



# 2023 NMC Annual Report

## 2022 Annual Report Introduction



<https://youtu.be/Q4nmNFfroE?si=IZ414G6uf9n3FAKm>

# A QUALITY FOCUS

## *High Reliability in Action:*

Improving Systems, Reducing Errors, Preventing Harm

NMC continues forward with our emphasis on being a “High Reliability Organization” (HRO) as support of our mission to provide exceptional care for our community. Embracing High Reliability means using intentional, proven tools and approaches to maintain exceptional care and service within a highly complex, high risk environment where any error could result in avoidable harm.

“It’s not that we will never make mistakes,” says Dr. John Minadeo, NMC’s Chief Medical Quality Officer, “It’s that we take the right steps to prevent mistakes and to not let mistakes cause harm.”

Through team education and engagement in High Reliability and the use of Lead Daily Management techniques, NMC has made significant progress in safety and quality improvements. This work produces immediate benefit to patients and staff – and is reflected in our advancement toward our ultimate goals of providing CMS 5-Star level care and Leapfrog A rated level care.

Here are two quick examples of improvement efforts from Fiscal Year 2023.

## *Respiratory Therapy:*

Respiratory Therapy (RT) utilized their Key Process Indicator (KPI) board to track their device set up process throughout the hospital. (A KPI board is a data-driven tool facilitating staff-directed process improvement with visible results – NMC leaders round on 19 active KPI boards throughout the organization each day.)

After collecting data that demonstrated an inconsistent process for how the respiratory medical devices are set up between use, the RT team performed a 5-why. (A 5-why is a formal Lean tool which helps a group go beyond surface appearances and find what is truly impacting a situation.) Their 5-why led to an action plan of developing a checklist of cleaning, setup, and equipment needed for each device. Since developing this checklist, they reduced their occurrences of missed setups or equipment by 77%.



From what they learned in that effort, the RT team then focused their effort on one specific device and has met their goal 95% of the time. Not only have they been able to create a process that increases patient safety, but they have also identified opportunities that they are looking to measure next. Ensuring RT has what they need when they need it is a vital component of patient safety.

## *Patient Access:*

Patient Access has been diligently tracking patient identification errors at the time of registration or scheduling on their KPI board. Any error in patient identification carries the risk of the wrong care being provided to a patient, which could have serious consequences.

With a team-focus on finding system improvements to reduce errors to prevent harm (rather than an outdated and improvement inhibiting blame seeking focus), the Patient Access team carefully tracked their performance. When trends were discovered on their Pareto Chart (a statistical tool that helps turn raw data into actionable insight), the team worked on a 5-why to create an action plan. This action plan resulted in an 83% reduction in



errors by the following month. As they monitored their work and noticed further data trends, another 5-why and action plan were performed, creating another decrease in errors. This work toward High Reliability has eliminated rework, prevented harm, and made for a much safer care environment.

---

## *New Web Presence Gives Public A Look at NMC Quality and Safety*

As a way to share information about our care quality with the community, NMC published a new series of webpages on our site that highlight the ongoing work toward the delivery of safe, high-quality care.

The pages focus on three key quality initiatives from our Quality Plan and established best practices for hospitals: Hand Hygiene, Sepsis and Hospital Acquired Infections.

The pages offer information on what kind of data we are measuring, how NMC is performing in achieving our goals, what improvement projects are in work, and how patients and visitors can help.

Find the new web pages here: <https://www.northwesternmedicalcenter.org/about-nmc/hospital-data/patient-safety-and-quality/>

## *Processes That Drive Result*



### Sepsis: NMC’s intentional focus on early identification and treatment

When bacteria get into a person’s body, it can cause an infection such as a urinary tract infection or pneumonia. If left untreated, these infections can cause sepsis. Sepsis is the body’s extreme response to infection and triggers a chain reaction throughout your body. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.

As outlined in NMC’s Quality Plan, the hospital is working to ensure we deliver time-sensitive care for patients with sepsis that meets standards set by the Centers for Medicare and Medicaid.

#### **Progress this year included:**

- Staff education
- Improved workflows between departments like the Emergency Department and our inpatient unit
- Order sets for providers to use, ensuring consistency with treatment protocols for sepsis patients
- Screening during triage for all adult patients in the Emergency Department
- Screening for admitted patients at least every 12 hours

#### **These screenings are part of a new standardized surveillance process that includes:**

- Specific required questions to be asked of all adult ED patients during triage
- Documentation in the medical record required from inpatient nursing staff every 12 hours
- Based on the response and certain vital signs meeting sepsis criteria, the medical record system will assist the nurse in identifying possible sepsis patients and provide a sepsis risk assessment.
- If the patient doesn’t meet all criteria at the time of screening, but does have the potential for sepsis, the system will surveil during the visit and flag nursing/providers if the patient should meet criteria at a later time.
- If a patient screens positive, the system displays a “flag” on the tracker board to alert the care team.
- Care providers are able to easily locate criteria triggering the sepsis alert for patients identifying as septic.
- Nurses can implement sepsis orders in the ED more confidently.
- The goal of this work is to identify and treat sepsis early and effectively. As NMC progresses, we will measure our success by tracking rates of compliant care, aiming to be well above the national average.



# Preventing Readmissions

Ensuring that patients are able to go home from the hospital and recover well from their illness or injury is a key factor in the exceptional care that NMC strives to provide. NMC is committed to helping patients and caregivers to that patients do not need to be unnecessarily readmitted.

NMC’s Quality Plan outlines a goal for the hospital to keep the readmission rate below nine percent, and the Utilization Review Committee meets regularly to review data and processes and seeks to find ways to improve.

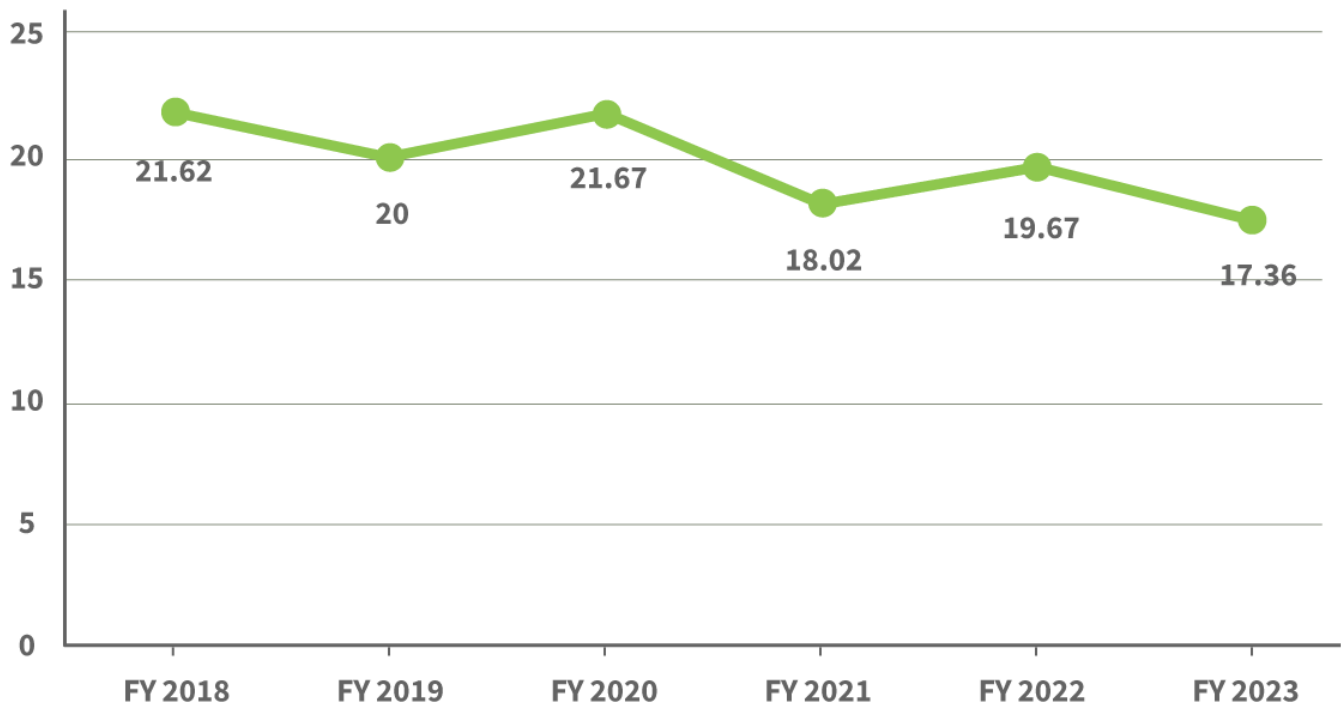
“We want to transition our patients out of the hospital safely, and we want to deliver holistic

clinical care,” says Manager of Care Management Amanda Wilson. “We want to take care of your whole human body and make sure that you don’t need to come back to us.”

The Utilization Review Committee monitors readmissions related to specific conditions like Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), respiratory failure, pneumonia and others.

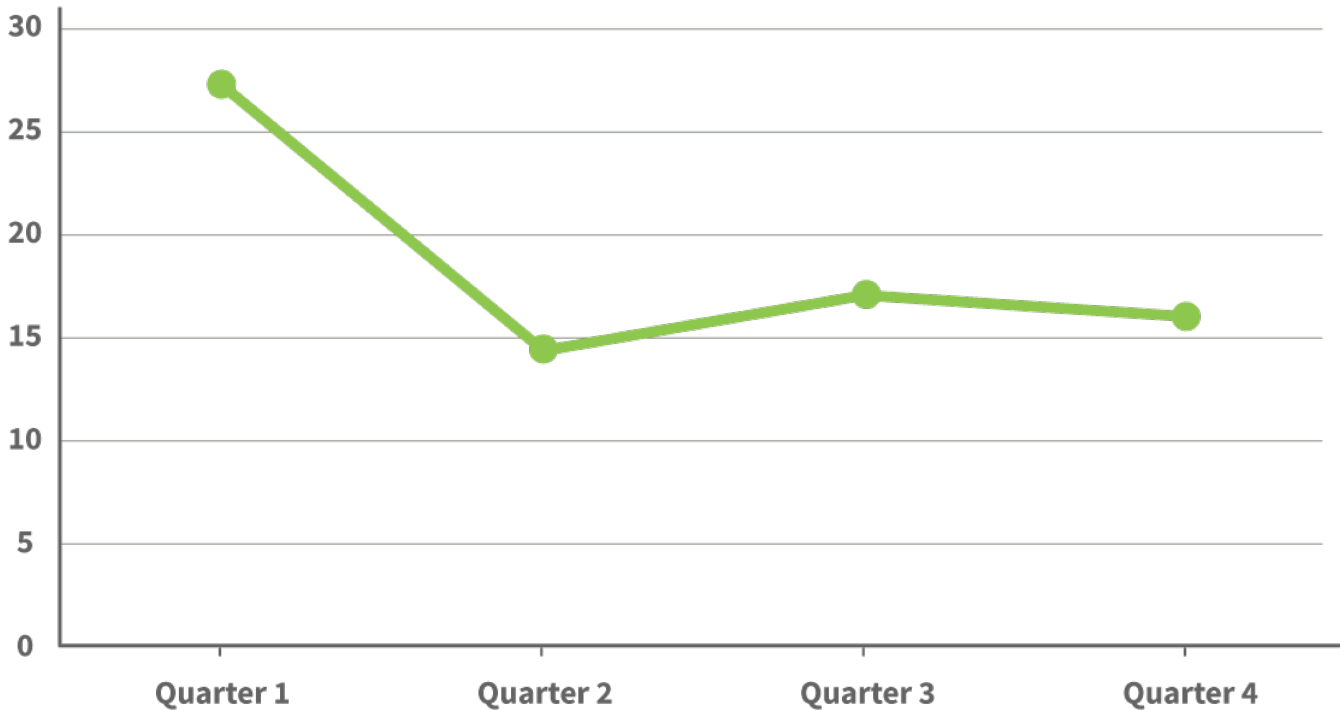
NMC has seen an improvement in readmission rates for CHF, which are down to 17.46 percent for fiscal year 2023.

## *Strata internal claims-based data*



With an intentional focus on supporting patients with Congestive Heart Failure this year, we are seeing good progress.

## *Premier risk-adjusted data*



To achieve these improvements, a workgroup on readmissions has developed strategies to tackle the complex issue, including:

- Implementing a collaborative discharge checklist that ensures all members of the care team prepare the patient and their care partner to go home.
- Communication with a care partner for every patient
- Use of the LACE tool which helps predicts and prevent high-risk conditions that could result in readmission
- Creation of a workgroup with skilled nursing facilities to ensure seamless transitions from the hospital to those settings
- Use of Key Performance Indicators to monitor readmissions on a daily basis
- Utilizing surveillance of all patients with COPD or CHF to ensure equity of care and support.
- Invigorating a workgroup on palliative care, implementing an automatic trigger in certain circumstances so that patients and families get palliative consultation.

“It’s been a very collaborative effort,” says Wilson. “We are partnering with home health agencies, skilled nursing facilities, primary care practices and many more to support the health and wellbeing of our community.”

# CAIRES Circle ACH

Our community formed a new Accountable Community for Health (ACH) organization this year called C.A.I.R.E.S. CAIRES Accountable Community for Health (ACH) brings together partners from health care, social services, and other sectors, as well as representation from the community, to take responsibility for the health of Grand Isle and Franklin counties.

Addressing health inequities in our region's service delivery system is the driving force in the design of this new Accountable Community for Health.

## CAIRES Member Organizations:

- Abenaki Nation of Missisquoi
- Agency of Human Services – St. Albans and Middlebury Districts
- AgeWell
- Bayada
- Bi-State
- Bridges to Health, UVM
- CarePartners
- Cathedral Square
- Champlain Valley Head Start
- CIDER
- Cold Hollow Family Practice
- Franklin County Caring Communities
- Franklin County Industrial Development Corporation
- Franklin Grand Isle Community Action - CVOEO
- Franklin Northeast Supervisory Union
- Franklin West Supervisory Union
- Grand Isle Sherriff's Office
- Grand Isle Supervisory Union
- Howard Center
- Maple Run Unified Supervisory Union
- Missisquoi Valley School District
- Monarch Maples Pediatrics Enosburg
- Northwest Regional Planning Commission
- Northwestern Counseling and Support Services
- Northwestern Medical Center

CAIRES is committed to staying grounded in health equity by ensuring all work is designed with health equity principles.

The CAIRES circle is a team that meets monthly and is focused on the sustainability of the ACH. Work groups form on topics or issue areas to coordinate work around shared goals and strategies. An example would be a work group that formed in the summer of 2023 to focus work on the needs of children in Franklin and Grand Isle Counties.

- NOTCH
- OneCare Vermont
- Planned Parenthood of Northern New England
- Primary Care Health Partners – St. Albans Primary Care
- St. Albans Primary Care
- Samaritan House
- Sheldon Food Shelf
- Spectrum
- St. Albans Museum
- St. Albans Police
- Suncrest Health Care Communities
- United Way of Northwest Vermont
- Vermont Department of Health Division of Substance Use
- Vermont Department of Health St. Albans Office of Local Health
- Vermont Dept of Children and Families, Family Services Division
- Voices Against Violence
- VTNG

## CAIRES Guiding Principles:

- Collaboration
- Adaptability
- Inclusiveness
- Respect
- Equity
- Sustainability



## *NMC Earns Gold Seal of Approval*

In 2023, Northwestern Medical Center once again earned The Joint Commission's Gold Seal of Approval® for Hospital Accreditation by demonstrating continuous compliance with its performance standards. The Gold Seal is a symbol of quality that reflects a health care organization's commitment to providing safe and quality patient care.

NMC underwent a rigorous, unannounced onsite review on December 10, 2022. During the visit, a team of Joint Commission reviewers evaluated compliance with standards spanning several areas including emergency management, environment of care, infection prevention and control, leadership, and medication management.

The Joint Commission's standards are developed in consultation with health care experts and providers, measurement experts and patients. They are informed by scientific literature and expert consensus to help health care organizations measure, assess, and improve performance. The surveyors also conducted onsite observations and interviews.



# ENHANCING TECHNOLOGY AND INFRASTRUCTURE

## *Three Examples of Key Upgrades*

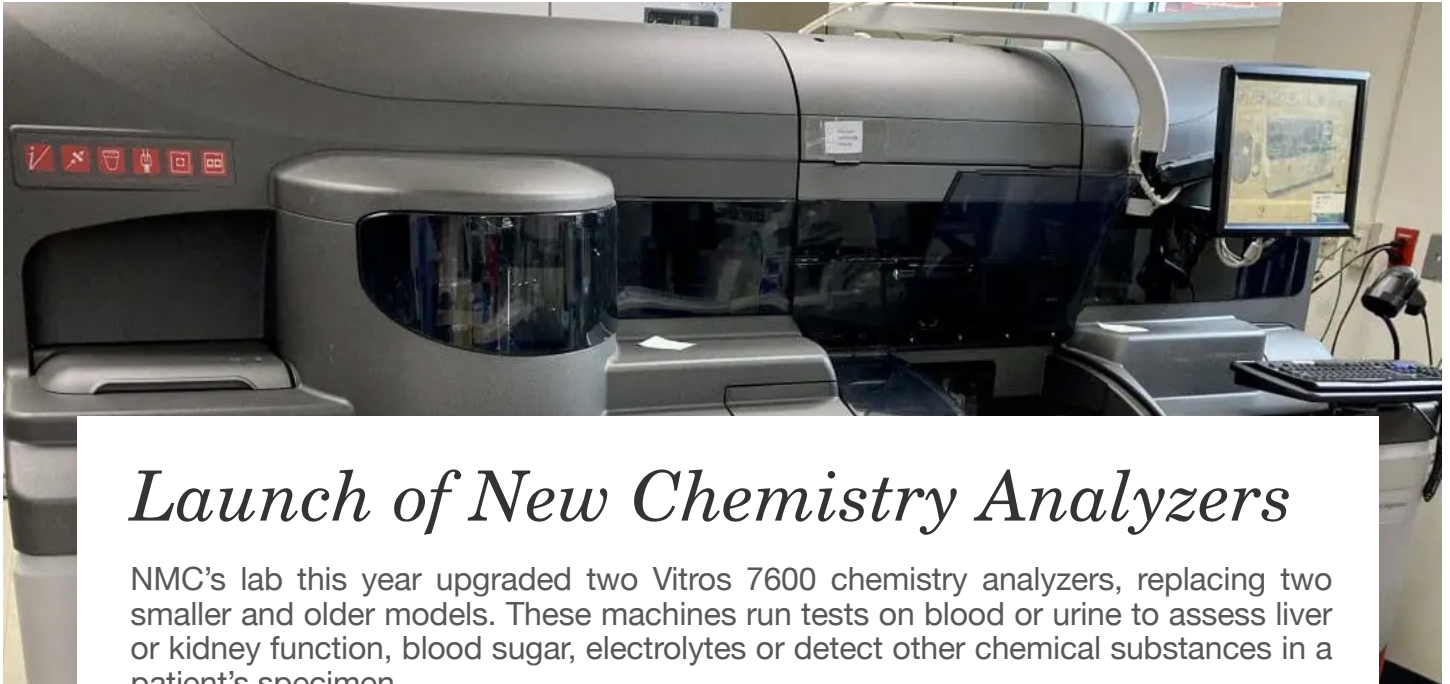
NMC continuously seeks to upgrade our infrastructure and technology to ensure that we keep pace with the latest developments in the care of our patients. Exceptional care starts with empathy, and the delivery of that care is made more efficient when our tools and techniques are industry standard.

Three examples of important advancements in our technology this year include an upgrade of our MRI equipment, implementation of Tele-Stroke programming in partnership with Dartmouth Health and new chemistry analyzers for our lab.



### MRI Upgrade

In 2023, NMC upgraded its Magnetic Resonance Imaging equipment, allowing for a new level of productivity and patient comfort. NMC conducts about 2,500 MRIs each year and the upgrade provides better image quality, improvements in efficiency, workflow, and access times. NMC patients now benefit from quieter scanning noise and continued access to the larger 71-centimeter-wide bore (opening), which help to reduce anxiety and claustrophobia concerns.



## *Launch of New Chemistry Analyzers*

NMC's lab this year upgraded two Vitros 7600 chemistry analyzers, replacing two smaller and older models. These machines run tests on blood or urine to assess liver or kidney function, blood sugar, electrolytes or detect other chemical substances in a patient's specimen.

The upgrade brings improvements including:

- Faster throughput and improved turnaround times.
- Complete test menu on both analyzers, offering a redundant system
- Workload balancing across two identical analyzers for improved efficiency
- Reduction in downtime risk = expecting virtually 100% uninterrupted performance

"Above all, we are striving to improve our services and avoid unnecessary downtime," said Director of Laboratory Services David Blin.

## *Partnering with Dartmouth for Stroke Care*

This year, NMC began working with Dartmouth Health TeleNeurology, enabling faster access for Emergency Department patients having neurological emergencies. The TeleNeurology Program provides round-the-clock consultations by a board-certified neurologist for patients 18 years and older. Patients are evaluated, managed, and treated in real-time collaboration with NMC's ED providers.

"TeleNeurology has been a great addition to

the care we provide at NMC," says Emergency Department Nurse Manager Rachael Sehpardson-Rudden. "It's impressive and reassuring to be able to provide an eyes-on neurologist to patients 24/7 that we otherwise would not have at a small hospital. Keeping our friends and family members closer and being able to treat them locally has been awesome for the community."

In the program's first year, NMC was able to provide 273 consultations for patients.

## *Expanded Emergency Department Set to Open Soon*

NMC's \$11 million project revamping the Emergency Department opens for patient care in early December. The renovation brings a much-needed overhaul of a busy healthcare space with key improvements to patient privacy, increased capacity, and a dedicated suite designed to better meet the needs of patients experiencing mental health issues.

### Key facts:

*Renovates **9,500** square feet and adds **2,400** square feet of space.*

*Increases patient treatment spaces to **21** from **14**.*

*Adds **four dedicated spaces** designed to treat mental health issues*

*Improved **infection control measures** with greater capacity for negative pressure*

### About the project:



#### *Privacy*

The old ED had only a few closed-door rooms, with a set of curtained bays in the center of the department. The new space uses a double hallway design with treatment rooms on the outside of the hallways, each room having a closable sliding glass door.



#### *Efficiency*

The staff "hub" will be in the center of the department, along with a dedicated medication preparation space, and centralized storage. The care team can see and easily access treatment areas making workflows more efficient.

*About the project continued:*



*Safety*

The registration area is part of the renovation, and the new design brings staff inside the secure area of the department, an improvement in staff safety.



*Timing*

The Emergency Department moved operations into a nearby temporary space in April 2023. The ED operated smoothly in the temporary space for the past eight months, and prepares to transition into the new space in December.



# PROVIDER SPOTLIGHT

## *New Providers*

NMC welcomed many new providers to the medical staff this year in the fields of Urgent Care, Emergency Medicine, Endocrinology, Inpatient Pediatrics, and Orthopaedics.



**WILLIAM TIMBERS, MD**  
Emergency Dept



**BRIDGET HIGGINS, PA**  
Urgent Care/ Emergency  
Dept



**RUSSEL JAPIKSE, MD**  
Emergency Dept



**KELSEY SHEAHAN, MD**  
Endocrinology



**SHARON STOLL MD**  
Urgent Care Medical  
Director



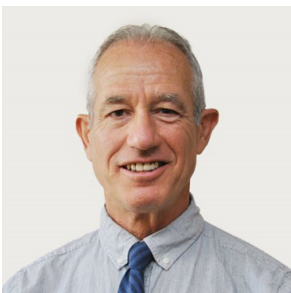
**ARIEL GALLANTBERNSTEIN MD**  
Hospitalist Pediatrics



**ASHLEY WILLIAMS, PA-C**  
Endocrinology



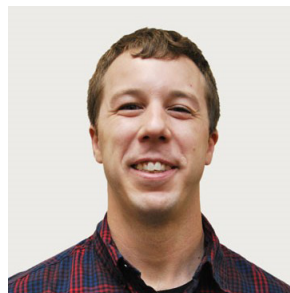
**BRIAN JOKINEN, PA**  
Urgent Care



**BENJAMIN ROSENBERG, MD**  
Orthopedics



**PATRICK OSBORNE NP**  
Urgent Care

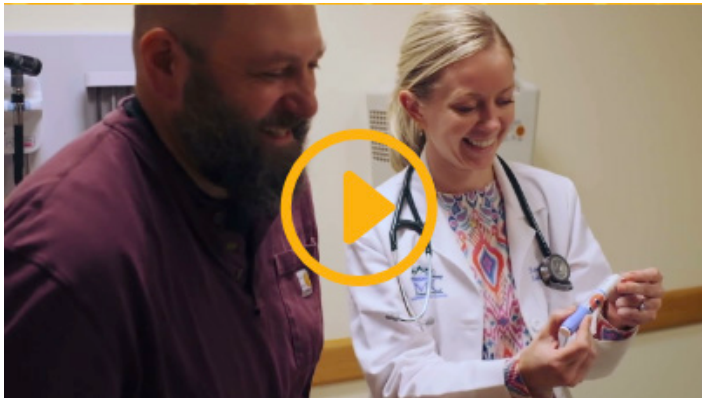


**ZACHARY NOLLET, PA-C**  
Urgent Care

## Hear From Our Providers

### *Dr. Kelsey Sheahan*

Diabetes Care at NMC



*Dr. Kelsey Sheahan of Northwestern Endocrinology talks about Diabetes and the lifestyle factors that contribute to a patient's diagnosis and management plan. [Watch Video](#)*

### *Dr. Kelsey Sheahan*

Patients as the Priority



*In this video, Dr. Kelsey Sheahan talks about the patient experience at NMC and why she enjoys caring for the Franklin County community. [Watch Video](#)*

### *Dr. Colleen Moran:*

Reflecting on Inpatient Pediatrics at NMC



*In this video, Dr. Colleen Moran, Director of Inpatient Pediatrics, talks about NMC's pediatric services and the benefits to our community. [Watch Video](#)*

### *Charley Harvell, SLP:*

Diagnosing Swallowing Problems



*In this video, our Speech and Language Pathologist, Charley Harvell, talks about how she examines how a stroke patient swallows to help diagnose the problem and develop a treatment plan. [Watch Video](#)*

# PATIENT CARE

## *Reclaiming Mobility:*

## MID-FOOT RECONSTRUCTION SUCCESS AT NMC

While out for a leisurely motorcycle ride, John Collinsworth of St. Albans, said he found himself between the proverbial rock and a hard place.

“A group of friends and I were riding our motorcycles on a UTV trail near Troy, Vermont. Riding in the left side track, I brushed up against an embankment, stalling the motorcycle and pinning my left foot between a rock that was jutting front the embankment, and the foot-peg of my motorcycle.”

Unaware at the time, Collinsworth had shattered and dislocated several bones of the left midfoot, resulting in an injury called a Lisfranc fracture.

While the injury occurred around noon that Sunday, Collinsworth said, “I rode the 40-minute ride back home and waited until around 6 p.m. Monday, before going to the Northwestern Medical Center Urgent Care.”

Three days later, Collinsworth met with foot and ankle surgeon Kristin Kindred, DPM, for consultation.

CT scans revealed that the middle-foot bones and joints were severely broken and fragmented, including the bones that extend to the big toe, and the middle three toes. The injury required immediate attention to avoid further damage, therefore surgery was scheduled for just eight days later.

“Lisfranc fractures can be treated with open reduction internal fixation (ORIF) or with primary arthrodesis of the affected joints,” said Dr. Kindred, who specializes in foot and ankle reconstruction.



*Before*



*After*

Open reduction is an open surgical procedure in which broken bones are realigned, in contrast to a closed reduction which is performed without the need for surgery, such as a cast.

Internal fixation refers to the components used to stabilize bones, such as screws, plates, or rods. During an arthrodesis, the fusing of joints, a surgeon manually straightens the damaged joint, removing cartilage, and stabilizes the bones so that they heal together.

“The first, second and third tarsometatarsal (TMT) joints are small, non-essential joints and the foot still functions very well without mobility of these joints,” said Dr. Kindred. “In fact, the stability of the arch and midfoot depends on these joints being secure and stable. Most often stability is more important than motion.”

The fourth and fifth TMT joints are more essential to preserve motion, so ORIF is often chosen for these, she said. “In John’s case I did fusion of the first, second and third, and ORIF of the fourth,” as the level of fragmentation and joint destruction made the selection of primary fusion necessary. Collinsworth, now 71, said he was initially apprehensive about the prospect of surgery, as this would be his first-ever surgery.

### *Who, Why or What is a Lisfranc?*

*Skilled physicians were in high demand on the battlefield during the brutal Napoleonic Wars (1803-1815). Out of necessity, Dr. Jacques Lisfranc de St. Martin, a French gynecologist, was pulled in to help operate on wounded soldiers.*

*Dr. Lisfranc created a new technique in 1815, while treating a cavalry soldier whose foot became stuck in the stirrups during a dismount. Compromised blood flow to his lower limb caused a gangrenous foot, requiring amputation. Lisfranc described the surgery as an ‘amputation of the foot through the tarsometatarsal articulation’ (middle-foot bones).*

*The eponymous Lisfranc injury has come to mean a dislocation or fracture-dislocation injury at the tarsometatarsal joints, also known as the Lisfranc joints.*

*Dr. Lisfranc pioneered several other operations during his medical career in Paris.*

For Dr. Kindred, surgical planning began by closely assessing fracture patterns on the CT scan. “I look at where the fragments are and try to visualize how to fix them in surgery.”

Once in the OR, “I make incisions over the joints and carefully mobilize and retract the nerves, tendons and vasculature between the skin and bone.”

There are often bone fragments blocking reduction of the joints, she explained. “Any fragments I remove during reduction are then morselized and used as graft to fill any bone voids,” as was the case during Collinsworth’s repairs.

“I will say that John’s fracture was one of the hardest ones I have ever fixed because of the comminution (fragmentation.) Because of the fractures and the joint dislocation, I had to put in longer plates, and reduce the joints and the fractures at the same time,” Dr. Kindred said.

Following surgery, Collinsworth was to remain non-weight bearing on his left foot for eight weeks, while patients with less severe recoveries often endure only six weeks, according to Dr. Kindred.

“I was able to get around with crutches and a knee walker. I then graduated to a tall walking boot and began partial weight bearing nine weeks post-surgery and then full weight bearing in running shoes mid-October,” he recalled.

He began physical therapy at Cobblestone on October 5, working with Christine Sears, PT, through January 2023.

“The physical therapy sessions with Crissy were integral to my successful recovery,” Collinsworth said. “Thank you, Crissy, for motivating me to work to restore mobility in my foot and ankle.” He attributes the reclaimed range of motion and strength in his foot and ankle to her expertise.

“I am extremely fortunate to enjoy this level of recovery, which is about 98-to-99-percent by my own estimate. I have read so many accounts of others who have sustained similar injuries, and years later are still suffering. There are so many stories of misdiagnoses or lack of adequate post-surgery care,” he said, mentioning a Facebook page dedicated to such.

“Lisfranc injuries can be misdiagnosed, or entirely missed, up to 20-percent of the time,” Dr. Kindred confirmed. “It would be more common to miss



than the more subtle sprains of the foot, as there is often less swelling and bruising than with higher energy injuries.”

While it is often thought of as a high velocity injury that occurs from a motor vehicle accident, falling from a height, or falling off a motorcycle/ATV, Dr. Kindred said, “Up to 30-percent of these injuries occur without a high energy mechanism; from things like missing a step, sprains or ground level falls.”

## Back on the Bike

With two adult sons and five grandchildren, Collinsworth values the ability to renew his active lifestyle. Having ridden motorcycles for nearly 50 years, it would be difficult to give it up now.

“I generally ride about 6,000 miles a year,” he said, recalling a round-trip ride to Sturgis, South Dakota in 2021. Just nine months after his accident he was back in the saddle.

“I just went for my first ride since my injury on April 15. I plan to continue riding but intend to limit my off pavement riding to gravel roads,” he said.

“Please consider wearing proper protective gear when riding. Had I not been wearing the boots that I was, the injury would probably have been even more severe,” he offered to motorcyclists who may be reading this.

“Based upon my experience the best advice I would give someone is not to delay in getting an injury checked out. I’m certain that my waiting for more than 24-hours and continuing to bear weight



*John Collinsworth sits on his motorcycle just ten minutes after an accident that shattered the bones in his left foot, resulting in a severe Lisfranc fracture. “I was supporting over 600 pounds of motorcycle and body weight on my injured foot,” said Collinsworth. “Notice the heavy boots I was wearing; the helmet is concealing the grimace on my face.*

on my foot exasperated my injury.”

Finally, his words to the surgeon who reconstructed his foot: “Dr. Kindred, as a community, we are privileged to have a surgeon of your caliber practicing at Northwestern Medical Center.

Your expertise is apparent, in that I experienced absolutely no nerve damage from the surgery, essentially no pain, and the most positive outcome I could have wished for.” --

**Story by Sarah Parsons West**

# STEWARDSHIP

## STRATEGIC PILLAR: STRONG FINANCIAL STEWARDSHIP

NMC has three strategic pillars... Quality and Safety, Employee Engagement, and Financial Stewardship. We believe that providing high quality and safe care to patients and taking great care of our employees leads directly to financial stewardship.

With that strategy in mind, NMC continues to make investments in quality and safety, using the principles of lean daily management and high reliability organizations. NMC also continues to make investments in our employees, offering highly competitive salaries and benefits and creating a culture that values the retention of our most precious resource, our team.

Even with these investments, workforce shortages continue to play a significant role in our organization. Temporary traveling staff (“Travelers”) have played a vital part in keeping services available at NMC and we are grateful for their contributions. However, travelers are expensive: More than twice the cost of a permanent employee in the

same role. NMC made great progress in FY’23 in reducing the number of travelers we employ by 35%.

Continued reductions of travelers in FY’24 will be crucial to meeting our financial goals.

NMC will end FY’23 with an operating loss, but a positive overall net income. This result was made possible due to a favorable year of market returns on our investments. NMC continues to have a strong investment portfolio that will allow us to withstand difficult financial times and to continue purchasing the equipment, technology, and infrastructure necessary to offer high quality care to our patients.

NMC’s FY’24 budget was approved by the Green Mountain Care Board as submitted. The FY’24 budget results in a positive modest, positive 1% operating margin and is a meaningful step in the right direction of our financial stewardship journey.

## NMC AND THE VERMONT COLLABORATIVE HOSPITAL NETWORK (VT CHN)

NMC’s history as an independent, not-for-profit, community hospital dates back to 1883 with an unwavering focus on meeting the healthcare needs of the people of northwestern Vermont. While we value our independence, we recognize the strength and opportunity that comes from strategic partnerships.

Many of those partnerships over the years have been local in nature or with the University of Vermont Medical Center, as our closest tertiary care provider. We have a long history of work with Ovation Healthcare, a partner who provides access to national expertise and group purchasing which strengthens NMC on an ongoing basis. More recently, we have established partnerships

with Dartmouth Hitchcock for tele-ICU and tele-Neurology to enable NMC to provide a higher level of medical care in our community.

2023 saw the establishment of another exciting strategic partnership, the creation of the “Vermont Collaborative Hospital Network – VT CHN.” Copley Hospital, NMC, and Ovation are the founding members with other hospitals across the region considering participation.

The collaborative’s fundamental purpose is to create a formal organization of independent hospitals with the goal of strengthening not only the individual member hospital’s financial operating performance but the Network as a whole. Work

## { FINANCIALS

of the collaborative may include shared service solutions, advocacy, network education and peer group forums, leadership development, group purchasing, and other business opportunities that, individually, might not otherwise be possible to pursue.

We are pleased to welcome David Turner, the Executive Director of VT CHN as an important new partner for NMC. David has over twenty-five years of progressive healthcare industry experience primarily in small, rural hospitals. His blend of experience from both a financial and

operational background enables him to excel with developing comprehensive solutions and successful initiatives. David is very enthusiastic about its potential, saying “For small independent hospitals, I foresee many opportunities to improve financial performance that can only be solved by functioning like a larger network, while at the same time, allowing each potential member the independence to participate in programs and initiatives as it best fits their organization and the communities they serve.”

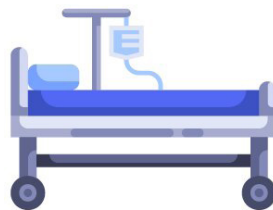
# *NMC By The Numbers*

A FEW STATS ABOUT THE CARE PROVIDED BY NMC



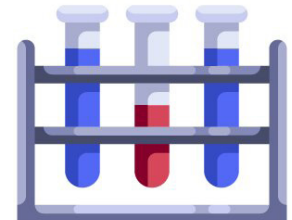
**10,886**

*Hospital Admissions*



**66,709**

*Inpatient Lab Tests*



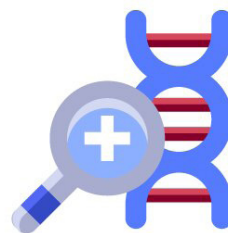
**306,519**

*Outpatient Lab Tests*



**63,934**

*Diagnostic Imaging Tests*



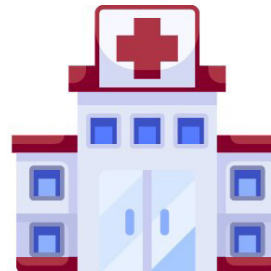
**52,067**

*Specialty Practices Visits*



**27,324**

*Urgent Care Visits*



**24,241**

*Emergency Room Visits*

# FINANCIALS

	Actual	Budget	Variance	PY Actual
Inpatient Revenue	58,424,662	54,522,645	3,902,017	50,167,908
Outpatient Revenue	205,733,718	202,324,075	3,409,643	184,567,776
<b>Total Gross Patient Revenue</b>	<b>264,158,380</b>	<b>256,846,720</b>	<b>7,311,660</b>	<b>234,735,684</b>
Contractual Allowances	147,025,968	134,563,399	(12,462,569)	120,599,560
Charity Care	1,610,405	2,224,435	(614,030)	1,631,268
<b>Total Revenue Dedication</b>	<b>148,636,373</b>	<b>136,787,834</b>	<b>(11,848,539)</b>	<b>122,230,828</b>
<b>% of Total Gross Revenue</b>	<b>56.27%</b>	<b>53.26%</b>	<b>-3.01%</b>	<b>52.07%</b>
<b>Net Patient Revenue</b>	<b>115,522,007</b>	<b>120,058,886</b>	<b>(4,536,879)</b>	<b>112,504,856</b>
Other Revenue	6,526,417	5,734,512	791,905	6,834,257
<b>Total Net Operating Revenue</b>	<b>122,048,424</b>	<b>125,793,398</b>	<b>(3,744,974)</b>	<b>119,339,113</b>
Salaries and Wages	52,929,764	50,361,687	(2,568,077)	47,955,576
Employee Benefits	12,604,129	12,136,925	(467,204)	12,645,290
Supplies	15,282,365	14,046,145	(1,236,220)	14,751,151
Contracted Services	22,975,025	20,158,637	(2,816,388)	21,019,782
Travelers	8,162,147	8,669,355	507,208	10,439,519
Depreciation	6,333,171	6,074,472	(258,699)	6,351,177
Interest and Amortization	546,333	721,788	175,455	617,285
Medicaid Provider Tax	5,725,208	5,765,964	40,756	4,587,201
Other	2,939,542	3,173,976	234,434	2,882,252
Utilities	1,140,335	1,161,732	21,397	1,215,799
Repairs and Maintenance	304,477	281,292	(23,185)	393,686
Insurance	1,545,493	1,982,460	436,967	1,696,960
<b>Total Operating Expense</b>	<b>130,487,989</b>	<b>124,534,433</b>	<b>(5,953,556)</b>	<b>124,555,678</b>
<b>Net Operating Income (Loss)</b>	<b>(8,439,565)</b>	<b>1,258,965</b>	<b>(9,698,530)</b>	<b>(5,216,565)</b>
Interest and Dividends	1,587,975	1,273,908	314,067	1,479,216
General Donations	(45,029)	9,996	(55,025)	15,671
Realized Gain(loss) on Investments	2,424,126	-	2,424,126	(1,121,991)
Unrealized Gain(loss) on Investments	4,996,985	-	4,996,985	(9,741,159)
Other	185,156	(57,564)	242,720	2,303,754
Investment Property, net	675,021	319,975	355,046	551,921
<b>Total Non-operating Gans (Losses)</b>	<b>9,824,234</b>	<b>1,546,320</b>	<b>8,277,919</b>	<b>(6,512,588)</b>
<b>Net Income (Loss)</b>	<b>\$ 1,384,669</b>	<b>\$ 2,805,280</b>	<b>\$ (1,420,611)</b>	<b>\$ (11,729,153)</b>



# ENGAGEMENT

## Highlights

## NMC'S WORK ON DIVERSITY, EQUITY, INCLUSION AND BELONGING

Since January 2023, NMC has been working with consultants from The Creative Discourse Group (TCDG) on Diversity, Equity, Inclusion, and Belonging – both as an employer and a healthcare-providing organization.

As part of the work, NMC recently adopted a statement of commitment which was crafted through an inclusive and collaborative process based on input and feedback from staff.

“Just like the work we’ve done toward becoming a High-Reliability organization, we know that becoming an equitable employer and healthcare provider is a journey,” said Chief People Officer Ryan Hamel. “We are excited to have taken this step on that path – making a visible commitment to the work.”

### *Here is the statement:*

*At Northwestern Medical Center we are committed to providing equitable care for our community to fulfill our mission of exceptional care.*

*We do this by being inclusive, valuing our differences, and intentionally focusing on and enhancing safety, quality, empathy, and respect, as an employer and as a healthcare organization.*

*We are continuously learning, reflecting on, and addressing the root causes of inequities because we value our diversity and the strength that it provides our organization.*

*We are committed to cultivating an environment where our patients, community, and team members ALL feel exceptionally cared for, welcome, seen, heard, and celebrated.*



In addition, NMC is nearing completion on a year-long work plan with TCDG that included an assessment phase, development of a core team to take on the work, a four-part training for leaders and a two-part training for all staff.

Along with the work facilitated by TCDG, other health equity work is underway at NMC. Here are just a few examples:

- The Family Birth Center is revamping the artwork on the unit to feature local families and families of diverse makeups.
- A quality project is underway at NMC to build solid systems for collecting race, ethnicity, and preferred language data, as well as sexual

## { ENGAGEMENT

- orientation and gender identity.
- NMC continues to learn about and celebrate diverse cultures during holidays and recognition weeks.
- NMC hosted a staff training with the Abenaki Nation of Missisquoi Interim Chief Joanne Crawford.
- NMC began offering an addition to employee badges to allow staff to identify their pronouns or languages that they speak.
- The hospital is seeking to improve the translation and interpretation services offered, and improving wayfinding with the translation of maps and, in the future, signage.
- NMC joined the national Perinatal Improvement Collaborative to improve maternal health with a component of the collaborative relating to eliminating inequities in care and outcomes based on race, socio-economic status and other factors.

NMC published publishing the commitment statement on our website, along with blog posts to provide regular updates to the community about our Diversity, Equity, Inclusion and Belonging journey.

## NMC ADVOCATES FOR HELP FROM LAW ENFORCEMENT IN MANAGING OUT-OF-CONTROL PATIENTS OR VISITORS

This year, Progressive Care Unit Director Danielle Boudro, RN, testified before Vermont's Senate Committee on Health and Welfare about how healthcare professionals are assaulted and traumatized on a regular basis.

"I am taken aback by the sheer number of incidences – simply in the last week – on our inpatient unit," Boudro said. She shared stories from NMC caregivers that involved staff being abused with kicks, scratches, and death threats.

Boudro provided testimony as the Senate committee worked on a bill (S.36) that permits law enforcement to directly arrest a person who interferes with health care services rather than just issue a citation. Governor Phil Scott signed the bill into law in May.

"As healthcare professionals we have come to work to provide care to a vulnerable population of individuals ... and yet, our healthcare professionals are being assaulted and traumatized on a regular basis. This is unsustainable."

Health care is disproportionately impacted by workplace violence versus all other industries--and workplace violence is increasing. According to the U.S. Bureau of Labor statistics, health care workers accounted for 73% of all nonfatal workplace injuries in 2018. The amount of workplace violence incidents has been increasing at hospitals in Vermont, with the state's largest hospital reporting over 500 incidents last year --- approximately 1.5 incidents per day.

## SPOTLIGHT ON OUR STAFF

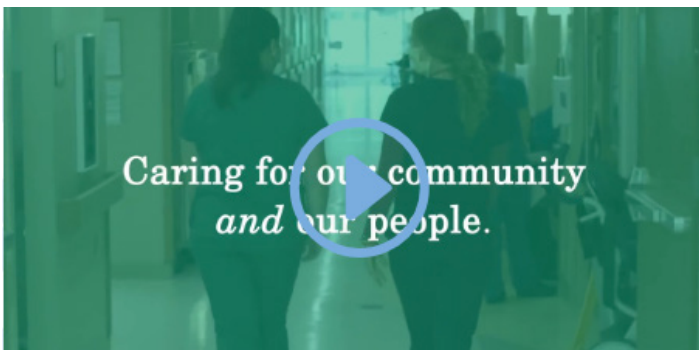
This year, NMC shared perspectives from our team members about their jobs, their passion for healthcare, what it's like to work at NMC. Here are some examples of their inspirational messages, in their own words.

### *Corey Rivers, RN:* **COMING HOME**



*Corey Rivers is the Nurse Manager of NMC's Medical-Surgical inpatient unit. During the pandemic, he left NMC to become a traveling nurse and now he's back at NMC. In this video, he talked about why he came back to where he belongs.* [Watch Video](#)

### *Bobbie Billado, RN:* **FAMILY FEELING**



*Bobbie Billado, RN, is the Clinical Operations Supervisor for NMC's outpatient practices. In this video, she talks about the close-knit nature of our team and our community at NMC. "We're here for our patients, but we're here because we truly care about the people we work with, too. It's a big family."* [Watch Video](#)

### *Tracy Raftery:* **PERSONAL CONNECTIONS AT NMC**



*Patient Access Representative Tracy Raftery talks about how NMC's small size and patient focus gives a personal feeling to the care we deliver.* [Watch Video](#)

### *Bonnie Day:* **MEETING COMMUNITY NEEDS**



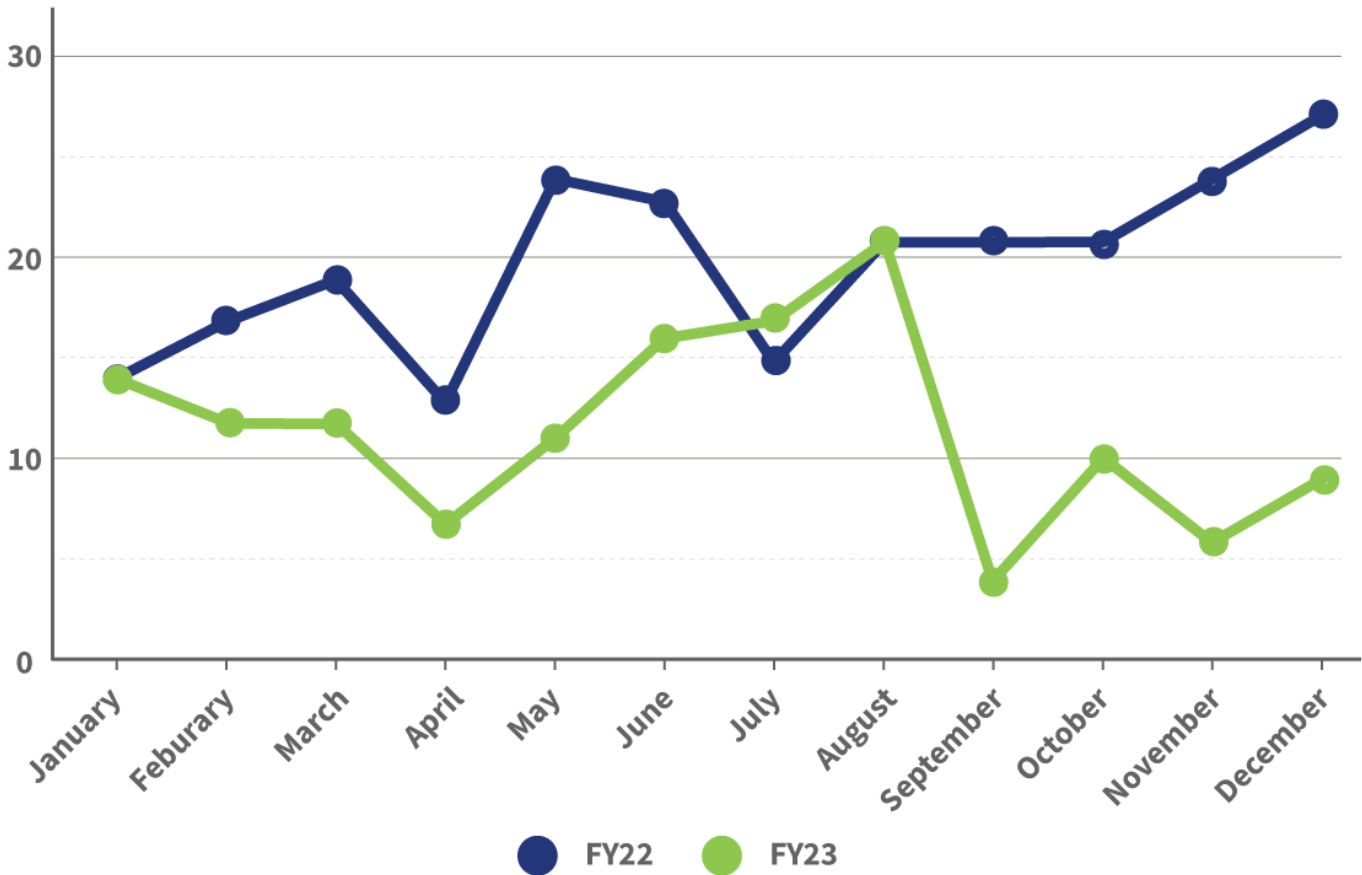
*Bonnie Day has been a Radiologic Technologist at Northwestern Medical Center for 31 years! Hear her talk about the ways NMC grows and evolves to meet community needs.* [Watch Video](#)

### *Jess Scanlon:* **COMMUNITY**



*Jessica Scanlon is the Lead Lab Tech at NMC. Hear her talk about her passion for our community and the importance of that community connection in our work at NMC.* [Watch Video](#)

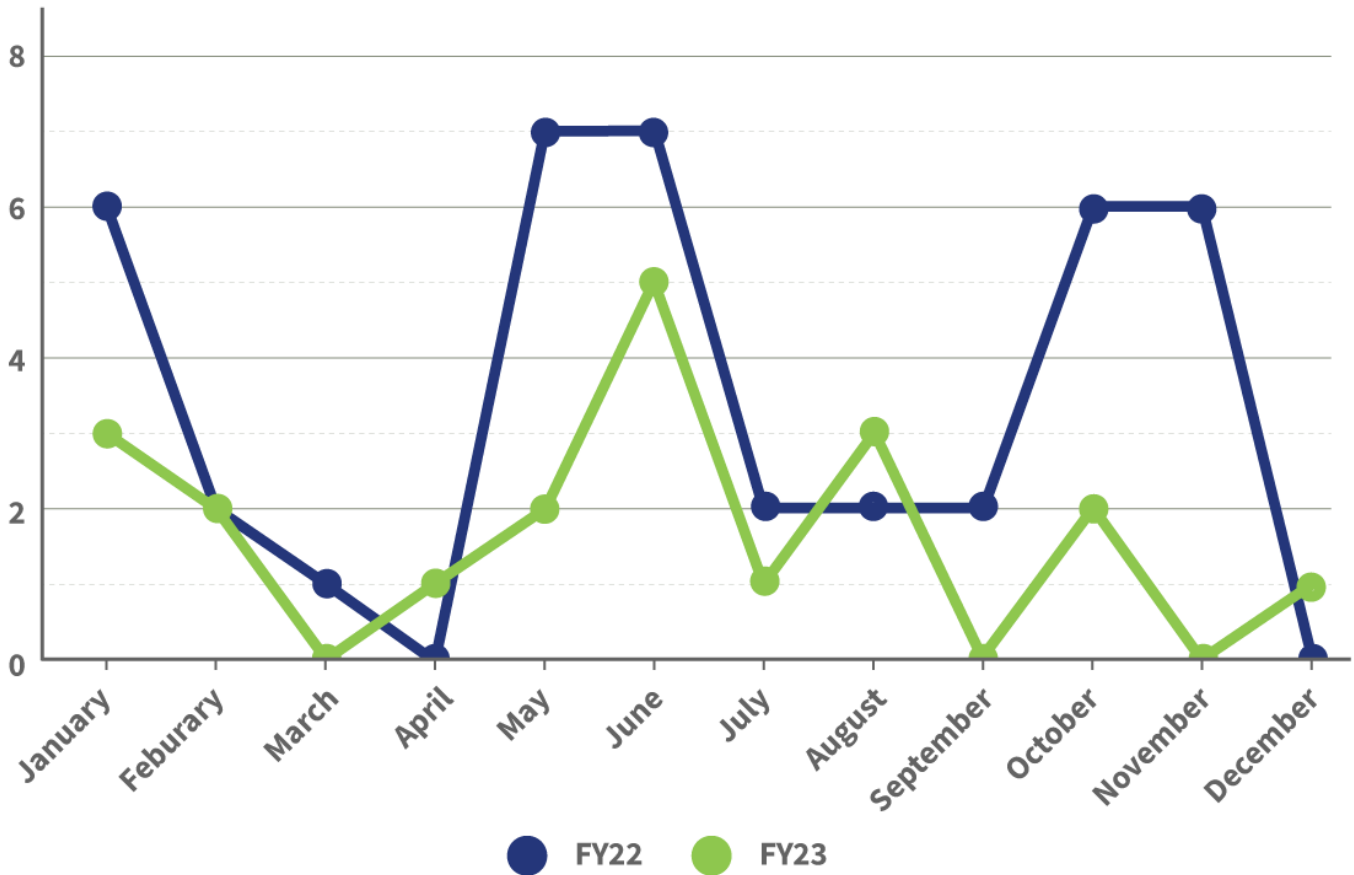
## Improving Staff Turnover



NMC has focused on strengthening employee retention and is seeing strong improvements in the numbers of staff leaving the organization, which is called “separations.” These separations include both voluntary and involuntary exits. There was a 41 percent reduction in the number of separations from Fiscal Year 2022 to 2023.

There was also an improvement in the total turnover rate, which includes both the rates of staff joining and leaving the organization. NMC saw an 8 percent reduction in turnover, down to 21.8 percent from the 29.8 percent experienced in 2022. The national average for healthcare is 25.9 percent.

## Improving Nursing Turnover



NMC experienced an even greater improvement in the numbers of nurses leaving, with a 51 percent reduction. In Fiscal Year 2022, 41 nurses exited the organization and in 2023, that number was 20.



## GROUNDBREAKING FIRST COHORT OF STUDENTS KICKS OFF NURSING APPRENTICESHIP PROGRAM



*Congratulations to apprentices beginning their pathway to Registered Nursing. Pictured from left to right: Karen Casavant, Hannah Brannon, Caleb Rudden, Jill Cross, Corrine Powell, Kamryn Taylor.*

This year, NMC welcomed a first cohort of employees to a groundbreaking nursing apprenticeship program, made possible through a strategic partnership between the hospital, Vermont Talent Pipeline (VBR), Vermont State University (VTSU), Community College of Vermont (CCV), and Vermont Student Assistance Corporation (VSAC). This initiative marks a significant milestone in healthcare education and workforce development in Vermont.

Corrine Powell works full time in the Food Service department at NMC. She is one of the aspiring nurses who began classes. Corrine is already enjoying the challenge of Anatomy and Physiology I in her first semester. Nursing had always been a consideration of Powell's, but she pursued a different undergraduate degree and has held various roles, most recently working at Northeastern Family Institute (NFI) for 10 years supporting youth and their families. The NMC

Nursing Apprenticeship came to her attention shortly after her son started his college experience. Watching his educational journey prompted her to restart her own, so she applied for an NMC job right away. As a 15-year resident of St. Albans, she is thrilled about the program "to work at the hospital, within my local community, alongside community members."

The six apprentices at NMC come from different departments in the hospital and were qualified and selected to start the program this fall to further their careers. Nurse apprentices commit to working upon RN licensure, supporting the strong culture of NMC dedicated employees. The apprentices receive financial and wrap-around support for mentoring, academics, financial literacy, and socio-economic needs as they embark on this path. They are encouraged to reach out for support to balance their classes with a job at the hospital, and home life. One of the ways NMC is directly supporting the apprentice cohort is through paid release time for course and study time each week.

This nursing apprenticeship program is a testament to the power and sustainability of collaboration to address critical workforce challenges. It is expected to have a profound and lasting impact on the shifting healthcare landscape of Vermont, serving as a model for other critical jobs besides nursing. The collaborative partnership between Northwestern Medical Center, Vermont Talent Pipeline, VTSU, CCV, and VSAC underscores the commitment of these organizations to address the growing demand for healthcare workers and ensure that aspiring nurses have access to quality education and meaningful career pathways.

## NEW GROUPS PROVIDE FEEDBACK FOR COLLABORATION AND QUALITY

This year, NMC's Patient and Family Advisory Council (PFAC), met monthly, providing community collaboration and input on key hospital initiatives. The group was first established in August of 2022, and the six member panel includes:

- Albin Voegele of St. Albans
- Karrie Sweet of East Fairfield
- Robyn Klein of Highgate Center
- Winnie Wilkinson of St. Albans
- Martha DesLauriers of St. Albans
- Elizabeth Johnson of St. Albans

Some topics the group focused on included NMC's Learning Board methodology, "Gemba walk" process, projects to implement "two-bin" stocking systems, and the hospital's Diversity Equity and Inclusion journey.

Another group began meeting in this past fiscal year – the Patient Experience Task Force (PETF). Made up of NMC physicians and providers, the PETF meets monthly to discuss how patients experience care, share tactics to improve that experience, and then reflect on ongoing progress.

The group has focused on topics like communication with patients, learning tools for standardization, and techniques to ensure patients and families understand what is happening, the course of treatment, medications and more. The group is committed to learning from studies and data, trying newly learned techniques, and then sharing what is working with colleagues.

## *Gift Basket Raffle Fundraiser*

During year's Hospital Week, we offered an opportunity for NMC'ers to give back to their community. Departments were invited to purchase items to build a gift basket with, and baskets were auctioned off to the NMC'er with the highest bid. The funds raised from the raffle were donated to a local nonprofit organization of the basket-donating department's choosing. Funds raised went to organizations such as: Laurie's House / Voice Against Violence, Spectrum Youth & Family Services - Drop-In Center, Jim Bashaw Fund, the Turning Point, and Franklin County Humane Society. We are proud of our staff's eagerness to give back to our community.





## INVESTING FOR A HEALTHIER COMMUNITY

As a not-for-profit organization and as one of the largest employers in the region, NMC carries a responsibility (formal and informal) to help address critical issues which impact community health that go beyond the direct care NMC provides. We do so through our ‘community benefit investments’ (a term of the Internal Revenue Service – IRS) to help our community achieve a healthier future.

NMC’s vision calls on us to “partner to improve the wellness of our community.” Investing in wellness and prevention to prevent illness and chronic disease and reduce the demand for costly medical treatments is a vital part of bending the cost curve in healthcare long term and improving the quality of life. We are a significant funder for the Franklin Grand Isle Tobacco Coalition efforts, which has been instrumental in reducing the rates of tobacco use in our community. The return on these investments is long-term and it is real. The national Prevention Institute says, “For every dollar we spend on prevention we see a 5 to 1 return on investment in just 5 years. We simply can’t fix our economy without it.”

On top of these focal efforts relating to community benefit, NMC provides close to \$100,000 a year in funding to key community partners working on priorities within the community health needs assessment, on social determinants such as housing, and on related efforts to improve the quality of life.

### *Spectrum Sleep Out*

Our Chief Operating Officer Jonathan Billings participated in Spectrum’s Sleep Out event again this year, helping raise funds to support youth who experience homelessness. Thank you for all that you do, Jonathan. And and even bigger thank you to Spectrum for their amazing work in our community.

These agencies are able to have a positive impact in areas outside NMC’s direct expertise, but which directly impact the lives of our patients and our staff. NMC is a significant funder of the United Way of Northwestern Vermont and also provides donations and support to partners including:

- American Red Cross
- American Heart Association
- Martha’s Kitchen
- Tim’s House
- Franklin County Home Health
- Hard’Ack
- The Afterglow Foundation
- Spectrum Youth & Family Services
- Northern Forest Canoe Trail
- The Franklin County Regional Chamber of Commerce
- Franklin County Humane Society
- The Howard Center
- Special Olympics
- Make A Wish
- Northwest Family Foods of CVOEO
- The Turning Point
- Fairfield Community Center
- Voices Against Violence
- The St. Albans Rotary Club
- and others

No single individual or agency can tackle the challenges of our community alone and NMC is proud to collaborate with these great partners as we work collectively towards a healthier future for all.



## UNITED WAY CAMPAIGN

Thanks to our staff's generosity, we raised over \$35,000 in donations during the 2022 United Way Campaign.

Funds raised through pledges, donations, and participation in fundraisers of this annual campaign help support programs in our community that benefit all of us. The United Way of Northwest Vermont is a vital partner for local nonprofits to help support their impact on health, education, and income in our community. Their work spans many key issues affecting our vision of a healthy community, including: addiction, homelessness, hunger, abuse, childcare, aging, and employment.



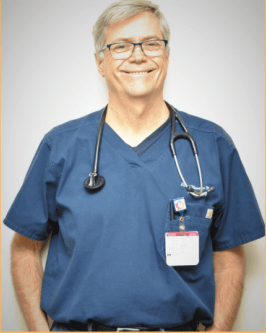
**WHY I GIVE TO UNITED WAY**

**"I GIVE BECAUSE THE UNITED WAY MAKES SUCH A DIFFERENCE LOCALLY"**

- Jonathan Billings, Interim CEO, COO

SUPPORT THE 2022 CAMPAIGN | UNITEDWAYNWVT.ORG

United Way of Northwest Vermont




**WHY I GIVE TO UNITED WAY**

**"Working in the ED, I see the local need every day and I am happy my donation goes to addressing those needs."**

- Dr. Paul Newton, Emergency Dept.

SUPPORT THE 2022 CAMPAIGN | UNITEDWAYNWVT.ORG

United Way of Northwest Vermont



**WHY I GIVE TO UNITED WAY**

**"I give because it helps make our community a better place and it helps people practice unselfish concern for others!"**

- Shannon Burk, MA, OB/GYN

SUPPORT THE 2022 CAMPAIGN | UNITEDWAYNWVT.ORG

United Way of Northwest Vermont

## GO RED FOR HEART HEALTH





# *An Evening of Excellence*

NMC'ers enjoyed a lovely night at the NMC Evening Out held in the auditorium of St. Albans City Hall. The dinner and desserts were delicious, and the music and dancing felt like a great return to more normal social activities



# *NMC Chili Cookoff*





# 5 Star Caring





# 5 Star Caring Continued



## 2023 Run For Jim



## 2023 Employee Awards Banquet

Each year we recognize staff who have reached years of service milestones. These honorees were recognized at our Employee Recognition Banquet held at the Abbey Pub and Restaurant and received a commemorative certificate and a gift as a token of appreciation.

Congratulations to all of our Years of Service honorees and thank you for your dedication to NMC and our community!





## Fall Fun for NMC'ers

NMC held a fall fun event at Vermont Orchard in Franklin. NMC'ers and their families were invited to pick apples and have family photos taken by Behold Photography. It was a great day for our employees and their loved ones.



### *Community Partners Classic Raises Nearly \$30,000*

This year's Community Partners Classic golf tournament raised \$29,197.79 for Northwestern Counseling & Support Services and Northwestern Medical Center. In its 15th year, the collaborative tournament was a great success with 29 teams enjoying a round of golf at the Champlain Country Club and 32 sponsors supporting the tourney.

"Many thanks to our supporting sponsors, AN Deringer, Peoples Trust Company and NFP as well as the many other sponsors who are such faithful supporters of the missions of our two healthcare organizations," said tournament chair Joe Halko of NCSS. "The fact that people come out in support year after year shows the strength of our community."

Funds raised from the event are split between the two organizations and help support the physical and mental health of the Franklin and Grand Isle communities. Next year's tournament will be on Friday, June 21.

# RECOGNITION & MILESTONES

## *Molly Grismore, RN, Honored with NMC's Community Service Award*



In May 2023, the NMC Board of Directors recognized Molly Grismore, RN, posthumously as the recipient of NMC's 2023 Community Service Award in recognition of her devoted service to the NMC and our patients.

The award was presented by Board President John Casavant who remembered Molly as a lifelong friend, and influential personality at NMC. Molly served as an Emergency Department nurse leader for over 40 years, and passed away this February.

Molly began her nursing career in 1966 at Kerbs Hospital where she started on the maternity floor. When she started in NMC's Emergency Room, there were two nurses on duty during the day, two in the evening, and none at night, with no physicians staffing the room. Through her stewardship, the Emergency "Room" became a true Emergency Department. She led the establishment of a highly professional group of health care providers, recruiting full time physicians, nurses, ED Techs and Unit Secretaries. She advocated strongly for the ambulance bay to be built, and in 1996 it finally happened. She shepherded these changes with strength and confidence.

In 1995 she collaborated with the ED team to develop the "THINK" signs that are placed state-wide at sites where deaths associated with drinking and driving occurred.

Molly became certified as a Sexual Assault Nurse

Examiner (SANE) in 1996 and was in the first class offered in Vermont. She established one of the first SANE programs in Vermont hospitals and was instrumental in developing and maintaining services to sexual assault victims in the Emergency Department.

Molly had a strong partnership with the Northwest Unit for Special Investigations where she worked closely with law enforcement, DCF, victim advocates and prosecutors to ensure that all victims of sexual violence and child abuse were dealt with compassionately and fairly.

In 2011, she stepped down from her Nurse Manager role and continued to work in the ED as a triage nurse. She was a charter member of the VT Emergency Nurses Association and held the position of President for 5 years and received the Lifetime Achievement Award from NMC in 2018.

The NMC Community Service Award was established by NMC's Board in 2013 to recognize an individual or organization residing in Franklin or Grand Isle Counties who exhibits enthusiasm, integrity, and perseverance beyond the ordinary to help fellow citizens and the community through selfless giving to improve the overall health of the community. Nominations are taken from NMC's Board, staff, medical staff, volunteers, and Incorporators. The NMC Board makes the selection from the nominations.

The NMC Community Service Award is presented each year at a meeting of the NMC Incorporators. Recipients are presented with a crystal maple leaf commemorative award and have their name added to a plaque which hangs in the NMC Conference Center. Prior recipients of the NMC Community Services Award include: Dr. Thomas Howrigan; Marcia Perry; Helene Biggie; Dr. Frank & Judy Zsoldos; Retired Rear Admiral Warren and Barbara Hamm; Emerson Lynn; Kathleen Keenan, RN, Pam Cross, RN, Janet McCarthy, RN and Leon Berthiaume.



## *Dr. Louis Dandurand Earns the 2022 Deogracias “Deo” P. Esguerra, MD Service Award*



*Dr. Louis Dandurand accepted the “Deo” P. Esguerra, MD Service Award from last year’s honoree, Dr. Laura Bellstrom as well as Chief Medical and Quality Officer, Dr. John Minadeo, and past Deo Award honoree, Dr. Robert Beattie.*

I am deeply humbled and honored by the ‘Deo’ award and will use it as a catalyst to continue creating systems of medical care that are effective, safe, and provide ease of access to anyone in our community.” Dr Dandurand says. Dr. Dandurand joins a list of “Deo Award” honors that that includes Dr. Fred Holmes, Dr. Frank Zsoldos, Dr. Mike Corrigan, Dr. Chip Chiappinelli, Dr. Robert Zelazo, Dr. Stephen Payne, Dr. Toby Sadkin, Dr. John Minadeo, Dr. Robert Beattie, Dr. Lowery Sullivan, and Dr. Laura Bellstrom.

This year’s Medical Staff Appreciation event was held in person at the Barn at Boyden Farm in Cambridge. During the meeting, new providers were recognized, and physicians and advance practice providers who achieved milestones in length of service were also honored.

Three additional physicians were recognized for their leadership during the presentation. Dr. Leonard Tremblay earned the Distinguished Achievement Award, Nicole Stone, CRNA earned the Clinical and Cultural Excellence Award, and Dr. Marc Kutler earned the Leadership Award.

Dr. Louis Dandurand, Emergency Department Medical Director, was honored with the Deogracias “Deo” P. Esguerra, MD Service Award at NMC’s Medical Staff Appreciation event held in November.

The award was created in 2011 to honor a provider with a “passion for excellence and dedication to the patients of our community.” Its namesake, Dr. Esguerra, was known as a caring, passionate and inspirational physician who loved both the science and art of medicine.

“I have been so fortunate to live and work in the community in which I grew up and love, to help neighbors, friends and community members in their times of highest need and develop trust and therapeutic relationship in a wide variety of emergency situations. More recently, rising to the challenges of an epidemic and supporting our community as a whole, have led my focus of care towards colleagues and our organization.

## Congratulations to Leonard Tremblay, MD



*for earning the*  
**Distinguished Achievement Award**

Recognizing a physician or APP who contributes to the advancement of dedicated patient care, outstanding medical ethics, extraordinary clinical knowledge and expertise, and collaborative teamwork.

## Congratulations to Nicole Stone, CRNA



*for earning the*  
**Clinical and Cultural Excellence Award**

Recognizing a physician or APP who actively promotes a culture that embraces, expects and rewards the delivery of exceptional patient- and family-centered care.

## Congratulations to Marc Kutler, MD



*for earning the*  
**Leadership Award**

Recognizing the valuable skills the Physician or APP is developing through activities undertaken alongside his/her medical practice. Examples include recruitment of new providers, committee work, volunteer work and medical staff leadership.



## VOLUNTEER RECOGNITION DINNER

NMC is incredibly appreciative of our Volunteers who support our hospital operations specifically in the Medical Office Building, Main Lobby, Surgical Services, Gift Shop, Courier, Café, Cobblestone Reception, Enosburg PT and Pet Therapy. Earlier this year, we were able to recognize with an in-person event and thank them for the special contribution they make to our community hospital.



# Hospital Week BBQ



## 2023 Board Directors

**Jake Holzscheiter**  
*Immediate Past President*

**John Casavant**  
*President*

**Barb Toof**  
*Vice President*

**Dawn Bugbee**  
*Treasurer*

**Corey Parent**  
*Secretary*

**Erin Creley**  
*Member*

**Nick Hadden**  
*Member*

**Karyn Rocheleau**  
*Member*

**Meredith L Roberts, RN, BSN, MSN, PhD**  
*Member*

**Donny Khela, MD**  
*Member*  
*Medical Staff*  
*President*

**Coleen Kohaut**  
*Member*

**Matthew Habedank**  
*Member*

### *NMC Medical Directors*

**Vacant**, Medical Director, Orthopaedics

**Greg Brophay, MD**, Medical Director, Physician Services

**Louis Dandurand, MD**, Medical Director, Emergency

**Tracy Hagerty, MD**, Medical Director, Cardiology

**Joshua Kallen, MD**, Medical Director, Radiology

**Katie Montagne, MD**, Medical Director, Anesthesia

**Colleen Moran, MD**, Medical Director, Inpatient Pediatrics

**Sharon Stoll, MD**, Medical Director, Urgent Care

**Haitham Nsour, MD**, Medical Director, Pulmonology

**Vacant**, Medical Director, Hospitalist

**Lowrey Sullivan, MD**, Medical Director, OBGYN/FBC

**Thomas Suppan, MD**, Laboratory Services

### *Medical Executive Committee*

**Lowrey Sullivan, MD** President of the Medical Staff

**R. Donny Khela, MD**, President of the Medical Staff

**Anna Royer, MD**, Vice President

**Colleen Moran, MD**, Secretary (Chief of Pediatric Service)

**Lowrey Sullivan, MD**, Immediate Past President

**Aaron Brillhart, MD**, Chief of Emergency Service

**Heather Shenk MD**, Chief of Inpatient Service

**Kahren Aydinyan, DO**, Chief of Surgical Service

**Haitham Nsour, MD**, Chief of Outpatient Medicine Service

**Katherine Shattuck, PNP**, Pediatric Service Representative

**Audrey von Lepel, MD**, Physician Member at Large

**Lucas Carter, PA**, APP Member at Large



## *Employee Leadership Group*

**Kevin King**  
Registered Nurse

**Kelly Connolly**  
OR Scheduling Assistant

**Ruth Kane**  
340b Program Manager

**Hunter Bean**  
Licensed Nursing Assistant

**Jessica Frost**  
Coordinator Med Staff Recruitment

**Emiley Ledoux**  
Medical Assistant

**Jonathan Newhard**  
Chef

**Adham Kelley**  
Maintenance Mechanic II

**Dan Shedrick**  
Support Analyst II

**Katheryn Guerino**  
Physical Therapist

**Kayleigh Jacox**  
Registered Nurse

**Kayla Demeritt**  
Radiologic Technologist I

**Elizabeth Johnson**  
Certified Coding Specialist

**Robyn LaRose**  
Coordinator Patient Access

**Jessica Scanlon**  
Lead Laboratory Assistant

## *Senior Leadership*

**Peter Wright**  
Chief Executive Officer

**Stephanie Breault**  
Chief Financial Officer

**John Minadeo, MD**  
Chief Medical Quality Officer

**Jonathan Billings**  
Chief Operating Officer

**Ryan Hamel**  
Chief People Officer

**Dawn Kregel**  
Chief Nursing Executive

**Wayne Hobbs**  
Chief Administration Officer



## *Leadership List*

**Abbie Neville**

Manager Informatics

**Adam Thompson**

Manager Facilities

**Alisha Sawyer**

MSO Supervisor-Corp  
Compl Officer

**Amanda Wilson**

Manager Case  
Management

**Anna Gabaree**

Director of FBC

**Anneke Merritt**

Dir of Quality-Risk-  
Regulatory

**Bobbie Billado**

Clinical Operations  
Supervisor

**Bridget Thompson**

Supervisor DI

**Carrie Consentino**

Manager Food Service

**Chelsey Lawyer**

Mgr Materials Management

**Christina Beck**

Supervisor Laboratory

**Christopher Bouchard**

Manager Environmental  
Services

**Corey Rivers**

Nurse Manager Med Surg

**Courtney Leduc**

Dir Clinical Operations

**Danielle Boudro**

Director of PCU

**David Blin Director**

Laboratory Services

**Dawn Kregel**

Chief Nursing Executive

**Denise Smith**

Director Population Health

**Dennis Boucher**

Dir Information System  
Devin Bachelder  
Budget Manager

**Emily Allen**

Nurse Manager ICU

**Erica Coburn**

Director Diagnostic  
Imaging

**George Gattullo**

Director Facilities-Support  
Svcs

**Gregory Brophay**

Executive Medical Director

**Heather Cutting**

RN Shift Administrator

**Jacob Ashline Jr**

Informatics Supervisor

**Jaime Raymo**

Supervisor Patient Access

**Jennifer Howrigan**

Controller

**Jessica Aboeazz**

Director Pharmacy

**Jill Torrey**

Dir Business Operations

**JoAnn Manahan**

Director Emergency  
Services

**Joel Banazek**

Manager Patient Access

**John Minadeo**

Chief Medical & Quality  
Officer

**Jonathan Billings**

Chief Operating Officer

**Karen Staniels**

Dir Business Operations  
Medical

**Kate Merchant**

Director Patient Care  
Services

**Katelyn Essex**

Supervisor Pt Financial Svc

**Katharine Laddison**

Director of  
Communications

**Katherine Winchester**

Manager Volunteer  
Services

**Keith Ellery**

Safety Emg Prep Manager

**Kelly Campbell**

Dir Professional-  
Organizations Develop

**Kristin Barwin**

RN Shift Administrator

**Kristy Cushing**

Director Rehab Services

**Louis Dandurand**

Medical Director  
Emergency Dept

**Megan Smith**

Manager Revenue Cycle

**Megan Harvey**

Supervisor Patient Access

**Michael Johnson**

Supervisor Environmental  
Svc

**Michelle Schaap**

RN Shift Administrator

**Nicole Albarelli**

Clinical Admin Supervisor

**Nicole Johnson**

Supervisor HIM

**Peter Wright**

Chief Executive Officer

**Rachael Shepardson-**

**Rudden**

Nurse Manager

**Ryan Hamel**

Chief People Officer

**Stephania Fregeau**

RN Shift Administrator

**Stephanie Breault**

Chief Financial Officer

**Stephanie Koldys**

Manager Respiratory  
Therapy

**Susan Couture**

Director Surgical Services

**Thomas Suppan**

Medical Director  
Laboratory Services

**Trevor Lachapelle**

Manager Central Sterile

**Wayne Hobbs**

Chief Administrative Officer

## *Board of Incorporators*

The NMC Incorporators is a group of up to 128 local residents from throughout northwestern Vermont who serve as a formal connection between the hospital and the community we serve. The Incorporators meet twice a year with primary functions being electing the Board of Directors, approving the corporate bylaws, and acting as ambassadors and advocates.

Janis Appel	Jeffrey Eaton	Kathleen Keenan	Keith and Sylvia Ploof
Judy Ashley	John Edwards	Dana Kittell	Susie Posner Jones
Lorne Babb	Nancy Fiske	Michelle Lawrence	Kristin Prior
Reginald Beliveau	Elaina Fontes	Chelsey Lawyer	William Roberts
Leon and Anne Berthiaume	Bradley Gabree	Jeffrey Levesque	Donna Roby
Robert Bessette	Andrea Gagner	Betsy Liley	Karyn Rocheleau
Steven Broer, Psy,D	Steven Gagner	Sally Lindberg	Kevin and Karen Scheffler
Gregory Brophey	Thomas Gallagher	Danielle Lindley-Mitchell	Marietta Scholten
Jacqueline Brosseau-Cyr	Elizabeth Gamache	Deborah Loughlin	John Schreindorfer
Lawrence Bruce	Peter Garceau	Adam Luneau	Sherry Scott
Dawn Bugbee	Valdemar and Bridget	David Mahoney	Kristina Senna
John Casavant	Garibay	James Manahan	Albert and Sally Severy
Jane Catton	Clement Gervais	JoAnn Manahan	Heather Skilling,
Sandra Chagnon	Uwe Goehlert M.D.	Kevin Manahan	Tami St. Marie
Paul Clark	Nilda Gonnella-French	Steve Marshall	Stephen Stata
Donald Collins	Leon Graves	Marshall & Marshall	Molly Stata Comeau
Vaughn Comeau	Monica Greene	Janet and Michael	Kathy Tabor
Coleen Condon-Kohaut	William Greenwood	McCarthy	Patrick Talcott
Michael Corrigan	Matthew Habedank	Michael R. McCarthy	Barb Toof
Erin Creley	Nicholas Hadden	Mike McCarthy	Thomas Traber
Karl Cunningham	Joe Halko	Ralph McNall	Paula Tremblay
David and Erica Debellis	Christina Hamel	John Minadeo	Edward J. Tyler, III
Dustin Degree	John and Lisa Hango	Sheri Moore	Lynn Vallee
Christopher Dermody	Rett Heald	Dr. Joseph and Judy Nasca	Howard Van Benthuyzen
Lynn Desautels	Hector Hill	William O'Connor	Daniel Vanslette
Richard Dickinson,	Jacob Holzscheiter	Corey Parent	Albin Voegele
Grace Dickinson-Branon	Jacqui Hood	Pamela Parsons	James Walsh
Catherine Dimitruk	Bridget Howrigan Rivet	Steve Payne	Penny Wright
Hibbard Doe	Paula Kane	Peter Perley	Frank and Judy Zsoldos
David Ducham	Celeste Kane-Stebbins	Albert and Marcia Perry	

## *Gifts from Our Community: Annual Donors*

### *Individuals*

Trish Adams	Carolyn Gadouas	John Newton
Ronald Anstey	Peter Garceau	Susan Palmer
Brian Barratt	Valdemar and Bridget Garibay	Miller Pearsall, MD
Jill Berry Bowen	Gary Gilmond	Dean Pelkey
Grace Billings	Wallace and Natalie Good, MD	Albert and Marcia Perry
Jonathan & Marilyn Billings	Lena Gordon	Dan Petherbridge
Brian Bouchard	Leon Graves	Randall Pratt
Patricia and Richard Bourbeau	Tyler Greene	Maris Rock
Kiersten Bourgeois	Alee Greeno	Tammy Rudden
Steve Bourgeois	Nicholas Hadden	Dennis Sanders, MD
Shaun Bowen	John and Lisa Hango	Chip Sawyer
Adam Branon	Peter Hofstetter	Rachael Shepardson-Rudden
Stephanie Breault	Jacqui Hood	Shirley Smith
Gregory and Dale Brown	Paula Johnson	Becky Stebbins
Kevin Brown, DMD	Kristin Kindred	Carol Streeter
Susan Bruce	Patricia King	Heather Streeter
Scott Burleson	Shaun King	Thomas Suppan, MD
William Cain	David Knightes	Kathy Tabor
John Chesarek	Dawn Kregel	Edward J. Tyler, III
David Chevalier	Adam Kunin	Alan Valenca
Eric Ciemniewski	Darla Lothian	Leo West
Peggy Coon	Randi Lynch	Homer Wetherby
Julian Desnoyers	JoAnn Manahan	Caitlin White
Eileen Dickinson	Steve Marshall	Katherine Winchester
James Dickmann	Bonnie Mayhew	Peter Wright
Natalie B Dishaw	Janet and Michael McCarthy	H. Taylor Yates, MD
David Ducham	Rene Meilleur	Robert Zelazo, MD
Desarae Gabree	Mandy Michel	Frank and Judy Zsoldos, MD

---

*Businesses & Organizations*

---

A.N. Deringer	Handy Toyota / Handy Chevrolet	Open Approach
Allegiance Benefit Plan Management	Hannaford Bloomin' 4 Good Program	Peoples Trust Company
Bellows Free Academy Student Activities	Heald Funeral Home	Run for Jim Event
CBA Blue	Jeff's Maine Seafood	St. Albans Cooperative Creamery, Inc.
Club Pilates	Kinney Drugs Foundation	Sticks & Stuff
Coca-Cola Northeast	Kittell Branagan & Sargent	Tenth Crow Creative
Collins Perley - Zumba Crew	M&T Bank	The Bottomless Toy Chest
Connor Contracting	Maple Capital Management	The Richards Group
Cross Consulting Engineers	Missisquoi Valley School District	The Tyler Place
Dickinson & Branon Dental Care	Northeast Delta Dental	TigerConnect
Dominion and Grimm	Northwestern Medical Center Auxiliary	Tula Wellness, LLC
Haddad Subaru of St. Albans	Nucar Vermont	Union Bank
		Versatile Communications

---

*In Memory of*

---

**In Memory of Bill Considine**

Sharon Corologos

**In Memory of Doris Boardman**

Sherry Scott

**In Memory of Jean Fairchild**

Eunice Fairchild

**In Memory of Jeannette Elaine Hviid**

Amy Biggie-Ward

**In Recognition of Julie Rivers**

Stephen Rivers

**In Recognition of Lorraine Lanoue**

Bridget Howrigan Rivet

**In Memory of Michael Malboeuf**

Rich & Tasha Dickinson

**In Memory of Molly Grismore**

David Ovitt

Edna Chagnon

Ione Reissing

Jay and Francine Perkins

Jennifer Gaudreau

Kathy Tabor

Kevin McGinn

Larry Bouchard

Lawrence Bruce

Mary Groff

Peter Hofstetter

Sandra Morin Robinson

**In Memory of Mary Durfee**

Daniel and Kathryn Berlin

John and Donna Manley

Judith Johnston

**In Memory of Ralph O. St. Peter, Sr.**

Bernard Couture

**In Memory of Shirley Joyal**

Ricky & Marie Burleson

Therese Begnoche

**In Memory of Sonny Towle**

Mark Wagner

**In Memory of Wellington**

**"Sonny" Towle**

Grice Brook Garden Association



# Assisting All Of Our Patients

Northwestern Medical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Northwestern Medical Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## Northwestern Medical Center:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
  - If you need these services, contact: Jamie Pinkham

## If you believe that Northwestern Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

### Jamie Pinkham

Northwestern Medical Center  
133 Fairfield Street  
St. Albans, Vermont 05478  
802-524-5911, TTY 800-253-0191  
[jpinkham@nmcinc.org](mailto:jpinkham@nmcinc.org)

You can file a grievance in person or by mail, or email.

If you need help filing a grievance, Jamie Pinkham is available to help you.

You can also file a civil rights complaint with the [U.S. Department of Health and Human Services, Office for Civil Rights](#), electronically through the Office for Civil Rights Complaint Portal, available at U.S. Department of Health and Human Services Office for Civil Rights, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available [Here](#)

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-802-524-5911 (TTY: 1-800-253-0191).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-802-524-5911 (ATS : 1-800-253-0191).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-802-524-5911 (TTY: 1-800-253-0191).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-802-524-5911 (TTY : 1-800-253-0191)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-802-524-5911 (TTY: 1-800-253-0191).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्न भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-802-524-5911 (टिडिआइ: 1-800-253-0191)।

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-802-524-5911 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-253-0191).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-802-524-5911 (TTY: 1-800-253-0191).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. 1-802-524-5911 (TTY: 1-800-253-0191).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-802-524-5911 (TTY: 1-800-253-0191).

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-802-524-5911 هاتف الصم والبكم: 1-800-253-0191.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-802-524-5911 (телетайп: 1-800-253-0191).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-802-524-5911 (TTY: 1-800-253-0191).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-802-524-5911 (TTY: 1-800-253-0191).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-802-524-5911 (TTY:1-800-253-0191) まで、お電話にてご連絡ください。

සිංහ: ජාතික භාෂාවලට සහාය සැපයීම සඳහා නි:ශුල්ක සේවාවන් ඇත. 1-802-524-5911 (TTY: 1-800-253-0191) දුරකථන අංකයට දුරකථන කථන කරන්න.