

A photograph of a modern hospital lobby. In the foreground, a curved reception desk with light wood paneling and a glass-enclosed service area is visible. Behind the desk, several staff members in white coats are working. In the middle ground, a group of people, including a woman in a pink top and a man in a blue shirt, are standing and talking. In the background, there are more staff members and a set of double doors with a green "EXIT" sign above them. The ceiling features a large, circular, illuminated light fixture with a blue, cloud-like pattern. The floor is covered in a patterned carpet.

Embracing Change

Alice Peck Day Health Systems
2012 Annual Report

They have set goals, but they listen to me.

I can be creative,
try new ideas

I have felt like
a partner in this
process.

and make
things happen
quickly.

I have seen a more focused vision
for the future of the hospital.

I know that
APD will have
to change too,
but I have faith
in that process
and our bright
future.

APD is so supportive
within the community.

The family physicians
can take the time
to figure out the most
likely diagnosis.

We are all constantly
improving our competencies.

We've gotten bigger...
but in many ways the
spirit is still the same.

Every meeting was about how to do things better.

Dear Friends,

Change is coming: healthcare reform, economic ups and downs, new technologies, electronic health records, you name it. The good news is that APD is going to be here, delivering care, doing the things we do best. Our ties to the community will remain strong.

It's no secret: the cost of healthcare is rising. APD is already the lowest cost hospital in New Hampshire. We must continue to focus on primary care, and create value for local businesses and residents. Providing the services our community *wants* at prices they can afford shall guide us through these uncertain times.

Fundamentally, we will change the way we define the word hospital. Many of our patients receive care in our constellation of clinics. We have to focus on preventive care for our patients with chronic conditions on a regular, not an emergency, basis. This may include more home visits, or using computers to stay better connected to nurses and physicians. Creative solutions.

The people who come to work at APD have chosen us because they want to work in a small hospital. Our patients continue to feel that they get the personal, whole patient care APD is known for. We've worked hard to shape the atmosphere of cooperation and communication that makes our employees feel part of the decision-making at APD.



The changing landscape hasn't stopped us from making much-needed improvements to our facilities, thanks to the support we received from our community. In the following pages, individuals from different parts of our "family" describe their involvement with the hospital, and why it is important to them. The first phase of our significant renovation is complete. We will move forward, working together to build a new Day.

A handwritten signature in black ink that reads "Harry G. Dorman, III".

Harry G. Dorman, III,
FACHE, President and CEO

A handwritten signature in black ink that reads "Michael R. Harris".

Michael R. Harris, PhD
Chair, Hospital Board of Trustees

Fundamentally, we will change
the way we define the word hospital.



building a new Day

the campaign for
Alice Peck Day Memorial Hospital

The *building a new Day* capital campaign has generated enormous support. Work began on the first phase of a two-phase renovation project in October 2011. It is anticipated the renovations will cost \$17.3 million. To meet these costs, APD launched the “quiet phase” of a capital campaign as construction began, with a goal of \$4 million. At this writing (November 2012), \$2.8 million of our \$4 million goal has been raised.



“This is an exciting time at APD. The renovations are very impressive. As soon as you enter the new Dickey Wing you understand that it is a special place of healing. Our donors have played an important role in helping us complete this first phase of the project and I know they will continue to support us as we bring the rest of the hospital to that same standard.”

—Melanie Moore, Associate Vice President,
Philanthropy and Community Relations

A campaign steering committee made up of staff, board members and community members has been essential in reaching out to prospective donors for contributions. In the past, community support has come in the form of bake sales and donation days. Today, our friends and neighbors still come together to support APD, knowing that their gifts will sustain our legacy of friendly, affordable care.

The new Donald Faulkner Dickey Medical-Surgical Wing received patients on October 5, 2012 with great reviews and appreciation. This wing now has state-of-the-art monitoring equipment, spacious single-rooms with private baths, a Palliative Care suite for families and an observation area.

See a complete list of contributors to the campaign on page 18 of this report.

2012 Milestones: Proud parents Julia & Derek Stensby announce the birth of their baby daughter Samantha, the first baby born at APD on January 2, 2012.



“This hospital has had its finger on the pulse of the community for many, many years. The community has always responded, just as we hope they will this time. At APD, we are leaders—in taking care of the elderly, in getting LEED certification for our new facilities, in finding new ways to make care affordable, in greening our campus, and in implementing electronic records. These changes are challenging. But we must make them.”

—Roney Hoffman, Co-Chair,
building a new Day campaign

“It’s just like your home—you have to make improvements every so often!”

—Shelly Moses, Board of Trustees member
and patient

“I gave and will give because I strongly believe in APD’s mission and I wish to support the continuation of that mission and a successful future.”

—Lorraine Nichols, Information Services

“I gave because APD has been a great place to work, and I’ve received my healthcare here over the last eleven years. It is time for me to give back to the institution in supporting this initiative!”

—Lisa Stebbins, Respiratory/Sleep Center

(The cover and pictures on these pages are from our new Medical/Surgical unit at APD.)

..... Alice Peck Day Memorial Hospital’s President’s Award, given for outstanding contributions
and accomplishments, is awarded to Barbara Callahan, ARNP, CRNA.



APD has made progress when,
like so many institutions,
it could have slid backward
into mediocrity.

.....

Closey and Whit Dickey

Honorary Co-Chairs of the Capital Campaign and Patients

We have been enthralled with APD since 1972 when I [Closey] first joined the Board of the hospital. When we first came to APD they had crank-up beds! Imagine! We have always been impressed by the loyalty of the people who work there—good people working for a good institution. Of course the relationship with the community has always been strong—that hasn't changed. For many years APD served a wide variety of patients—from the former “town and gown” set in Hanover to the working people of Lebanon, once an old mill town. The hospital is woven into the very fabric of the Upper Valley.

Over the years, we've seen increasing modernization and cooperation between departments, growing enthusiasm and consistently genuine, warm care-giving.

We have taken part in all previous campaigns as well as updates and new technologies that allow the staff to work more efficiently. We ardently support the *building a new Day* campaign. We are so proud of the hospital. It has made progress when, like so many institutions, it could have slid backward into mediocrity. It has remained responsive to the community

it serves. It has taken the initiative in a variety of areas, from geriatric care to occupational therapy. It also serves our young people. The Birthing Center has an excellent reputation for its warmth and skilled staff. Since we moved here 36 years ago, we've grown to love Lebanon, a real city, small but progressive, with its own facilities, its own hospital. We both think it is an absolutely beautiful campus. We love Harvest Hill and the walking paths. All our friends at Harvest Hill feel so fortunate to be there. It's cozy, attractive, and centrally located.

What a wonderful experience to have been a part of APD during its growing years. We are especially glad to donate the Medical-Surgical Wing in memory of our son Donald. He was very interested and active in community healthcare.



Julia Neily

Patient

My relationship with APD started in 1989, when I was pregnant with my first daughter, Erin. Dr. Newall was with me through the entire labor, Dr. Mason helped with the delivery—a C-section. Erin is now 23—she’s living at home and

going to Vermont Law School. In 2006, my husband and I adopted Emily (now six) and in 2007 we adopted Madison (now five). My doctors and nurses at APD helped me through this process.

When I suspected that Emily had special needs, Dr. Sheila Feyrer agreed with me. I will be forever grateful for her support. People usually take a wait-and-see approach in this kind of situation. But because we moved quickly to get Emily the help she needed, she is much better off today. We got her glasses at one year, discovered a genetic abnormality, and got her early intervention including physical therapy, occupational therapy and speech therapy.

I have felt like a partner in this process. My opinion, my assessment was valued. There was very effective coordination between Dr. Feyrer and tertiary care. This coordination is one of the benefits of a small community hospital.

Motherhood is a sensitive state of being! Adoption, infertility treatments, all of these things require good communication and coordination and warmth. My providers at APD know my healthcare needs. I’ve had to be such an advocate out in the world for my Emily. It really helps to have APD beside me.



Susan Almy

State Representative and APD Patient

My father helped restart the Dartmouth Medical School, and was always trying to make Dartmouth-Hitchcock Medical Center more patient-friendly, so I felt obliged to use DHMC as my primary health provider when he was still alive. But I gradually learned from others that APD is very patient-friendly. At DHMC, I kept getting shuttled to different specialists at great expense. I have an odd kind of asthma, and the final straw was when the type of inhalers was changed to avoid damaging the environment. I could not tolerate the new ones, which over-dosed me, and the top specialist told me I'd just have to learn to live with it. I asked

Peter Mason for a referral to an APD family doctor, and he self-referred. He spent the time he needed with me, and then in research, to find the asthma pill that has kept me near symptom-free for years now. At that point I started including APD in my giving.

I appreciate the fact that at APD, waiting for a physician when you have a problem is minimal, whether in the waiting room or getting an appointment the next day. Most importantly, the family physicians can take the time to figure out the most likely diagnosis and to discuss the different levels of treatment



possible, to help you choose the least expensive and invasive, and to follow-up when they refer you to a specialist.

Sally McFarlin

Patient

I have lived in the Upper Valley for three years now, and am very happy to have a community hospital very close to where I live. Alice Peck Day is a friendly place where the staff know you by your first name. They made me feel comfortable and at ease. About a year ago, my doctor and I were discussing my need for possible hip surgery. After discussions and analysis, my medical team suggested I try physical therapy as an alternative to the surgery. I was set up in a complete program, and after twelve months I am happy to say, I can walk without pain and can get around quite easily. I am so grateful for my care



at APD. I feel the right decision was made at the right time, and the planning of the therapy was

done with me in mind. Thank you APD!

APD announces the arrival of licensed Occupational Therapist Kelly Fisher Clark to its team of professionals.

Shelly and Robert Moses

Board of Trustees Member and Patients

I've seen APD from the inside and the outside; as a patient and as a board member. I am so proud of how thorough, compassionate and informed all the decision makers and the entire staff really are at APD.

I first became involved with APD when I was pregnant with our first child. I liked the birthing center and especially Dr. Newell as my OB/GYN doctor. Her office was in the old Homestead—I just loved going there! And

Dr. Newell stayed with me through the entire labor and delivery. Smaller, more intimate hospitals just seem to attract a different kind of caregiver. They are vested in the community. That said, they know what they can and can't do. Peter Mason, our primary care doctor, has never hesitated to refer us elsewhere when necessary. That's comforting. It's like being a parent—sometimes you need coaches, piano teachers, etc.!



At APD, they try to do the right thing, even when it's not easy, or when it is financially difficult. For example, supporting the dental program in local schools, providing preventive health education classes, increasing facilities and support for the elderly—these are things that were needed in the community.

All of the physicians and nurses we've come in contact with at APD over the years were drawn to work there. It's a life choice. They are passionate about local healthcare, as well as their communities.

The APD management has the courage of its convictions. I sit on the Patient Care Committee; every meeting is about how to do things better, looking at new ways to face problems and to provide better and better care. I've seen the collaborative process at work there firsthand. Listening and gathering information until solutions become clear.

That's so important in times of change. Focus. Keep your eye on the ball—patient care.

..... Lanette Baker, RN is named the 2012 Registered Nurse (RN) of the Year.

Clark and Happy Griffiths

Patients

We've lived in the Upper Valley since 1959, just one and a half miles from APD. We have three daughters—two of our eldest daughter's children were born at APD! Their great-grandmother was a charter member at Harvest Hill, where she received outstanding care and spent her last several months in the wonderful, new Elizabeth S. Hughes Care Unit. Dr. Myric Wood was our family doctor for many years, and now we use APD for our preventive care and for regular testing—mammograms and colonoscopies, etc. We've always felt that we were people there, not numbers. Now that healthcare has become so complicated, this is increasingly important.

APD has become a strong regional hospital—a pillar of the community; the people who work there are very friendly and helpful. We like that APD is so supportive of the community—with programs like senior transportation, dental care in the schools and other non-profit activities.

We are fortunate to have both Alice Peck Day Memorial Hospital and Dartmouth-Hitchcock Medical Center in the Upper Valley. They complement each other to provide excellent care.



We feel a great loyalty to our doctors at APD. We appreciate the continuity of care throughout our lives and the lives of our family members. We believe in the importance of updating the facilities, but in the end, the quality of the doctors and the personal care are even more important than the facilities.

..... John McGowan, Physical Therapist, joins APD as the new Director of Rehabilitation Services.

Robert Bauman

Plant Manager, Timken Aerospace, Lebanon, New Hampshire

Timken is a local manufacturer based in Ohio with a global presence. We are a company that provides solutions to friction management, which helps our customers to be more productive. The Lebanon facility services the Aerospace and Defense industry. We have many key metrics that drive our results; however, our number one metric is the health and safety of our workforce. We understand friction management, but we are not experts in healthcare and therefore have partnered with APD. APD provides us with a full-time, onsite Occupational Health Nurse, a part-time ergonomic specialist, and support from their Occupational Health doctor as needed. We also have developed a strong working relationship with the Emergency Room doctors and have had several of them visit our facility. Our associates highly value this in-house support and many rely on our onsite nurse to help them understand their medical issues.

Recently, Timken celebrated over 1,000,000 hours a year without a lost time accident. APD played an important role in this achievement through daily support and by assisting in the training of our associates in understanding health and safety behaviors. This education and preventative care helps avoid injuries in the workplace and in our associates' homes. It also saves us money: the preventative care helps avoid injuries and absenteeism.

APD is right in our backyard; they have a fantastic reputation for providing value to their customers, and our employees prefer



the care they receive there—they like the quick access, the friendliness, the nearness of APD, and the one-on-one attention they receive. The Timken Foundation of Canton donates to all communities where our plants are located. Coordinating and dispersing these allotments is one of the most rewarding parts of my job.

Alice Peck Day Memorial Hospital's new inpatient wing is named for Donald Faulkner Dickey in honor of the late son of Closey and Whit Dickey. A dedication and naming ceremony is held in the new wing on June 26.



They have a fantastic reputation
for providing value to their customers.



Michelle Fifield (left), and Nancy DuMont

Michelle Fifield

Executive Assistant, Campaign Staff Co-Chair

I've been at APD for twenty years. I had my two children here. I chose APD because I like the family feeling. Even as APD has gotten bigger, offering more services, that family feeling has stayed the same. It's the core of this place. In 1995 we went from one organization to five corporations—Alice Peck Day Health Systems. Even as we've

changed, we continue to do the things we do best—sometimes that means knowing your limits, not overstepping. We've had great community and employee support (98% of our employees donated to the campaign in 1998), and we are going to need more. I understand community concerns about the uncertain future of healthcare. But we are looking at

creative new ways to cut costs, improve preventive care, and work differently with insurance companies.

APD has given me a place, a sense of belonging, so I want to give back. We are moving forward, not looking back over our shoulders. Sometimes you have to focus on the future to make big changes.

Nancy DuMont

Director of Community Health, Campaign Staff Co-Chair

Like so many of us at APD, I was a patient first. I joined the staff in 2006 as the Community Health Manager. I had previously worked as a health advocate for five years in Concord.

Each day I walk up to the hospital from my office in the Women's Care Center to get my mail. I look out and see the mountains and the campus and I can't believe I'm this lucky. One of the things I do is manage the school dental program, called "Upper Valley Smiles." We visit elementary schools in Lebanon, Enfield, Canaan and Newport, New Hampshire, and we also serve the White River school in Hartford, Vermont. Our dental hygienist and assistant provide oral health

classroom education, screen children, and apply fluoride varnish and sealants for all students who lack a dental home. We also provide lots of referrals for children who need restorative treatment at a dental office. With the economic downturn, people lost jobs and coverage—dental insurance is always the first to go. We also conduct oral health screenings in WIC (Women, Infants and Children) clinics in Lebanon, Enfield and White River Junction.

Other community health initiatives that APD directs include annual flu immunization clinics, coordinating the Annual School Nurse Workshop for the Lebanon School District, assisting families

with Medicaid enrollment for their children, and helping low-income patients access free medications through the drug companies. I love that this hospital gives me so much latitude—lets me choose where to apply our resources. I can be creative, try new ideas and make things happen quickly. That's the beauty of a small hospital.

You can have the biggest or newest hospital campus in the world but it still wouldn't stack up to what we have in our hearts here at APD—we genuinely care for our patients and for the community at large. That's why, when I tell people that I work here, they say, "you must be very lucky!"

Alice Peck Day Memorial Hospital is recognized with four prestigious National Excellence in Healthcare Awards from the Professional Research Consultants.

Jon Stark

Director of Plant Operations

APD's Capital Campaign is essential to the advancement of our technological assets and physical environment that assist us in providing exceptional patient care. I gave to the Capital Campaign for the renovation because I know the money I donate will be going toward an improved physical environment for our patients and better



working conditions for our employees. The dollars raised for this extraordinary expenditure

are much needed and will be used to upgrade some infrastructure still in place from the 1960's!

Lisa Stebbins

Director of Cardiopulmonary, Sleep Health Center and Palliative Care



I first came to APD in 1996 as a per diem respiratory therapist while also working at the Dartmouth Sleep Disorders Center training in Sleep. In 1997 Alice Peck Day was starting up its sleep lab, and as soon as an opportunity existed, I was back at APD—in 2001.

I was just starting my own family, and I wanted to be in a family-oriented work environment. The APD culture is all about family—we understand there is life outside of work! Co-workers watch out for each other, giving the flexibility to watch your child's sporting event or attend plays.

I also like the fact that everyone knows everyone—from the CEO to nursing staff to environmental services. We are all constantly improving our competencies—attending conferences, or training with the newest technologies. In small organizations it is much easier to communicate with management—to say, "This is what we need." We recently acquired new Home Sleep Testing equipment. It allows us to test the patient in their home environment. In Cardiopulmonary

a new ECG machine was purchased that allows us to look back 20 minutes. This is important with a patient who is wiggling. It allows us to look back in time and pick a period when they were still and capture a good quality ECG, which allows for better interpretation. It's critical to keep up.

It's been exciting to see the hospital go through the renovation, to improve facilities. I think it helps patients feel comforted by their surroundings. In both Cardiopulmonary and the Sleep Health Center our patients appreciate that they can be seen quickly—they don't experience the long wait times for appointments. Alice Peck Day is an organization where you feel supported and your ideas are heard. You feel you have a voice and others listen.

The Lebanon Chamber of Commerce honors Alice Peck Day Memorial Hospital with the distinction of 2011 Business of the Year.

These patients
are savvy;
they know what
they want.

.....



Dr. Doug Williamson

Pediatrician and Co-Chair, *building a new Day Campaign*

When I started fifteen years ago, there had never been a pediatrician at APD; now we have three. Our Birthing Center was up and running—we were the first hospital to receive the Baby-Friendly accreditation in New Hampshire—and I was able to add some pediatric expertise. I did my resident work at Hitchcock but I liked the idea of working in a small clinic. There are more opportunities here to consider the whole child—to do preventive care, which is why I got into pediatrics in the first place. Keeping adolescents from bad habits, staying on top of new information in the mental health sciences world, staying in contact with local school physicians—there are many opportunities to do more in our schools.

In times like this, when funds are scarce, questions of quality vs. quantity rise to the top. We are moving away from the fee-for-service model—fewer procedures, fewer operations, reducing the cost of care. We've been stuck in a system that prioritizes the number of visits, but our job is really to keep people out of hospitals.

Vaccines and other preventive services, education that teaches people how to maintain their health over time, how to manage chronic disease—these are the things we ultimately want to achieve.

I love this area, and I believe that it is critical to have large and small hospitals in our region. The big institutions need us. And we



need them. Our community has grown; we have patients who drive 45 minutes and more to see us. They come from a wide variety of socio-economic backgrounds. It is also an increasingly diverse population. These patients are savvy; they know what they want—for the most part they don't want to go to a teaching hospital to be seen by residents. They also want continuity of care. APD patients tend to be loyal to their providers. They want to see who they want to see!

APD initiates an Upper Valley Climate Adaptation Planning group including representatives from Upper Valley hospitals, public health, municipalities, regional planning commissions and emergency preparedness and response professionals.

Roney Hoffman

Vice-Chair, Lifecare Board and Co-Chair, *building a new Day Campaign*

I have been involved with APD for almost thirty years, starting in 1972 when I had my second child there!

My active involvement began in the 1980s through my business as an interior designer. One of my clients was Judy Frost, a long-time supporter of APD. Volunteering has always been an important part of my life, so I was pleased when Judy invited me to join the hospital's Auxiliary. I became President of the Auxiliary in the late 1980's, and in 1996, when I turned fifty, CEO Bob Mesropian felt I was "old enough" to become a member of the Board! I started serving on the APD Board in 1997 and was named Chairman of the Hospital Board in 2000. Currently I am Vice-Chair of the Lifecare Board.



Over the course of my involvement with APD I have seen enormous changes. The Board has become more diverse, more accurately reflecting the community APD serves. There's been a change in focus to incorporate more of a strategic planning perspective to APD activities, addressing the needs of today but also preparing and planning for the future. Part of those strategic discussions led to the construction of Harvest Hill and the Woodlands, and the outcomes of more recent planning can be seen in the opening of the new Donald Faulkner Dickey Medical-Surgical Wing and the ongoing capital campaign that will help fund the upcoming hospital renovations.

One thing that has not changed at APD is the commitment to dynamic leadership. The leadership at APD today is vibrant, and it is evident even in our Board meetings how deeply concerned and involved people are in making the right decisions. When we make changes, we do it right, in spite of economic difficulties—all in response to community needs! We are good listeners and open to new ideas.

I am truly honored to be a part of Alice Peck Day Memorial Hospital.



When we make changes, we do it right,
in spite of economic difficulties.

.....

building a new Day the campaign for Alice Peck Day Memorial Hospital

Our thanks to these individuals, foundations, institutions, and corporations for contributing to this campaign. Cash gifts and pledges are listed here.

Leaders (\$500,000.00 +)

The Williamson Family

Partners (\$250,000.00 +)

Timken Foundation of Canton

Stewards (\$100,000.00 +)

Alice Peck Day Memorial Hospital Auxiliary
Ray and Cynthia Barrette Geokon, Inc.
The McLaughlin Family

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Hulda Magnadottir, MD
Joseph Phillips, MD
Dr. and Mrs. Douglas E. Williamson

Benefactors (\$25,000.00 +)

Susan W. Almy
in memory of Drs. Tom Almy and Katharine Swift
Edmund Coffin
in memory of Vi Coffin and with thanks to Dr. Peter Mason
Jo and Harry Dorman
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Upper Valley Anesthesiology Services, PLLC
Barbara A. Callahan, CRNA
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Richard W. Olson, MD
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Associates (\$5,000.00 +)

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in loving memory of Channing T. Brown
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in memory of Joan C. Carlock
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Debra Williamson

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Rich Casano
Douglas Cedeno, MD
Gretchen Cherington and Michael O'Leary
Kim Clark

Over \$2.6 million is raised by the end of the "quiet" phase of our building a new Day campaign.

Dr. and Mrs. Craig Cohen
 Lisa Cohen
 Marguerite Collier
 The Rev. Dr. Guy J. D. Collins and
 Dr. Kristin A. B. Collins
 Joan and Daniel Collison
 Karen Connolly-Butler
 Donna Cook and Gary Osgood
in memory of Enoch Hill
 Nathaniel and Melanie Cook
 Peggy and Glenn Cooper
 Tom and Nicole Cormen
 Julie and Mike Cryans
 Suzanne and Richard Cushing
 Stephen Daly
*in memory of those who have
 fallen in defense of their count*
 Barbara Dean
 Rebecca and Thomas Desrosiers
 Martha Dessert
 Patricia Dessert
 Erika and Jim DiRenzo
 Mr. John F. Donovan, Jr., CFRE
 Mr. and Mrs. Philip A. Drinker
 Ms. Verna L. Dunn
 Mr. and Mrs. Paul Dunne
 Mr. Christopher Dye and
 Ms. Kesaya E. Noda
 Bob and Shirley Eaton
 Jim and Donna Ewald
*in honor of Ron Andrews and all
 Harvest Hill staff members*
 Samuel and Christina Fazio
 Laurie Foster, CNM, MS
 Al and Susan Gillotti
 Allison and Joseph Girard
in memory of Zachary T. Sweeney
 Deborah Glazer, MD
 Leslie Graham
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 Tami Hemond and Family
in memory of Lloyd Barbour
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 Richard S. Jennings and
 Elizabeth Hanlon
 Dr. Jennifer H. Judkins

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 Karen Kayen and Terry Boone
 Elizabeth Kimball
 Katie King
in memory of Matthew R. King
 Mr. and Mrs. Simo Korpela
 Mr. and Mrs. Austin Kovacs
 Kathy and Daniel Labbe
 Kevin and Sheryl Lary
 Karen T. Leister
 Margaret Lejeune
in honor of Alfred Lejeune
 Lynn and Ronald Leland
 Brian Lombardo, MD and
 Tracey Bach
 Elizabeth and Jeffery Loudermilk
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in memory of Robert R. Meyers
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in memory of Ganna Moore
 Charles and Janet Morgan
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*in memory of Martha and
 Bob Boyajian*
 Carol Williams-Suich, ARNP
in honor of Charlene R. Anderson

Alice Peck Day Memorial Hospital: Changing With the Times

We are very grateful to members of our community who gave so generously this past fiscal year. Continued support from businesses, patients, employees, foundations, families and individuals is essential to sustain our mission. Though we are facing a change in leadership, our focus is still on the patient. While the renovations at APD will improve and modernize the physical space, the way we deliver care will not change. Care and compassion are our watchwords.

Our donors see APD as an institution that listens to its community, understands the specific needs of that community, and enacts change to provide healthcare that people can depend upon and afford.

“I have a lot of faith and hope in this hospital. I always have. There are good people here.”

—*Nancy Ward, Nutrition Services*

“APD’s management team has a great vision for the future and we’ve been very happy to contribute to APD’s improvement and expansion through Timken’s Foundation of Canton.”

—*Robert Bauman, Plant Manager,
Timken Aerospace, Lebanon,
New Hampshire*

“The patient comes first—not the patient’s disease. APD keeps us healthier at a lower cost.”

—*Susan Almy, State Representative
and APD Patient*



On July 15, 2012 the completion of the Dickey Medical-Surgical Wing is celebrated, with 15 private rooms, two shared rooms, new observation area, new Palliative Care suite, and state-of-the-art technology and monitoring systems throughout.

Annual Giving Program

As the foundation of all philanthropy at Alice Peck Day Memorial Hospital, the Annual Giving Program helps fund operations and gives APD the ability to meet urgent needs. The Program directly touches every area of the hospital through the general unrestricted fund. Contributions may also be directed to the purchase of new medical equipment or the continued education of our nursing staff. The tradition of giving is very evident at APD with 287 donors contributing \$118,326 from October 1, 2011 to September 30, 2012. Thank you very much!

Leaders (\$5,000.00 +)

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Ninety-percent of the construction waste is recycled as part of APD's plan to be one of the first hospitals in New England to be LEED (Leadership in Energy and Environmental Design) Certified.

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..... Harry Dorman, President and CEO of APD, receives the Leslie A. Smith President's Award, bestowed upon an individual who has made an exceptional contribution to the New Hampshire Hospital Association.

Corporate Matching Gifts

IBM Corporation Matching
Grants Program
Mascoma Savings Bank



Tributes

Gifts in Honor

All of the nurses at Alice Peck Day Memorial Hospital

Mrs. Gladys H. Brazil

Ron Andrews and all Harvest Hill staff members

Mr. Willmott Lewis, Jr. and
Ms. Barbara H. Jones

Dr. David Beaufait

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Leo Babineau

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Harry G. Dorman, III, FACHE, President and Chief Executive Officer of Alice Peck Day Memorial Hospital since 2002, announces that he will retire on May 1, 2013.

- Mr. and Mrs. Raymond A. Lagasse
Ms. Maura McCann and Mr. Connor Jennings
Pittsfield News Company, Inc.
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Mrs. Helen D. Tucker
- Bertha A. Wedgwood**
Mr. William D. Wedgwood

Life as it Should Be: Harvest Hill and The Woodlands

Alice Peck Day Health Systems has always considered the lifelong needs of the community. We are particularly proud of our lifecare facilities, which have expanded steadily since Harvest Hill opened its doors in 1996. With The Woodlands at Harvest Hill opening in June 2010, more than 140 residents can be accommodated. Harvest Hill residents have 24-hour nursing available to them as well as access to the Elizabeth S. Hughes Care Unit, providing a higher level of care while not having to move away from familiar faces and surroundings.

The Woodlands at Harvest Hill continues to offer apartments for independent living for seniors that includes food services and amenities like an exercise room and swimming pool, as well as activity rooms and daily exercise and educational programs. Currently, there are one and two bedroom apartments for sale. Details can be found at the Woodlands website, www.woodlandsatharvesthill.org.

“My mother was a charter member at Harvest Hill. She loved Harvest Hill and the Elizabeth S. Hughes Care Unit, where she received excellent care.”

—Clark Griffiths

“What amazes us every day about moving into the Woodlands ranges from the small details to the truly important things. The food, the support from the staff, and the camaraderie of our new neighbors constantly exceed our lofty expectations.”

—Former Hanover resident Robert Norman, who moved into The Woodlands with his wife Nita.

“I’ve been at Harvest Hill for six years and it is the perfect place. My husband loved living here too. When he passed away, I was with my friends, and that made all the difference,”

—Marge Smith, resident of Harvest Hill.

Special Gifts

The gifts below were restricted by the donor to specific purposes including the Harvest Hill/Woodlands Nature Trails, children’s oral health and dental services for pregnant women, for rehabilitation and the Elizabeth S. Hughes Care Unit at Harvest Hill. A bequest was also received to be used for the new Palliative Care unit at APD.

Anonymous (2)
The Agnes M. Lindsay Trust
Dartmouth Hitchcock Medical Center
Ms. Mildred W. Farnham
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Mr. and Mrs. Jeffrey Loudermilk
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Ms. Margaretta L. Paduch
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Ms. Sharon Hughes Young

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Mr. and Mrs. Robert Z. Norman
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Living Members of the Homestead Society

We thank the following people who have made plans to support the hospital through their estates.

Mrs. Patricia B. Brown
Mr. and Mrs. S. Whitney Dickey
Mr. and Mrs. Conrad F. Frey

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Employee Service Awards

5 years

Simon Birch
Lea Bruch
Matteo Buck
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Barbara Dean
Patrick Donovan
Mindy Dube
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Martin Jones
Annette Kirstein
Sherie Laraway
Lisa-Ann Larson
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Melanie Moore
Kim Nason
Marissa Navedo
Cara Nelson
Roberta Newberry
Richard Powell
Frances Prior
Jan Rancatti
June Rexford
Robin Rice Voigt
Todd Thompson

10 years

Kelly Brogan
Shellie Crotto
Mary Daly

Shirley Day
Harry Dorman
Brian Fontaine
Gayle Kenney
Donna Leonard
Irit Librot
Linda Picken
Kelly Sanborn
Margaret Stephens
Constance Tibbits
Stephanie Williams

15 years

Linda Barrell
Marilyn Chatlos
Donna Cook
Mary Anne Gallien
Lisa Gray
Karen King
Linda Moore
Rebecca Osgood
Kim Paquette
Menta Peavey
Paula Sanville
Jennifer Tilden
Douglas Williamson

20 years

Stephen Ashe
Brian Blain

Jennifer Emmons
Wendy Fadden
Michelle Fifield
Donald Hutchins
Pamela Poire
Denise Poulin
Roanne Rogerson
Nancy Ward

25 years

Donna Bowers
Douglas Cedeno
Martha Dessert
Elizabeth Kimball

30 years

Patsy Sirois

Employees of the Quarter

Janet Tibbits	4th quarter 2011
Denise Croft	1st quarter 2012
Ellen Stark	2nd quarter 2012
Susan Rose	3rd quarter 2012

Alice Peck Day Memorial Hospital is pleased to announce the addition of Certified Physician Assistant Sarah Liegl to its Orthopaedic Clinic.

Fiscal Year in Review

Fiscal Year ending September 30, 2012 provided its share of challenges resulting in Alice Peck Day Memorial Hospital finishing the year well below its budgeted margin. The financial performance, while less than budgeted, was not unexpected given some of the both planned and unanticipated events of the year. Significant factors impacting financial performance included the following.

- The Renovation and Expansion Project Phase I required hospital inpatient operations to contract back into the Medical/Surgical East wing. The budget for Fiscal Year 2012 did reflect the contracted operations and the challenges of maintaining an inpatient census. The delay in the project completion from the budgeted date of early July to early October did result in a delay in the increased census that the single occupancy rooms would allow. This impact was seen primarily in the Medical/Surgical activity as Swing activity (transfer of sub-acute patients from DHMC) was stronger than budgeted and Birthing Center operations exceeded budget due to the unanticipated closure of the Valley Regional Hospital Birthing Pavilion.
- Surgical Service operations were significantly impacted by multiple leaves of absence of high-volume members of the surgical staff as well as the late in the year departure of a high-volume provider in the procedure room. While overall surgical volumes did exceed prior year volumes, they fell short of Fiscal Year 2012 budgeted volumes due to these staff issues.
- A change in accounting was required for the disproportionate share to hospitals, (DSH), and Medicaid Enhancement Tax (MET) activity with the state requiring the hospital to match its fiscal year activity with the State of New Hampshire's fiscal year. The change resulted in having to record 15 months of MET activity in the hospital's Fiscal Year 2012. Uncertainty surrounding the Fiscal Year 2013 DSH activity precludes a matching adjustment on the MET side.
- Operations at Lifecare exceeded budget despite challenges in achieving occupancy targets at The Woodlands at Harvest Hill. We are pleased with the prudent fiscal management that has occurred at both Harvest Hill and The Woodlands which has resulted in the positive financial performance.

Looking forward to Fiscal Year 2013, we anticipate improved performance in some areas and continued challenges in others. The re-election of President Obama means that the challenges facing the healthcare industry related to the American Jobs Act remain on the table. Continuing challenges with the State of New Hampshire have serious potential consequences for hospitals as well. Specifically,

- Critical Access Hospital (CAH) designation for Alice Peck Day continues to be seriously threatened due to the proximity of the hospital to Dartmouth-Hitchcock Medical Center. The loss of CAH designation is projected to have a \$7,000,000 impact on Medicare reimbursement.
- The implementation of New Hampshire Managed Medicaid has been challenged by the inability of three contracted partners to develop an adequate network of providers.

..... Melissa R. Mooney, Registered Nurse (RN), Master of Science Nursing (MSN) is named
Director of Same Day Surgery, Post Anesthesia Care and Pre-Admission Testing at APD.



- The State of New Hampshire and the hospitals continue to experience the inconsistent definition of Net Patient Service Revenues, which is the income on which the Medicaid Enhancement Tax is imposed.
- Fiscal challenges of the State of New Hampshire result in continued uncertainty surrounding the amount and timing of DSH payments.
- Positive results in third party contract negotiations have yielded improved reimbursement from three payors and flat reimbursement from one other. We have been able to achieve these successes largely due to the hospital's position as the lowest cost facility in the State.
- A new Orthopaedist has signed a contract with an anticipated start date in February 2013.
- We anticipate that the engagement of a new marketing firm for Harvest Hill and The Woodlands will lead to increased occupancy at the Woodlands yielding increased funding for operations at APD Lifecare.

Developments in Concord and Washington, as they impact healthcare will be monitored carefully with plans to respond in a timely manner with initiatives that will position APD well in the uncertainty ahead. APD is committed to providing high quality care to all patients at the right time—in the right place, while retaining our position as a low cost provider in the state.

..... Lisa Stebbins, CRT, RPSGT, RST, Director Cardiopulmonary and Sleep Services and Lori Moore, LPN, RPSGT, RST, Senior Sleep Technologist of the Sleep Health Center at APD, achieve Clinical Sleep Educator certification from the Board of Registered Polysomnographic Technologists.

Statement of Operations

Fiscal Year Ending September 30, 2012

	Audited 2011	Unaudited 2012
Unrestricted Revenue, gains and other support		
Net Patient Service Revenue	\$49,962,376	\$50,960,172
Other Revenue	7,108,425	8,368,947
Net assets released from restrictions for operations	98,371	213,044
Total Revenue	57,169,172	59,542,163
Expenses		
Personnel Expenses	34,528,920	37,098,432
Supplies and other	15,089,646	15,860,300
Bad Debt Provision	2,596,394	2,329,697
Insurance	502,328	597,273
Interest	823,768	725,078
Depreciation and amortization	2,836,859	2,931,476
Total Expenses	56,377,915	59,542,256
Subtotal	791,257	(93)
Impact of interest rate swaps	(120,469)	(61,341)
Net unrealized gains (losses) on investments	(488,678)	377,650
Net assets released from restrictions used for purchase of property, plant and equipment	721,252	2,820,466
Loss on early extinguishment of debt	(482,297)	-
Loss from discontinued operations	-	-
Increase (decrease) in unrestricted net assets	\$421,065	\$3,136,682

Condensed Balance Sheet

Fiscal Year Ending September 30, 2012

	2011	2012
Cash and short-term investments	\$17,959,664	\$15,204,543
Other current assets	9,274,905	11,527,629
Property, plant and equipment (net)	45,527,360	50,888,895
Other assets	1,389,859	748,481
Total assets	74,151,788	78,369,548
Current liabilities	8,369,221	9,910,208
Long-term debt	29,139,262	28,581,734
Other liabilities	20,296,673	20,807,585
Total Liabilities	57,805,156	59,299,527
Unrestricted net assets	14,851,799	17,988,733
Temporarily restricted net assets	1,468,994	1,053,601
Permanently restricted net assets	25,840	27,687
Total net assets	16,346,633	19,070,021
Total liabilities and net assets	\$74,151,789	\$78,369,548

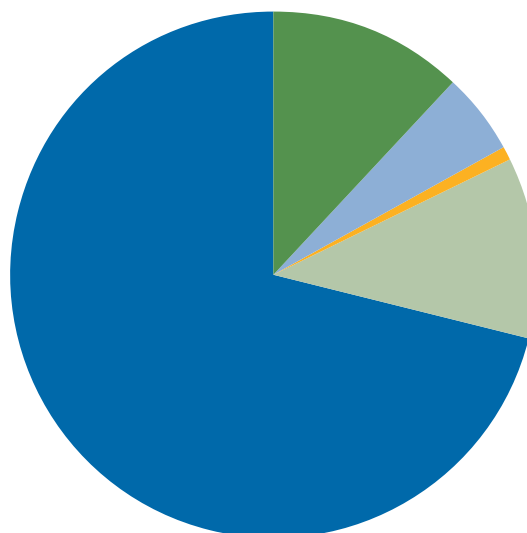
Supporting Statistical Information

Summary of Patient Service Utilization

	2011	2012
Inpatient		
Total Admissions	990	936
Births	276	315
CAH Patient Days	5,145	5,304
CAH average length of stay	5.2	5.7
CAH average daily census	17.0	14.5
Other		
Emergency Room/ICC visits	8,757	8,635
Clinic visits		
Robert A. Mesropian Center for Community Care	24,806	27,753
Women's Care Center/Midwifery	8,850	9,931
General Surgery Clinic	1,687	2,266
Occ Health	3,920	4,532
Orthopaedics (General and Hand)	4,539	5,463
Pain Management	1,738	1,100
Surgical Procedures	2,005	2,030
Procedures	1,073	1,074
Lab procedures (excludes venipunctures)	80,097	80,933
Physical/Occupational Therapy Visits	5,287	6,301
Radiology exams	18,295	17,510

Fiscal Year 2012 Cash Charitable Contributions: \$1,015,561

Annual Giving Program	\$118,326	12%
Planned Gifts	\$51,233	5%
Memorial Giving	\$2,406	1%
Special Gifts	\$122,451	11%
Capital Campaign Gifts and Pledge Payments	\$721,145	71%



Nancy Ward

Nutrition/Diet Aide

I grew up in Fairlee, Vermont. My Dad was the pharmacist, like his father before him. My sister is an RN. I started in the kitchen at APD in 1992, and now I work in the coffee shop. I could do what I do anywhere, but I really like doing it here. The coffee shop is a real hub—you see the same people every day; you hear from the patients and employees. I love it. I know all 591 people here. Everyone is on a first-name basis.

When I started, there were just over 100. We've got some awesome people!

I've been a patient here, too, and received excellent care. It's a very relaxed atmosphere. I know a lot of people who come to work at APD from other hospitals because of our relaxed atmosphere. It's a small hospital. We've gotten bigger, adding the Robert A. Mesrobian Center for Community



Care, Harvest Hill and the Woodlands. But in many ways the spirit is still the same.

It's a great place to work.

Lorraine Nichols

Director of Information Services

I've been in the Information Systems field for thirty-four years; twenty of them in healthcare at three different hospitals. In those early years, most hospitals didn't even have desktop computers! I came to APD in 2006. We had 200 PCs and three or four servers. Today I manage a department of ten, with 350-400 PCs, plus laptops and wireless devices and 35+ servers in addition

to technologies like wireless, virtualization, storage area networks, Exchange and Citrix.

Under current healthcare reform and meaningful use standards, we are in the process of transferring all of APD's inpatient and outpatient environments to Electronic Health Records (EHR) by the end of 2014. This is a huge cultural shift for everyone. We chose nearly three years ago to go slowly—to roll out the hospital-owned clinics first and phase in the implementations. Our last clinic provider went "live" in July, 2012, just over two years from the start of the project. Some larger organizations go about this in a more sudden, big bang way, but we think it's better to go slowly and take a phased approach. As a result, APD has become a model, providing Best Practices for other clinics owned by hospitals

that are also implementing this vendor's EHR.

I've worked for large and small institutions in many different industries in profit and non-profit, and I prefer a small organization like APD. I feel like there is a lot of transparency and good communication here at all levels. I feel like I know most of the employees by name. In a large organization that is impossible, let alone knowing where your own work makes an impact. I am part of the decision-making at APD and I can see how the work I am doing really makes a difference in people's lives. And, perhaps most importantly, each day I can see how important this work is to APD and to this community. The face of healthcare is changing and I know that APD will have to change too, but I have faith in that process and our bright future.



..... Melissa Underhill, RN, BSN is named Nursing Director for the Birthing Center and Emergency Department at APD.

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We continue to do
the things we do best.