
Norwich	2	711	713
Strafford	-	588	588
Roxbury	32	538	570
Pittsfield	14	553	567
Other VT towns	178	9,750	9,928
Other states	18	2,155	2,173
Other countries	-	13	13
Grand total	1,700	80,235	81,935

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.



Financial Statement

Balance Sheet

Years ended September 30, 2015 & 2014	2015	2014
CURRENT ASSETS		
Cash and cash equivalents	\$4,502,939	\$5,521,792
Short-term investments	1,403,381	2,063,816
Patients accounts receivable, net	9,455,871	8,846,306
Estimated third-party settlements	-	-
Other receivables	720,919	1,081,958
Supplies	1,266,698	1,187,456
Prepaid expenses	1,400,528	1,614,924
Current portion of pledges receivable	208,080	233,926
Total current assets	18,958,416	20,550,178
ASSETS LIMITED AS TO USE		
Internally designated for capital acquisition	21,025,412	23,720,918
Held by trustee under indenture agreement	2,003,897	-
Long-term investments	7,729,712	7,897,441
Total assets limited to use	30,759,021	31,618,359
PROPERTY AND EQUIPMENT, net		
	38,878,139	31,885,179
OTHER ASSETS		
Bond issuance costs, net	163,665	49,872
Pledges receivable, excluding current portion	274,347	415,716
Other assets	59,216	16,660
Total other assets	497,228	482,248
Total assets	89,092,804	84,535,964
CURRENT LIABILITIES		
Accounts payable	3,930,301	4,230,712
Accrued expenses	7,021,518	6,351,185
Estimated third-party payor settlements	1,216,326	1,792,219
Current portion of long-term debt	584,781	529,489
Other	109,681	82,500
Total current liabilities	12,862,607	12,986,105
Deferred annuity, excluding current position	471,948	373,701
Long-term debts, excluding current portion	20,178,031	18,253,825
Interest rate swap agreement	3,181,506	2,336,463
Long-term deferred compensation	-	-
Total liabilities	36,694,092	33,950,094
NET ASSETS		
Unrestricted	50,433,465	48,511,344
Temporary restricted	836,707	945,986
Permanently restricted	1,128,540	1,128,540
Total net assets	52,398,712	50,585,870
Total liabilities and net assets	89,092,804	84,535,964

Statement of Operations

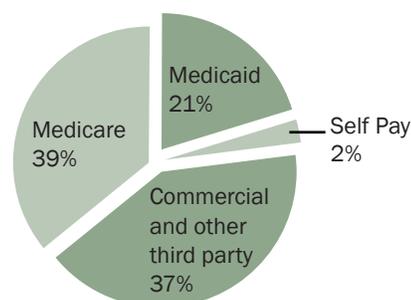
Years ended September 30, 2015 & 2014	2015	2014
WHERE THE MONEY COMES FROM		
We billed for services to inpatients	\$32,885,251	\$29,770,768
We billed for services to outpatients	88,336,505	86,453,974
We had other operating revenue of	5,744,589	4,467,730
Total operating revenue	126,966,345	120,692,472
BECAUSE WE DID NOT RECEIVE FULL PAYMENT FOR AMOUNT BILLED		
From those unable to pay (charity care based on charges)	374,844	608,399
From Medicare and Medicaid	42,142,436	39,313,818
From other contracted payors	14,047,479	13,104,606
To allow for those patients who are unwilling to pay (bad debt)	2,486,516	3,274,287
Therefore we wrote off	59,051,275	56,301,110
OUR NET REVENUE WAS	67,915,070	64,391,362

WHERE THE MONEY GOES

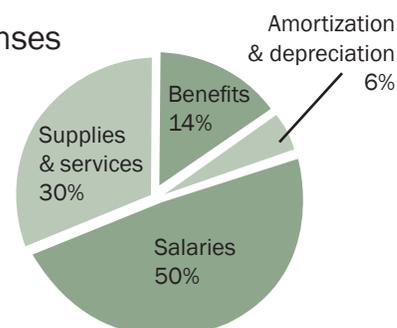
To pay our employees salaries and benefits	42,133,530	38,532,659
To purchase supplies and services	18,001,584	18,319,717
To allow for wear and tear on buildings and equipment	3,766,953	3,237,978
To pay for utilities	1,287,888	1,246,560
To pay for interest on our outstanding debt	873,918	966,396
OUR TOTAL EXPENSE WAS	66,063,873	62,303,310

THIS PROVIDES US AN OPERATING REVENUE OF **1,851,197** **2,088,052**

Percentage of revenue by payor mix



Operating expenses



The Transformative Power of a Small Gesture



Gifford's Vision for the Future began in 2008, with 31 acres in Randolph Center and a list of long-term facility and community needs. After years of community input and careful strategic planning, this year we watched the "vision" become real: the New Menig Nursing Home opened in May and 25 new private inpatient rooms opened in December. A new and modernized Birthing Center will open this coming spring.

For us, one of the most gratifying aspects of this past year has been seeing people experience firsthand the impact that their gift has on our community. Our Menig residents are enjoying a new home, filled with light and beautiful views of the surrounding mountains and meadows, and anyone

visiting the hospital can see how new private rooms have improved the healing environment for patients.

When you drop a pebble in the water, a dozen ripples are created from that one small action. The pebble is gone but the ripples keep repeating, and spreading to create more. If this one pebble can do all that, imagine what could happen if we all drop a pebble.

— Gordon S. Macklin

The highlight of our year came in November, when the Gifford Auxiliary made a million dollar contribution to the campaign—the largest gift in Gifford's history! This gift is especially impressive as the funds were raised primarily through small-dollar sales of "re-purposed" items at the Thrift Shop.

Who could imagine that the ripple created by a donated box of unused household clutter could extend so far?

It is humbling what dedication, persistence, and belief in a unified vision can do. The investment of the Auxiliary and so many other generous donors represents a powerful affirmation of what we do every day at Gifford. Each gift has contributed to an outpouring of support that will help us continue to provide quality local care for generations to come.

Your generosity, and your faith in Gifford's mission, makes transformation possible. We can never say it enough: thank you!

Ashley Lincoln
Development & Public Relations Director
Lincoln Clark & Dr. Lou DiNicola
Vision for the Future co-chairs

Tribute Gifts

Each year we receive contributions given to honor colleagues, friends, family members, or in memory of loved ones who have passed away. We recognize these thoughtful donations and the people they celebrate with Tribute Gifts.

IN HONOR OF

Dr. Kenneth Borie
Ann M. Bridges
André P. Ciccarelli
Lyndell J. Davis
Dr. Lou DiNicola
Dr. Milt Fowler
Gifford's Birthing Center
Staff
Edson Gifford
John E. Holmes
Leslie E. Holmes
Addie Flint Lamb
Sally Lanpher
Ashley Lincoln
Dr. Cristine Maloney
Mary Markle
Colleen Page
Patricia Percy
Evan Reinhardt
Edith Reynolds
Dee Rollins
Rose Stacy
Margaret B. Stern
Susan Sytsma
The Page-Miller Family
The Waters/McCullough
Family
Joseph Woodin

Margaret Beriau
Merlin Bliss
Robert Boles
Bill Borie
James Boulter
Doris Brimble
Jared Brooks
Jack Reginald Brown
Gerardo Cardenas
Sharon H. Chapin
Ruth Chodak
Dr. Kwang Ho Chun
Doug Clark
Melvin C. Colton
Charles Cota
Nicholas Cuffio
Nicholas P. Dalfino
Charlotte Daniel
Philip Davis
Suzanne De Preta
Sue Deboy
Sallie Dix
Naomi Drown
Terry Dumont
Robert S. Dustin
Adele M. Eide
Shirley B. Eldredge
Pauline Ellis
Richard W. Ellis
Michael Elmore
Robert I. Farnsworth
Francis H. Farrell
Gardner Flint
Grant Flint
Lucy Wakefield Flint
Marilyn Flowers
William James Floyd
Emile Y. Fredette
Anne Gaiko
Edson Gifford
Loeata Gifford
Russell Gray

Kenneth Griggs
Annette Groleau
Katherine F. Hanley
Lewis Hartman
Arthur R. Hill
David J. Howe
Linda B. Hull Chaffee
Vickie Lynn Kelly
Joseph Kiernan
Evelyn Lagro
Patricia R. Lawrence
Philip D. Levesque
Barbara D. Lindquist
George Lyford
Deborah MacAskill
Joyce E. MacNair
Richard Mallary
William H. Markle
Dorothy Fullam Martin
Frank Chapin McCullough
Major Melvin W.
McLaughlin
Stephen Metcalf
Edgar Morin
Eugene O'Connell
The Olliver Family
Dorothy Olmstead
Colleen Page
Charles Paige
Elizabeth Rose Peper
Laura Cody Pollard
Dot Porter
Roberta T. Preston
Janice Pring
Margaret Puttick
Malcolm Quint
Harold Rafuse
Marjorie Rafuse
Janell Fresolo Renner
Barbara Reynolds
Lee A. Richardson
William K. Rollins

Chip Ross
Norman Runnion
Jean Russell
Patrick Rymkus
Sherman Salter
David & Isabelle Sanborn
The Sault Family
Christian Scheindel
Brenda Seaton
Eleanor F. Simpson
Thomas J. Simpson
Eleanor Sims
Edmond L. Sinnott
Jeanne Sinnott
The Soutar Family
Burton W. Spooner
Christine Sprague
Connie Stearns
Howard Stockwell
Max Sturdevant
Shirley Sturdevant
Richard Swanson
Lucille Thompson
Malee Tum Keaw
Vincent Tyrrell
Charles Vaughan
Elaine Vaughan
Donna Viens
Lawrence Walko
Esther Waller
Henry Ward
Jane C. Westermann
Jean M. White
Tom Wicker
Gordon Wigggett
John Williams
Lela Williams
Gary D. Wood
Elizabeth Woodin
Patricia M. Woodin
Richard Young
Valery Zelman

IN MEMORY OF

Katherine Agnew Fourcher
Judy Alexander
Della Allen
Donna Mae Baker
Bennie Banks
Allan Barr
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Paul Beck
Anna Benoit-Nichols
Roxanne Benson

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.

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Clay Westbrook
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Wink & Bonny Willett
Dr. Chris Wilson
Peter Winslow
Todd Winslow
Joe Woodin
Bob & Rose Wright



Gifford
44 South Main Street
Randolph, VT 05060

Gifford... in a community near you!

Bethel Health Center & Gifford Adult Day

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

215 Tom Wicker Lane,
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