

# ANNUAL REPORT 2023



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Dan Bennett, President and CEO, Vic Ribaudo, Board Chair

### A Message From Our Leadership

e're at a unique reflection point in our health care system in Vermont.

As we focus on the future and how we continue to meet patient needs, we are reminded of the value we have long provided our local communities. While change is inevitable and necessary, we also need to preserve what is good and essential: access to care, close to home, something Gifford has provided our region for nearly 120 years.

We are committed to providing that access locally, with the type of services, both primary care and specialty, that are appropriate for small, rural clinics and hospitals. Because access is impacted by geography and demographics—it's not easy for many in our patient population to travel to Montpelier or Lebanon—we are doing what we can to preserve their services here, where they call home. Our community's continued support is vital to helping us follow through on that commitment, and as we work with the Green Mountain Care Board and initiatives like Act 167 focused on health care reform. Rural does not mean less than. Rural does not mean our patients are less deserving of services offered in more populated areas.

We have a lot of work to do, in general, to preserve the features of a rural lifestyle that so many of us desire—and that so many of our colleagues talk about in our lead story here, in our 2023 Gifford Health Care Annual Report, *Redefining Rural*. That includes access to high-quality health care for generations to come.

Thank you for supporting Gifford. We wish you the best in 2024 and hope to see you soon.

In gratitude, Dan Bennett, President and CEO Vic Ribaudo, Board Chair

# Redefining Rural

What does living, working, and providing health care in our corner of Vermont look like? There's no one who can answer that better than our team members.

he Oxford dictionary defines rural as "in, relating to, or characteristic of the countryside rather than the town." Similar words include country, pastoral, rustic, bucolic, agricultural. Rural areas typically have low population density, small settlements, farms, forests, or wide-open spaces.

Rural also means home. For those us who've chosen to make our lives here in Vermont, it reflects a decision, or many decisions, about where we want to be. Work. Raise our children. Spend our free time.

Still, rural life can be tough, and tough on the body. According to the Centers for Disease Control and Prevention (CDC), rural Americans are at greater risk of death from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke. "Some rural areas have characteristics that put residents at higher risk of death, such as long travel distances to specialty and emergency care or exposures to specific environmental hazards. ... Rural Americans tend to have higher rates of cigarette smoking, high blood pressure, and obesity. ... They also have higher rates of poverty, less access to health care, and are less likely to have health insurance."

Providing health care in rural areas where 46 million Americans live, by the way, about 30,000 of whom are in Orange County, Vt.—takes a uniquely qualified and committed person. Someone who still wants to work in health care in this post-emergency-butstill-pandemic world. Someone with the skills and training. But also someone drawn to the lifestyle (outdoorsy, farm-to-table) who's not put off by the challenges (mud season, isolation, no Chipotle). Someone who appreciates long winters, all things maple-infused and craft-brewed, knowing their neighbors, and helping their neighbors.

We have a lot of those someones here at Gifford. In a recent employee survey



Above, Vermont native and longtime Gifford nurse Jamie Cushman shares her knowledge and depth of experience as a nurse educator. At home, right, Jamie and her family own and operate a farm that produces pork, chicken, handcrafted goat milk soap and more on their Barre, Vt., property.



with 114 respondents, 53 percent of colleagues told us they live on a dirt road; 61 percent have tapped a maple tree; 61 percent make/grow/raise veggies, eggs, meat or other items for their families or to market; 98 percent told us they enjoy the outdoors. Ninetyone percent can identify a favorite green mountain, with 27 percent of respondents picking Camel's Hump.

We're a pretty even split between

Vermont natives and transplants, including those of us who followed a job here.

Or two jobs, like the Heneys, Drs. Jessica and Ryan, who in October 2023 joined our Primary Care team, Jessica in Randolph and Ryan at Bethel Health Center. Both Heneys, who describe themselves as mission-driven, were drawn to Gifford's size and community.

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Redefining Rural (continued from previous page)

"Gifford reminded me of where we did our training," says Jessica. "I was really looking for that after being at a large center where no one knew anyone. Gifford feels very familiar. We also talked to people who work here, some of them for decades, and they obviously love it."

So what does living, working, and providing health care in our corner of Vermont look like? There's no one who can answer that better than our team members. They each have a different, inspiring story. They are redefining rural, and in late 2023 we launched a campaign of the same name to share their stories. We provide a glimpse of their work life but also look at their lives outside Gifford and what keeps them motivated on challenging days.

We've heard from Jamie Cushman, a Vermont native and longtime Gifford nurse who now shares her knowledge and depth of experience as a nurse educator. At home, Jamie and her family own and operate a farm that produces pork, chicken, handcrafted goat milk soap and more on their Barre, Vt., property.

And Nadine Nelson, another longtime nurse who currently serves as director of nursing at Menig Nursing Home. Nadine, who grew up far south of the equator and never experienced snow until she was 18 years old, thrives on our Green

Mountains in all seasons, shredding the trails with the tires of her fat bike.

Next up is Matthew Bouteiller, a physician assistant in our Emergency Department who in his downtime can be found playing guitar with his band, Radio Bear, or making his way down the slopes of Saskadena Six with his favorite wee skier, daughter Esme, 3.

We're learning from our colleagues that, while we each appreciate different things about our lives in Vermont, there are common themes—community, clean air—that unite us in our appreciation:

"The calm, rural atmosphere of central Vermont," says Marie Kittel, a receptionist in Patient Registration.

"Supportive community and connectedness," says Dr. Milt Fowler.

"The people, the quiet, the outdoors, Gifford:-), all the seasons," says Erica Schleif, LCMHC, mental health therapist and clinical coordinator for psychiatry and counseling.

"Peaceful, beautiful, great place to raise a family, availability to the outdoors. People work toward a common goal, not just themselves," says Jane Tulloh, radiology technician.

"I love the wholesome, dependable life here! Food is primarily sourced locally, people enjoy and thrive in the outdoors, and there are so many outdoor activities year-round," says Cassidy Norton, RN, a nurse in our Birthing Center.

"I love the clean fresh air. I love the sense of freedom while walking through the woods or open fields. I love the mountains. And the 'Vermont way of life,'" says Jessica Blaise Cameron, office representative at Strode Independent Living.

"The seasons, rural landscape and the people—neighbors become friends and those who've been neighbors for generations are like family," says Kathleen Paglia, MSN, RN, nursing house supervisor.

And then there's Quinn McDonagh, RN, who's relatively new to the team. Quinn, a recent graduate of Vermont State University, worked on Med Surg before achieving her goal of working as a nurse in our renowned Birthing Center. We recently spoke with Quinn about why she decided to make a career in nursing when nationwide we are seeing a nursing shortage, why she chose Gifford, and how she marries her professional life with her other life, her life outside Gifford.

"This is technically a second career—for many years I worked in hospitality, events, restaurants, and even sales," says Quinn, who lives in East Montpelier with her husband, Markus, and two rescue puppies. "Most of my dearest friends from nursing school were also all joining nursing as a second career. It's not too late!"

"I come from a family of nurses on my father's side, and they





While national data tell us that rural Americans have "less access to health care," and therefore experience higher mortality rates, our team is here, providing access, sometimes short-staffed but always committed.

for years have told me that I should become a nurse," she says. But "it wasn't until after my mother's leukemia diagnosis that I became her caretaker. After her passing, I was between jobs, my aunts and uncles approached again saying that I should really consider it. I started taking courses that next month."

As a student, during her clinical rotation at Gifford, Quinn "felt incredibly supported by the staff. That continued on through the rest of my orientation and during my transition into independent practice."

To anyone who's just starting out in nursing school, or considering nursing but unsure of the path forward, Quinn has this advice: "Nursing is a lot of hard work. It doesn't stop at nursing school and the [national exam]. The clinical skills that you obtain are a vital and necessary part of the job, but not entirely. The care, compassion and empathy for your patients, to me, is a crucial aspect. People are often their most vulnerable when in the hospital, and being a strong supportive presence can really alter a person's experience and overall health. Having a connection with your patients and having a positive effect on their life is an incredibly important part of nursing care."

Away from work, in her downtime, Quinn enjoys crafting, travel, and music. She and Markus are in a cover band and play a few gigs a year.

"Most often you can find us playing, just the two of us on the couch, or around a fire with friends, him on the guitar, me singing," she says. "We love traveling both internationally and domestically. Seeing the world really helps me appreciate what we have here in Vermont."

While national data tell us that rural Americans have "less access to health care," and therefore experience higher mortality rates, our team is here, providing access, sometimes short-staffed but always committed.

As our population ages, the demand for our team's essential service only increases. In looking at data comparing 2010 with 2021, published by the <u>Vermont Legislative Join Fiscal Office</u> in January 2023, "the sharp increase from 10.5 percent to 16.4 percent in the share of the population that is ages 65 to 79 suggests greater demand for services that help older people thrive—housing, transportation, health care, and the like. As that population ages over the next ten years, the demand for those services will rise."

Redefining Rural is dedicated to our team members, team members who are also neighbors, friends, and patients. Because they show up, each and every day, to work in areas ranging from Environmental Services to General Surgery, Gifford continues a more than century-old tradition of excellence in rural health care. We thank them for choosing Vermont, for choosing Gifford, and for redefining what it means to live and work here.

giffordhealthcare.org/redefining-rural

# Wrapped in Services

"It's incumbent upon us to be really strong partners and make sure that we're meeting the needs of the people we serve."

eet people where they are. More than a catchphrase, this strategy of connecting with individuals in a way that's effective for them lies at the heart of the way many of us work, particularly those of us who serve or care for others as our vocation. It can mean physically where they are, or in terms of connecting with their background, knowledge or experience, and it's a common theme we hear when we ask providers about their philosophy of care.

Take this example, presented by Warren McDermott, DNP, who joined our Primary Care team in November 2023: "Building rapport with patients is incredibly important, aligning with their values and goals," says Warren as he describes helping patients make long-term behavioral changes, such as smoking cessation. "This helps to get buy-in for changes and reduces the risk of wasting our time and their time. Together we make sure we're focusing on things they actually care about."

Greater Gifford similarly focuses on the things our patients and community really care about, by listening. In September 2023, Gifford continued its annual Community Listening Tour with stops in Chelsea, Randolph, Rochester, and South Royalton, Vt. Along the tour, leaders from Gifford invited partners Capstone Community Action, Clara Martin Center, and Tri-Valley Transit to share information about their programs and services and hear feedback from residents.

Among those on hand was Melanie Gidney, executive director for Clara Martin Center, a nonprofit based in Randolph that provides acute and longterm behavioral health care services throughout the greater Orange County area. The center serves children, families, and individuals coping with mental health challenges, emotional stress, mental illness, alcohol and other substance-use problems.

Gidney and her colleagues meet people where they are: sometimes in an office setting but often in schools and private homes; with transportation; in meeting day-to-day needs, such as grocery shopping for healthy foods or doing laundry; and in keeping them wrapped in services and care through connection with other partners, like Gifford.

We recently caught up with Gidney to talk about her agency's role in our community, our partnership, and what she sees as a critical component of that partnership: care coordination.

"Care coordination is essential—the left hand and the right hand need to know what's going on to best serve folks," she says.

Gifford and Clara Martin coordinate care around medication-assisted treatment, nursing to address complex medical needs, and managing chronic care conditions to include involvement of primary care providers where necessary.

Gidney expanded on the need for coordination in the context of prevention.

"We have staff who are connected with Gifford care coordinators and communicate about high-needs, high-risk clients, those we serve that Gifford also serves, some of whom end up in the Emergency Department, and what can we do to prevent that level of care need and help these individuals be more successful in the community."

Gidney touched on several other ways Gifford and Clara Martin connect: by sharing physical space at the Chelsea Health Center—a model for co-location and collaboration, where we can guide "warm handoffs, making sure people don't fall through the cracks"; by ensuring Clara Martin clients are able to access the fresh fruit and vegetables available through Gifford's monthly VeggieVanGo program; and generally by taking a wholehealth approach, utilizing the strengths of each organization for the betterment of community members.

That starts with leadership.

"We have a very strong relationship," says Gidney, describing her collaboration with Gifford President and CEO Dan Bennett. "I know who Dan is. I feel like I can call him and that we can work together to address issues in our very rural area, of which we are the two leading health care entities. It's incumbent upon us to be really strong partners and make sure that we're meeting the needs of the people we serve, and that we stay in our lanes of specialty."

That high-level collaboration extends beyond Bennett, to include quarterly senior leadership meetings between the two organizations to discuss issues facing our community, meetings that ramped up during COVID and continue today.

"Our missions are similar but allow us to be specialists in our necessary areas, and to use those specialties to the best of our ability to meet the changing needs of our community," says Gidney.

Accessibility is key to meeting the care needs of a community, a theme touched on time and again during Gifford's Community Listening Tour, and the demand for mental health and substance-use services has only amplified since COVID. Clara Martin Center is in the early days of a special program to meet that increased demand with same-day treatment.

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"The acuity, the challenges people are facing are more difficult, more complex, and we need to do a better job at meeting that need," says Gidney. "We know that when somebody needs mental health or substance-use treatment, the earlier you can engage them when they're asking for help, the more likely they are to be successful in treatment."

To that end, Gidney and her team have been working on a grantfunded initiative that enables the center's clinicians to provide same-day access, same-day assessment—no appointment necessary—several days a week at locations throughout their catchment area, including Randolph.

"We're trying to eliminate that [accessibility] barrier and let people just walk in," says Gidney. "This program provides better access, easier access, and we're really meeting them when they're ready and able to engage."

#### **More Action to Address Barriers**

Like Clara Martin Center, longtime Gifford partner Capstone Community Action participated in Gifford's 2023 Community Listening Tour. The organization, which serves low-income residents. likewise has partnered with Gifford in a variety of ways over the years, in terms of direct service but also as part of broader community efforts.

"We have worked with Gifford staff to serve mutual participants, provide community suppers, served on community networking teams to address homelessness and systems service issues, and shared outreach around services offered through both organizations," says Capstone's Linda Anderson, director of family and community support services.

Capstone's work in the community intersects with Gifford by providing services to support individuals' basic needs that directly and indirectly impact health outcomes. This includes rental housing counseling for individuals who are homeless or at risk of homelessness; support to access food; energy assistance and weatherization services; and Head Start and Early Head Start, programs that help families connect to dental and health care for their children, and more.

"All of these services support the health and wellbeing of individuals, many of whom are served through Gifford," says Anderson.

Improving access to care is top of mind for Capstone, too.

In addition to making referrals to Gifford for health care and substance-use treatment, Capstone's Early Head Start program helps families access health and dental services.

And Community Rides Vermont, a pilot program that began as a Capstone initiative, provides transportation to low-income community members on a sliding scale.

The latter, for example, "can support people getting to appointments at Gifford's services in the Berlin area," says Anderson.

Another Gifford partner, nonprofit Tri-Valley Transit (TVT). shared the mic during the Community Listening Tour to discuss transportation.

"We really appreciate the support and involvement that Gifford provides," says TVT Community Relations Manager Mike Reiderer. "Being a part of community conversations and working together to address challenges is key to providing the best services possible in our community, and Gifford has been

> a wonderful partner with us for many years."

"TVT's public bus routes serve Gifford's Randolphbased locations, including Strode Independent Living, Menig Nursing Home, and Kingwood Health Center, in addition to [Gifford Medical Center] being one of our most utilized stops on our local routes."

In addition to its bus service, TVT provides Dial-a-Ride throughout our region.

"TVT's Dial-a-Ride program provides door-to-door transportation for eligible residents living in our Orange and Northern Windsor County service area, including residents over 60 years old, people with disabilities, and Medicaid members who qualify for transportation assistance," Reiderer says. "These programs offer additional access to Gifford's clinics in Bethel, Sharon, Chelsea, and Rochester."

While TVT has a clear, literal focus on getting people where they need to go, all Gifford partners share a commitment to breaking down barriers and connecting our community with care and services to optimize their health and wellness. It's long been who we are—Gifford since 1905, Capstone Community Action since 1965, Clara Martin Center since 1966, and Tri-Valley Transit (formerly Stagecoach) since 1976. Together, in 2023 and beyond, we are meeting people where they are, wrapping them in services, and strengthening our community.

For more information about our partners, visit: claramartin.org

capstonevt.org trivalleytransit.org



Health and Technology

2023 was largely consumed with preparation for and integration of a new electronic health record (EHR) and single Gifford Patient Portal.

he intersection of technology and health care has long benefitted the patient, from use of diagnostic imaging tools like MRI and CT scans to heartrate monitors. Now, health information technology (HIT), on the recordkeeping side of health care and involving the processing, storage, and exchange of health information in an electronic environment, likewise has the potential to revolutionize health care.

According to the U.S. Department of Health and Human Services, "widespread use of health IT within the health care industry will improve the quality of health care, prevent medical errors, reduce health care costs, increase administrative efficiencies, decrease paperwork, and expand access to affordable health care."

Here at Gifford, 2023 was largely consumed with preparation for and integration of a new electronic health record (EHR) and single Gifford Patient Portal—go-live was in October—replacing the previous hospital and clinic portals and providing patients with greater flexibility in accessing their health information and other resources. The new system, Meditech, is used at Gifford Medical Center and in all Gifford clinics across the region.

Vice President of Support Services Doug Pfohl, who took the lead on the EHR transition, told our local paper, *The Herald*, "We couldn't have had a better start."

"The change to a new records system, besides cutting down on complexity," reported *The Herald*, "also gives a single place for Gifford leaders to look at vast amounts of data and try to discern where the organization's efforts are really working and where they are not."

"Where are we seeing the most patients, where are we helping the community most? Population health is a big component to this upgrade," said Pfohl. "We can narrow down now a lot of information ... so we can see the similarities within our community and then help direct where we should be focusing the care that we provide."

#### **CHQR Badge for Achievement**

A few months after launch, the Health Resources & Services Administration (HRSA) presented Gifford a 2023 Community Health Quality Recognition (CHQR) badge for achievement in Health Information Technology. To earn its CHQR badge, Gifford met the following criteria: adopted a new EHR system, offered telehealth services, exchanged clinical information online with key provider health care settings, engaged patients through health IT, and collected data on patient social risk factors.

"Your health center's efforts are central to advancing a model of coordinated, comprehensive, and patient-centered care," said HRSA Associate Administrator James Macrae in a letter announcing the CHQR badge. "Thank you for your commitment to providing quality primary health care services to your community."

"Our new electronic health record is a great step forward for Gifford and our patients," said Gifford President and CEO Dan Bennett. "This Community Health Quality Recognition badge from HRSA recognizes that, and shines a light on the good work of our colleagues who saw us through this transition to advance access to health information for our community."

#### **Provider Perspective: Q&A with Hospitalist Michelle Wade**

Here, Michelle Wade, APRN, a hospitalist at Gifford Medical Center who from the early days of the EHR project (dubbed SOLE, or System Optimization to Leverage Evidence Based Practice Learning) has served on its Core Team, offers her perspective on the change in systems.

#### How is the new EHR a step forward for Gifford providers/staff? Patients?

It's brought three EHRs into one. We now have the Emergency Department, the inpatient world, and the outpatient world all in a single EHR. It's a patient-safety, patient-first documentation system now where providers don't have to take time to go look in multiple systems to try to understand what's going on with their patient.

Likewise, it's a step forward for our patients, in the sense that they now have only one portal instead of the two, one for the inpatient world and one for the outpatient world, that they'd previously had to use.

Ultimately, when we finish optimizing everything, it's also going to provide the ability for our patients to do a lot of the necessary but sometimes tedious paperwork and questionnaires prior to coming in for their appointments, which is going to help provide extra face-to-face time for patients with their providers, and that access is what it's really all about.

#### Did you learn anything surprising/interesting in preparing for the transition? During the transition? In the aftermath?

One thing we learned was that there were different



Above, staffers Erin Tortolano, Careen Floyd, and Eva Linden collaborate on the EHR transition. Right, Michelle Wade speaks with the team on Howell Pavilion.

functions going on within the existing EHRs at our outside clinics, versus here in Randolph, versus what went on in the inpatient world, that we were actually further apart than we thought we were. There were a lot of silos. We identified areas that needed to be consolidated, refined, and streamlined to better serve our providers, and therefore our patients.

Also, in preparing for the transition, I don't think people fully understood what a big change it would be for our providers, nursing, front-office staff, accounting and billing, materials management, or for our OR and Birthing Center, areas that were using a lot of paper.

With such a big change across our organization, of course there are challenges. Our core team continues to examine how best we can support our staff and providers as they work in the new system. In my provider champion role. I'm here to support providers with the little day-to-day nuances. For example, being stuck on a certain screen and not knowing what to do next. I might be able to help with that really quickly and simply because I work in the system, or I might be able to say, hey, that's a Meditech problem.



We also have a new clinical informatics provider position, who closely understands the challenges associated with record-keeping for our outpatient world.

#### How is the EHR customized for Gifford?

Meditech is very customizable. During the building phase, we brought in each of the specialty departments, representation from Primary Care, representation from the front offices, representation from nursing and the ED, really every department, and had them look at what the system was out-of-the-box and determine whether or not they felt Meditech would work well here at Gifford. We also considered our uniqueness: being in a small community yet having a large FQHC [Federally Qualified Health Center] with clinics spread across multiple locations.

We were able to tweak and change things within the EHR to make it work for our structure, but also be an improved system that is financially more interconnected. This was significant, a driving force when we left the multiple EHRs to go to one as we needed a better accounting system and better tangibility on billing and coding. Meditech gives us that.

#### How can the EHR be optimized?

We are currently in the stabilization phase. Once we're done with stabilization, we will look at optimization—those things that make your workday easier, those things that make a provider's access to patients quicker because we've changed a screen to meet the provider's need.

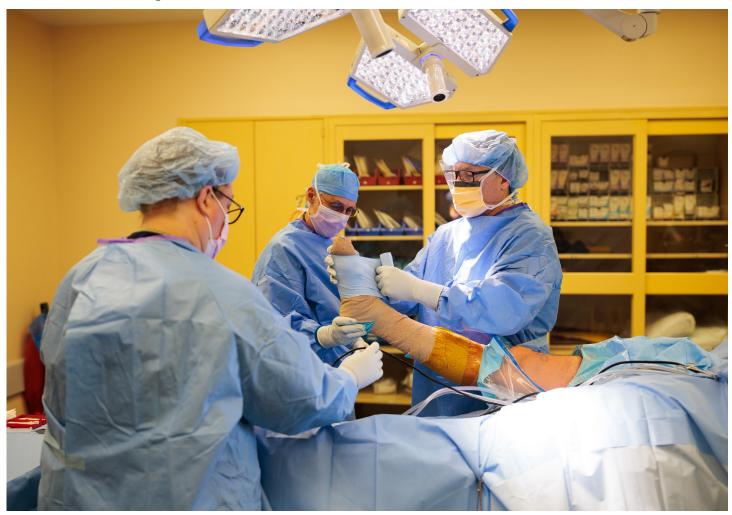
It's going to be setting up those extra, most-frequently-used features or functions, and having somebody with skill within the EHR come around and spend time in your office and say, if you now have to click here, here and here, the next time you want that, it'll be just one click and you have it. Optimization is also where we can add things that we did not include in the original build, outside of the patient safety- and finance-related items that we're finetuning now during stabilization.

#### Anything else you want to tell us?

We're continually improving. We share periodic updates with our team to communicate what things are going well, what perhaps isn't going as well, and how we're addressing issues. This is an evolution, one that benefits our patients and Gifford.

#### Gifford Health Care

#### **2023 Annual Report**



# Specialized Care Close to Home

t a time in the United States when "60 million rural residents have limited access to orthopedic care due to a small rural orthopedic surgery workforce" (National Library of Medicine, 2021), Gifford continues to invest in orthopedics. In October 2023, orthopedic surgeon Dr. Douglass Weiss joined our team, seeing patients at Gifford Specialty Clinics in Randolph and at Sharon Health Center.

What drew this skilled surgeon, who most recently provided care as a commander with the United States Navy, to small-town Vermont? Our community focus and commitment to providing a standard of care that cannot be compromised because of our zip code.

"I've had great opportunities over my career," said Weiss, who also serves as a team physician with USA Hockey. "I spoke with the staff and administration here, and I felt it was a good fit. Gifford's mission is in line with my goals of helping people. And I'm from New England, am familiar with this area, and prefer a community-minded hospital like Gifford."

Gifford has a long history in central Vermont, well over a century. Our core reason for being is to provide access to high-quality health care, including specialty services like orthopedics, to those who live here. That accessibility is key, especially as demand for services increases as our rural population ages and becomes more vulnerable.

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"The aging process is associated with an elevated risk of multiple chronic health conditions" (National Library of Medicine, February 2023), and therefore older adults have greater need for chronic management services, specialist services (from cardiovascular medicine to rehabilitation therapy), "and services for mental and psychological distress that usually coexist with chronic physical conditions."

Here at Gifford, that need for specialized care is met with a dedicated team and locations in Randolph, Berlin and Sharon providing comprehensive services, including general surgery; orthopedics; podiatry; cardiovascular medicine; urology and urogynecology; neurology; OB/GYN; oncology; rehabilitation therapy, including physical, occupational and speech therapies; advanced diabetes care; and radiology.

It's widely acknowledged that long wait times and inadequate access to specialty care and chronic disease management services adversely impact health outcomes for older people in rural America. By continuing our commitment to offering these services, close to home for our patients, we alleviate physical barriers—e.g., long distances to tertiary hospitals, lack of adequate public transportation—to receiving care.

#### Patient Perspective

In fiscal year 2023, the team at Gifford performed 1,992 surgical procedures, up 358 from the previous year. One of those procedures was a joint replacement for Dan Bennett, Gifford's president and CEO, who in November shared his experience with all-staff in his biweekly, internal Monday Morning Memo. "My message today is personal," he wrote. "Like many of you, I not only work at Gifford, I receive care as a patient. And last week, thanks to Dr. Alex Orem and our skilled orthopedics and surgery teams, I received a new hip."

This was Bennett's second hip replacement at Gifford—his first was in 2019—and both experiences reinforced for him a simple fact, he said: "We have an exceptional team here at Gifford.



In fiscal year 2023, the team at Gifford performed 1,992 surgical procedures, up 358 from the previous year. One of those procedures was a joint replacement for Dan Bennett, Gifford's president and CEO.

As I shared years ago when I talked about my experience, my care was excellent, from pre-op to ambulatory care to recovery to physical therapy. Everyone was wonderful, and also provided great communication to my wife, Jane, while I was still under anesthesia. ... Like then, I am already back to walking my puppy, Teddy, though he is no longer a puppy.

Thank you to everyone who cared for me through my procedure. Your role and the skills you deliver locally are critically important. Your good work, accessible to our neighbors, family and friends here, in or very close to their hometown, is essential. Additionally, our partners at tertiary hospitals like Dartmouth Hitchcock appreciate the expertise of our team and their capacity to perform procedures like joint replacements, rather than referring their way, as they focus on more major operations.

I am proud to work here, and I am proud to be a part of a team so committed to providing exemplary care at our hometown hospital and clinics."



Dan Bennett, president and CEO, with wife Jane and puppy Teddy after Dan's first of two hip replacements.

#### Highlights from 2023

#### Last Mile Honors Chip

The 18th annual Last Mile event in August made another record-breaking year, welcoming 676 participants and raising \$198,000 to support end-of-life care. Missing this year was long-time supporter Chip Milnor, who lost his courageous battle to cancer in May. Chip's friends came together and raised over \$20,000 in his memory.



#### Five Stars for Menig

In February, Menig Nursing Home received an overall five-star rating from the Centers for Medicare and Medicaid Services (CMS). The five-star system is a metric-based quality initiative that evaluates three areas of service: health inspection outcomes, quality measures, and staffing. The five-star rating reflects our team's commitment to our residents.



#### ED Recognized for Excellence

Gifford's Emergency Department achieves silver-standard accreditation from the American College of Emergency Physicians (ACEP) in recognition of its excellent care for older adults. In its June 2023 announcement, ACEP recognized Gifford as part of its Geriatric Emergency Department Accreditation (GEDA) program, citing Gifford's "remarkable team of interdisciplinary leaders" and focus on the "highest standards of care for Gifford communities' older adults."



#### Highlights from 2023

#### New Provider for Ob/Gyn

Dr. Andrea Mendelssohn joined Gifford's Ob/Gyn Midwifery team in July 2023. As a general obstetrician-gynecologist, Mendelssohn sees women of all ages, from teenagers to women experiencing menopause. She provides a wide range of services, routine to emergent, delivers babies and performs surgeries.



#### **Hearing Our Community**

In September, Leaders from Gifford, Capstone Community Action, Clara Martin Center and Tri-Valley Transit set out on our annual listening tour, making stops in Randolph, South Royalton, Rochester and Chelsea to share program and service updates and invite feedback from community members. (Photo courtesy of the *Herald /* Tim Calabro)



#### **Doctors Heney Share Commitment**

In October, Doctors Jessica and Ryan Heney joined Gifford, Jessica on the Primary Care team in Randolph and Ryan at Bethel Health Center. The Heneys, a married couple, share a deep commitment to providing personalized care to patients at every stage of life—taking care of people from cradle to grave, all ages, and all genders.



#### Highlights from 2023

#### Honoring Our People

In January, Gifford presented its Employee Recognition program, recognizing and rewarding the amazing work that happens every day Gifford with our exceptional team. Team members were nominated by patients, patient families, and colleagues. Three awards were presented: the DAISY, the BEE (Be Exceptional Every day), and the HIVE.



#### Heart of the Matter

Gifford Wellness presented Heart of the Matter, a discussion with topics ranging from heart attack prevention to self-management. Cardiologist Dr. Bruce Andrus was joined by Leslie Osterman, PA-C, Dr. Courtney Riley, Emily Russell, RN, and Walter Ziske, care coordinator, for this well attended event.



#### **New EHR**

On Oct. 9, Gifford's new Electronic Health Record went live. The single EHR replaced three previous systems. Patients now use a single Patient Portal as well, rather than separate clinic and hospital portals, to access their health information.



#### Highlights from 2023

#### All About Advance Directives

Gifford hosted an Advance Care Planning Fair in April. This community event shared the importance of designating a health agent and completing advance directives. Community partners including Bayada Hospice, Central Vermont Council on Aging, Day Funeral Home, SASH, and the Visiting Nurse of Hospice of VT and NH joined the Gifford team.



#### Surgeon Joins Ortho Team

Orthopedic surgeon Dr. Douglass Weiss joined Gifford, seeing patients at Gifford Specialty Clinic in Randolph and at Sharon Health Center. Weiss most recently provided care as a commander with the United States Nacy, based at Naval Medical Center Camp Lejeune. His service included a six-month deployment in Afghanistan. Weiss also serves as a team physician with USA Hockey.



#### Focused on Primary, Post-Acute Care

Warren McDermott, DNP, joined the Primary Care team seeing patients Rochester Health Center and Gifford's Post-Acute Care Clinic (PACC) in Randolph. In his PACC role, he follows up with patients discharged from the hospital or Emergency Department to review the discharge plan.



Last Mile Donors

52 sponsors 676 participants and countless donors raised \$198,000

bringing Gifford's 18-year total to \$1,576,023 in support of end-of-life care.



Join us for the 19th annual



August 10, 16 and 17, 2024

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#### Donors

Thank you for your generous contributions to Gifford. We appreciate your support of our mission to provide accessible health care in our rural community, today and for generations to come.

At the intersection of health care and technology, 2023 was a year of big change for our team as we launched a new electronic health record (EHR) and patient portal. On the partnership front, we continued our Community Listening Tour, inviting several partners to join us as we shared information about programs and services and heard directly from community members about their needs. Our outreach to community also included Heart of the Matter, a discussion with topics ranging from heart attack prevention to self-management, as well as education on issues ranging from the importance of colorectal screenings to straight talk about women's health, to tips for healthy eating.

In August, our annual three-day Last Mile saw record-breaking success with \$198,000 raised to support end-of-life patients and their families. The most humbling part is that no matter the ask, when it comes to the Last Mile, the answer is yes—from our dedicated volunteers, to our business sponsors, to our participants and many donors. These gifts make a lasting impact on our community and the care our team provides. We hope you will join us again for Last Mile 2024.

Your investment truly makes a difference.

With gratitude, Ashley Lincoln VP of Development and Public Relations

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#### **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.

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#### Volume totals for services

	2023	2022
Inpatient admissions	1,012	1,264
Short stay or same day admissions (outpatient)	1,059	624
Other outpatients	61,693	62,457
GRAND TOTAL	63,764	64,345
Total patient days of care	14,212	14,989
Average daily census (hospital and nursing home)	38.94	41.07
Average length of stay in days (acute patients)	4.4	3.6
Births	232	216
Surgical procedures	1,992	1,634
Emergency treatments	7,883	7,255
Endoscopies	1,128	650
Cardiology exams	3,853	4,188
Respiratory care	6,653	6,296
Laboratory procedures	154,636	167,672
Radiology procedures (not including CT and MRI)	26,255	26,388
CT scans	5,056	5,225
MRI	1,243	1,291
Radioisotope procedures	761	467
Physical therapy procedures	34,804	37,293
Number patient meals served	36,795	47,922
Physician offices visits	81,079	84,808

#### Admissions and visits by top 20 towns

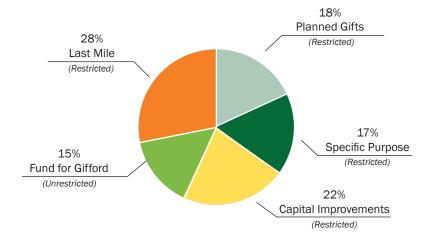
	Inpatient	Outpatient	Total
Randolph	179	10,665	10,844
Bethel	69	5,049	5,118
Barre	61	4,685	4,746
Randolph Center	52	3,940	3,992
South Royalton	47	3,683	3,730
Braintree	64	3,081	3,145
Northfield	51	2,565	2,616
Chelsea	44	2,495	2,539
Rochester	37	2,415	2,452
Williamstown	31	1,905	1,936
Tunbridge	23	1,580	1,603
Brookfield	21	1,513	1,534
Montpelier	19	1,484	1,503
Stockbridge	17	912	929
East Randolph	8	784	792
Sharon	9	715	724
Washington	13	663	676
Hancock	7	603	610
Berlin	3	519	522
Graniteville	5	508	513
Other VT towns	252	11,929	12,181
GRAND TOTAL	1,012	61,693	62,705

#### **Giving Statistics**

For over 120 years, Gifford's generous donors have helped fulfill our commitment to continually improving services and technology that enhance the patient experience. Donors invest in a variety of ways, as indicated by the categories of giving in the pie chart at right. With their investments, we are responding to the evolving needs of our patients and communities with services that make us healthier together.

#### Categories of giving

by type



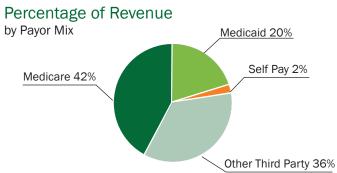
Balance S	Sheet
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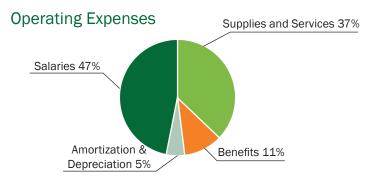
	2023	2022
Years ended September 30, 2023 & 2022  CURRENT ASSETS		
Cash and cash equivalents	2,075,360	1,558,276
Short-term investments	84,195	3,925,993
Patients accounts receivable, net	7,018,413	
Estimated third-party settlements	85,694	2,200,000
Other receivables	518,156	247,448
Supplies	1,086,075	1,150,677
Prepaid expenses	1,739,114	1,661,159
Current portion of pledges receivable	-	, ,
Total current assets	12,607,007	22,141,875
ASSETS LIMITED AS TO USE		
Internally designated for capital acquisition	18,759,942	19,390,292
Held by trustee under indenture agreement	3,542,404	3,386,797
Long-term investments	3,212,427	6,160,760
Total assets limited to use	25,514,773	28,937,849
OTHER ASSETS		
Pledges receivable, excluding current portion	-	-
Other assets	7,867,953	4,039,898
Total other assets	7,867,953	4,039,838
PROPERTY AND EQUIPMENT, NET	44,254,398	46,092,537
Total assets		
10141 455015	90,244,131	101,212,099
CURRENT LIABILITIES	90,244,131	101,212,099
	<b>90,244,131</b> 1,688,430	1,615,730
CURRENT LIABILITIES		1,615,730
CURRENT LIABILITIES Accounts payable	1,688,430	1,615,730 5,941,842
CURRENT LIABILITIES  Accounts payable  Accrued expenses	1,688,430 7,032,592	1,615,730 5,941,842
CURRENT LIABILITIES  Accounts payable  Accrued expenses  Estimated third-party payor settlements	1,688,430 7,032,592 1,508,330	1,615,730 5,941,842 3,051,954
CURRENT LIABILITIES  Accounts payable  Accrued expenses  Estimated third-party payor settlements  Current portion of long-term debt	1,688,430 7,032,592 1,508,330 81,994	1,615,730 5,941,842 3,051,954 136,608
CURRENT LIABILITIES  Accounts payable  Accrued expenses  Estimated third-party payor settlements  Current portion of long-term debt  Interest rate swap agreement	1,688,430 7,032,592 1,508,330 81,994 0	1,615,730 5,941,842 3,051,954 136,608
CURRENT LIABILITIES  Accounts payable  Accrued expenses  Estimated third-party payor settlements  Current portion of long-term debt  Interest rate swap agreement  Other	1,688,430 7,032,592 1,508,330 81,994 0 5,021,307	1,615,730 5,941,842 3,051,954 136,608 0 4,300,830
CURRENT LIABILITIES  Accounts payable  Accrued expenses  Estimated third-party payor settlements  Current portion of long-term debt  Interest rate swap agreement  Other  Total current liabilities	1,688,430 7,032,592 1,508,330 81,994 0 5,021,307 15,332,652	1,615,730 5,941,842 3,051,954 136,608 0 4,300,830 15,046,963
CURRENT LIABILITIES  Accounts payable  Accrued expenses  Estimated third-party payor settlements  Current portion of long-term debt  Interest rate swap agreement  Other  Total current liabilities  Deferred annuity, excluding current position	1,688,430 7,032,592 1,508,330 81,994 0 5,021,307 15,332,652 512,629	1,615,730 5,941,842 3,051,954 136,608 0 4,300,830 15,046,963 567,593
CURRENT LIABILITIES  Accounts payable  Accrued expenses  Estimated third-party payor settlements  Current portion of long-term debt  Interest rate swap agreement  Other  Total current liabilities  Deferred annuity, excluding current position  Long-term debts, excluding current portion	1,688,430 7,032,592 1,508,330 81,994 0 5,021,307 15,332,652 512,629 17,952,521	1,615,730 5,941,842 3,051,954 136,608 0 4,300,830 15,046,963 567,593 19,694,587
CURRENT LIABILITIES  Accounts payable  Accrued expenses  Estimated third-party payor settlements  Current portion of long-term debt  Interest rate swap agreement  Other  Total current liabilities  Deferred annuity, excluding current position  Long-term debts, excluding current portion  Long-term deferred compensation	1,688,430 7,032,592 1,508,330 81,994 0 5,021,307 15,332,652 512,629 17,952,521 14,633,512	1,615,730 5,941,842 3,051,954 136,608 0 4,300,830 15,046,963 567,593 19,694,587 12,692,946
CURRENT LIABILITIES  Accounts payable  Accrued expenses  Estimated third-party payor settlements  Current portion of long-term debt  Interest rate swap agreement  Other  Total current liabilities  Deferred annuity, excluding current position  Long-term debts, excluding current portion  Long-term deferred compensation  Total liabilities	1,688,430 7,032,592 1,508,330 81,994 0 5,021,307 15,332,652 512,629 17,952,521 14,633,512	1,615,730 5,941,842 3,051,954 136,608 0 4,300,830 15,046,963 567,593 19,694,587 12,692,946
CURRENT LIABILITIES  Accounts payable  Accrued expenses  Estimated third-party payor settlements  Current portion of long-term debt  Interest rate swap agreement  Other  Total current liabilities  Deferred annuity, excluding current position  Long-term debts, excluding current portion  Long-term deferred compensation  Total liabilities  NET ASSETS	1,688,430 7,032,592 1,508,330 81,994 0 5,021,307 15,332,652 512,629 17,952,521 14,633,512 48,431,314	1,615,730 5,941,842 3,051,954 136,608 0 4,300,830 15,046,963 567,593 19,694,587 12,692,946 48,002,089
CURRENT LIABILITIES  Accounts payable  Accrued expenses  Estimated third-party payor settlements  Current portion of long-term debt  Interest rate swap agreement  Other  Total current liabilities  Deferred annuity, excluding current position  Long-term debts, excluding current portion  Long-term deferred compensation  Total liabilities  NET ASSETS  Unrestricted	1,688,430 7,032,592 1,508,330 81,994 0 5,021,307 15,332,652 512,629 17,952,521 14,633,512 48,431,314	1,615,730 5,941,842 3,051,954 136,608 0 4,300,830 15,046,963 567,593 19,694,587 12,692,946 48,002,089
CURRENT LIABILITIES  Accounts payable  Accrued expenses  Estimated third-party payor settlements  Current portion of long-term debt  Interest rate swap agreement  Other  Total current liabilities  Deferred annuity, excluding current position  Long-term debts, excluding current portion  Long-term deferred compensation  Total liabilities  NET ASSETS  Unrestricted  Temporary restricted	1,688,430 7,032,592 1,508,330 81,994 0 5,021,307 15,332,652 512,629 17,952,521 14,633,512 48,431,314 39,054,706 1,073,375	1,615,730 5,941,842 3,051,954 136,608 0 4,300,830 15,046,963 567,593 19,694,587 12,692,946 48,002,089 50,530,780 995,740

#### **Statement of Operations**

Years ended September 30, 2023 & 2022	2023	2022
WHERE THE MONEY COMES FROM		
We billed for services to inpatients	19,715,868	23,028,437
We billed for services to outpatients	122,087,293	117,173,086
We had other operating revenue of	14,501,379	16,822,586
Total operating revenue	156,304,540	157,024,109
BECAUSE WE DID NOT RECEIVE FULL PAYMER FOR AMOUNT BILLED	NT	
From those unable to pay (charity care based on charges)	482,169	477,732
From Medicare and Medicaid	63,855,640	53,475,959
From other contracted payors	12,301,405	18,705,213
To allow for those patients who are unwilling to pay (bad debt)	2,741,207	2,042,139
Therefore we wrote off	79,380,421	74,701,043
OUR NET REVENUE WAS	76,924,119	82,323,066
WHERE THE MONEY GOES		
To pay our employees salaries and benefits	52,757,590	48,526,616
To purchase supplies and services	32,088,806	30,954,395
To allow for wear and tear on buildings and equipment	4,428,869	4,316,245
To pay for utilities	1,561,100	1,561,100
To pay for interest on our outstanding debt	633,503	652,573
OUR TOTAL EXPENSE WAS	91,469,867	86,010,929
THIS PROVIDES US AN OPERATING REVENUE OF	(14,545,748)	(3,687,863)







#### **Employee Anniversaries**

Each year we recognize staff members for their dedication, the value they bring to Gifford, and their years of service (employees are recognized for every five years of service). To all of our honorees, thank you for all you do for our community.



#### 5 years Cassandra Adams Danielle Anderson Jada Billow John Blaisdell Katherine Clemente Rachel Coombs Courtney Deblois Emilija Florance Nancy Limbaugh Ursula Margazano Felisters Ngoma Katrina Nichols Melany Velarde Osario Morgan Provost **Emily Russell** Pascale Stephani Erin Tortolano

Michelle Wade

Jordan Young

# 10 years Casey Booth Jeremy Cameron Stephen Conti Kyle Covino Danielle Davis Katelyn Duprey Chelsea Fullam Denise Glatzer Douglas Pfohl Pamela Salls Bradford Salzmann Rebecca Savidge Susan Therrien Caitlyn Welch

# 15 years Angela Bailey Angela Fletcher Jenell Lyford Kimberly Nelson Jackie Sprague Lisa White Thomas Young

# **20 years**Julie Arms Patrice Conard Cynthia Duval Jamie Floyd Joe Pelletier

# 25 years Kim Connolly Donna Ferris Tina Grant James McConnell Beryl McPhetres Michele Packard Kim Summers

# **30 years**Darlene Doyle Susan Molinario

# **35 years**Kathleen MacAskill Laudell Slack

#### **45 years** Marcia Eaton