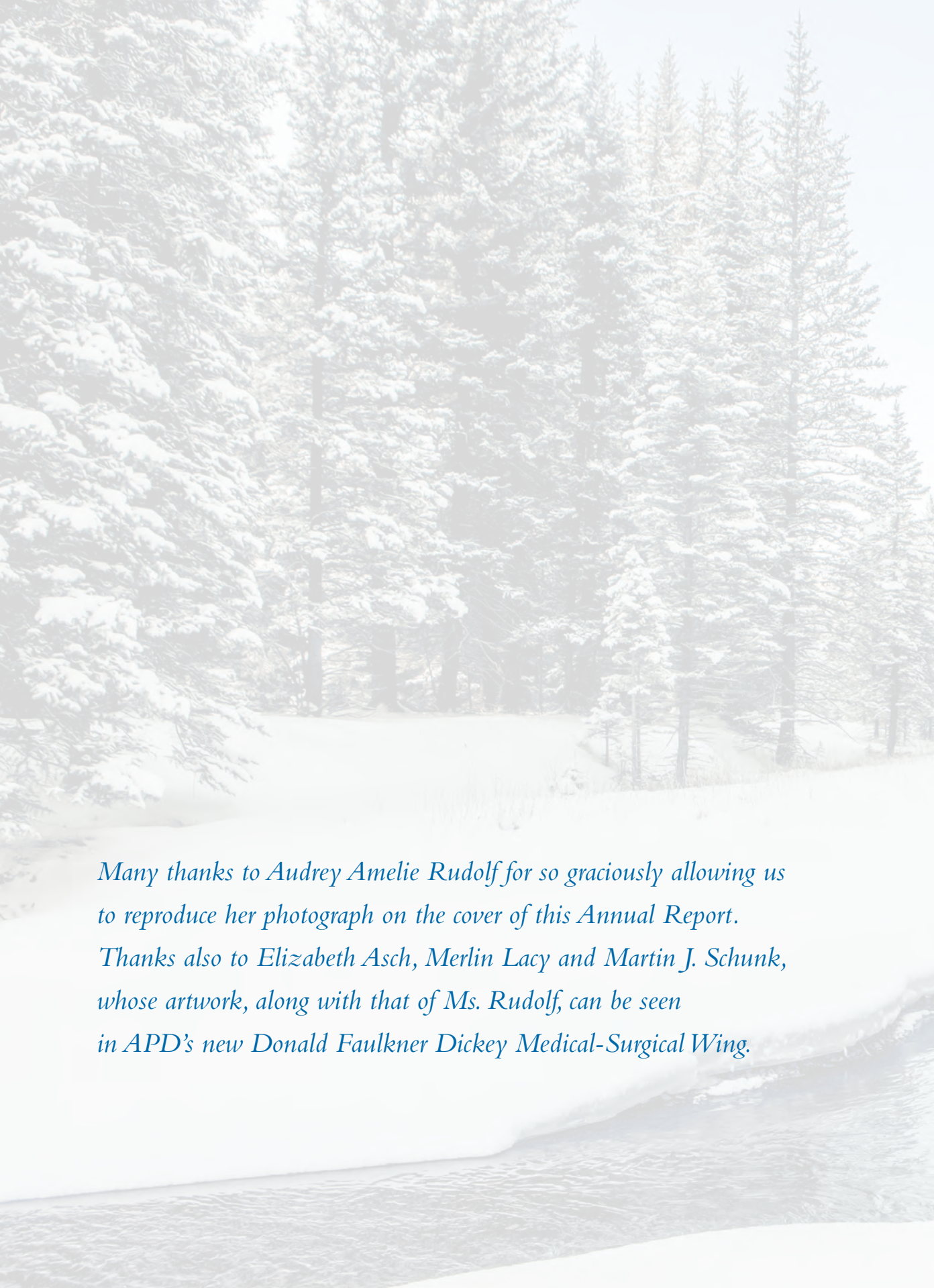


Alice Peck Day Health Systems
2013 Annual Report

A photograph of a snowy forest. The trees are evergreens, heavily laden with snow. The ground is covered in a thick layer of snow. The overall scene is peaceful and serene.

Many thanks to Audrey Amelie Rudolf for so graciously allowing us to reproduce her photograph on the cover of this Annual Report. Thanks also to Elizabeth Asch, Merlin Lacy and Martin J. Schunk, whose artwork, along with that of Ms. Rudolf, can be seen in APD's new Donald Faulkner Dickey Medical-Surgical Wing.

I am pleased to share with you the 2013 Alice Peck Day Health Systems Annual Report. The fiscal year that ended on September 30, 2013, presented APD with significant financial challenges. Thanks to careful planning and conservative fiscal management, as well as the unwavering dedication of our friends, supporters and staff, we were able to move forward while never losing sight of why we are here—our patients and residents.

APD has a long tradition of providing an exceptional quality of care that serves the health needs of our community. As the community's needs have evolved, so have we. By integrating the latest technologies, research and delivery models available with our personal commitment and caring, APD has grown from a small cottage hospital to a comprehensive health system serving an increasingly diverse population. With each new addition and advancement, we have remained consistently committed to one thing—doing our best for our patients and residents. From the Women's Care Center to the Woodlands at Harvest Hill, we work tirelessly to not just meet—but to exceed—the expectations of the people who entrust us with their health and wellbeing. On the pages that follow, you will learn about some of our latest initiatives and meet members of the APD family who are building on our tradition of providing community-based care that puts our friends and neighbors first.



Keeping that tradition alive depends on our ability to anticipate the needs of those we serve, stay ahead of the curve when it comes to the latest advances in care, and evolve in ways that are long-lasting, sustainable and always patient-focused. With the continued support of our community, careful, strategic leadership and the talents of our remarkable team of caring professionals, I am confident that APD will remain a vibrant and vital member of our community for many years to come!

A handwritten signature in black ink that reads "Susan E. Mooney". The signature is written in a cursive, flowing style.

Susan E. Mooney, MD, MS, FACOG
President and Chief Executive Officer
Alice Peck Day Health Systems

Patient and Family-Centered Care

Dr. John Houde

Orthopaedic surgeon

Dr. Houde came to APD in the spring of 2013. He was ready for a change. “I was beginning to feel like a hamster on a wheel,” he says. “I wanted to take control of the health care I deliver; I wanted to be part of a larger change—the creation of a model that puts patients and families at the center.”

The shift from fee-for-service to value-based care is a part of that change. “As doctors, we need to be accountable for outcomes. Patient satisfaction in any care experience is critical.” Patient satisfaction, as Dr. Houde explains, is a complicated concept. In the case of knee surgery, for example, one outcome is that the knee is strong and the patient can walk. Another outcome includes how the patient felt going through the process. Was the procedure explained? Was pain controlled? Did the patient feel his concerns were heard?

Patient and Family-Centered Care

Dr. Houde has been instrumental in introducing the Patient and Family-Centered Care (PFCC) model at APD. PFCC is an approach to care that establishes a partnership between care providers, the patient and the patient’s family. Viewing the care experience through a patient’s or a family member’s eyes is an important part of how PFCC works. Key principles of the PFCC model include treating patients and families

with dignity and respect; clear and open communication; encouraging active participation in the care process; and a collaborative environment that puts patients and families first.

Joint Effort

“We shadow the patient through the care experience, trying to see the experience through their eyes. The details of their experience matter.” In his effort to continually enhance the patient experience, Dr. Houde has refined APD’s “Joint School”, a pre-surgery program for patients and families. Patients meet with everyone on their care delivery team and are told exactly what to expect. When they sign the consent form, they are also making a commitment to participate in their own care. “Everyone in my clinic is part of that care—from the person who checks the patient in, to the nurse and the doctor. We are all health care providers.”

An Innovative New Model for Health Care

“We’ve been sailors on the deck,” Dr. Houde says. “Now doctors need to become captains of the ship. It is up to us to decide how we deliver care, to decide what kind of relationship we want to have with our patients. Patient satisfaction should determine how we get paid. I feel in my heart of hearts that this is the right approach. “Blue skies, I tell my team. Think blue skies.”

“A patient came to me recently for a knee replacement. He said, ‘I feel I haven’t been heard.’ I said, ‘You’ve come to the right place. I am here to hear you.’”





Centering Pregnancy Care: A Personal Approach

Deborah Dworak

Practice Director, the Women's Care Center

Deb Dworak understands that no two pregnancies are exactly alike. Expectant mothers have desires, preferences and medical needs. Patients are looking to their health care provider to tailor their birth experience accordingly. In the past, Dworak explains, our OB department was divided into two practices—a three-member midwife practice and a three-MD practice. We've gone one step further toward our goal of low-intervention births and combined the two practices. All of our normal pregnancies will be delivered by certified nurse-midwives like Kelly Brogan (opposite page). The beauty of merging these two groups is that we're all in one place.

Women can choose the kind of birth they'd like to have—and our MDs are available throughout the process in case the pregnancy becomes more high risk. Our MDs are also dedicated to low-intervention pregnancy and delivery. APD's warm and home-like Birthing Center has the lowest C-section rate in the state. Prospective parents come from an ever-widening radius, including surrounding states, to receive their prenatal care and to give birth at APD.

Today, many people do not live close to their families. In the old days, families would gather around to offer advice and support for a new mom. At APD, we offer the Centering Pregnancy Care program. The prenatal care is done in groups of women (and their partners) who are all due about the same time.

These groups help to create the support and information-sharing that was traditionally provided by large families. "Our OB education is conducted support-group style, eight patients per group with partners," says Deb Dworak.

"Pregnancy is not a disease," Dworak says emphatically. "It is a normal life process. We all know that the greater the number of interventions the greater the number of complications. We emphasize prenatal care as preventative medicine and low intervention. The focus is on the education and empowerment of women."

**"The focus is on the
education and empowerment
of women."**

Coordinated Care: Medical Home

Dr. Brian Lombardo

Medical Director, the Robert A. Mesrobian Center for Community Care

APD providers are breaking down the barriers that plague traditional health care to deliver whole person, patient-centered care. We have created our own version of Medical Home, a national movement that recognizes the need for patients to have one place where they can get the vast majority of their health care needs met. A Patient-Centered Medical Home (PCMH) offers key provisions, including a personal relationship with a health care provider, a holistic orientation to health care, enhanced access using new models of care and care coordination. “The idea,” explains Dr. Brian Lombardo, “is that a robust primary care system will provide better care and reduce cost. Payers finally understand that patient-centered primary care is the best way to meet our patients’ needs and deliver care efficiently.”

“We are a home base for care. We pay attention to all of our patients’ needs.”

APD is primary care-centered. “In other words, we pay attention to all of our patients’ needs. We are a home base for care. We screen for cancer, perform mammograms, monitor sugars, cholesterol, depression, hearing, etc. Changes are occurring in the payment model that will help us meet the huge demand on primary care delivery. We are systematizing our approach—care is becoming team-based and needs are met on varying levels of care. A nurse might perform a routine follow-up of hypertension, or an Annual Wellness Visit, while a doctor might handle a complicated appointment to monitor congestive heart failure. This positions us for a future in which we will be paid for performance and outcome, not process—so we need to deliver all this care as cost effectively as possible. In addition, there is an emphasis on prevention both of disease and the complications of already established disease. We can ask the patient “How well are we keeping you?”

One of the clinic’s improvement teams has just developed a protocol for RN-delivered Annual Wellness Visits that are covered under Medicare. The clinic is also making use of a new a payment model for transitional care management, utilizing RN’s to initiate follow-up care on patients being discharged from the hospital.

These and other innovations mean better care, reduced costs and more efficient care delivery.



Living Longer; Living Well

J. Todd Miller

*President and Chief Executive Officer
Alice Peck Day Lifecare*

Kathy Labbe, RN, MS

Administrator, Harvest Hill

APD's team-based approach to long-term care offers patients and residents a menu of choices for the transitions in lifestyle and levels of care that accompany aging.

On-campus options include the Woodlands, a supported senior living facility; Harvest Hill, an independent and assisted living facility; and the Elizabeth C. Hughes Unit within Harvest Hill.

Residents of the Woodlands were drawn to the building thanks to its light-filled, elegant residences, top-notch amenities and convenient location in the heart of the Upper Valley. Since the Woodlands opened in 2010, our residents have come to expect the best and we work closely with them to provide services that fit their lifestyles and needs. We pride ourselves on providing Woodlands residents with a highly personalized, supported independent living experience. Naturally, that includes services associated with the best luxury residences. In addition, residents of the Woodlands benefit from APD's diverse health

system. An increasingly popular resource is our home health service. With a dedicated nursing staff, home health focuses primarily on coordinating access to care, connecting residents with primary and specialty care providers in the community. The staff also provides basic health care services on-site. Lifecare's ability to seamlessly integrate high quality residential and health care services is a big reason why individuals looking for the best in retirement living make their home at APD.

Successfully meeting the needs of such a diverse community demands flexibility and creativity—the two main ingredients to Kathy Labbe's job as Administrator of Harvest Hill. Each resident has different needs, and Labbe prides her staff on being responsive to those individual needs. This might mean tinkering with staffing schedules, or hiring pet walkers! "In Lifecare we are looking at how we provide services, and identifying what we can expand on or add to what we already do to meet the changing needs of this community. For instance, someone with severe arthritis might need an occupational therapist to help find ways for the resident to make changes in their environment that will keep them safe and allow as much independence as possible—something as simple as new door handles, new knobs on the appliances, a raised toilet seat, devices to help them pull up their stockings, or a chalkboard with reminders for daily schedules."

We've created three miles of walking trails behind the Woodlands and Harvest Hill with varying levels of difficulty. Walking/exercise is a huge component for maintaining balance and preventing falls. A GPS tracking unit can be put in residents' shoes that will allow us to find them in an emergency.



A Carefully Woven Safety Net

Dr. Lisa Furmanski

Geriatric Medicine

Dr. Furmanski cares for the frail and elderly in the APD community. The discussion about how to care for the elderly, both in the hospital and in the community, has, she reports, become more thoughtful and supportive in recent years. APD's Senior Care Team, headed by Dr. Furmanski, has been developing new ways for seniors to receive care and stay in their homes longer. "End-of-life and quality-of-life issues are now part of our common discourse, and older patients and their families expect these issues to be part of the conversation." Her patients are also better informed than ever before. Most people are more aware of the risks of medications, of procedures and of the benefits of aggressively treating pain and depression. "All of these shifts have made my specialty more central to the health care system," she says proudly, "and less radical or confrontational!"

Some new tools make it easier for Dr. Furmanski to stay connected to her patients. "Our Senior Care Team at APD relies heavily on our electronic medical records for documenting visits and meetings, for communication among our team members, and also with all the other agencies and facilities providing care to our patients." It's a carefully-woven safety net.

Dr. Furmanski and her team also support the caregivers. They follow the principles laid out by the Alzheimer's Association, including encouraging formal training and counseling. Caregivers are the heroes of the rising crisis in dementia care, and we look for the most current research and approaches to support them."



"We also follow very closely the end-of-life care and right-to-die movements, which influence the legal and ethical commitments we make to our patients in the last phase of their lives; the law differs in the two states that we work in, as does the documentation we need for limiting aggressive care at the end of life. It is critical that we remain current with the latest developments."

APD is uniquely suited to meet the needs of its patients in this changing landscape. "We are focused on the immediate community, easily accessible to all our constituents, and we provide the best in primary care services. The hospital works closely with community organizers and agencies that are key partners in our care plans."

What's in the future? Increasing elderly care services. More change. More innovation.

Redefining Rehabilitation

Skilled occupational therapists are integral members of the APD care team. They work closely with patients in the hospital, with out-patients, and partner with area employers to promote injury prevention and a safe environment in the workplace. APD is a popular rehabilitative resource in the community because we stay on top of the latest developments and therapeutic advances, and integrate them into our Rehabilitative Services and Occupational Health Departments. Additionally, several of our therapists are certified in special therapeutic areas, so when a patient comes to APD, they know that they are receiving the best, most comprehensive care in the Upper Valley.

of APD's Hand & Upper Extremity clinic in Wilder, Vt. "When new technologies and advances in modalities like ultrasound, low-level laser or iontophoresis become available, my patients are able to benefit from them. That access helps speed their progress as they recover from surgery or an injury.

"My goal is to return my patients to their previous level of function. These discoveries help make that possible, while also making my work more efficient and more enjoyable. I get better results and my patients are happier."

Nicole Cunningham

*Occupational Therapist/Certified
Lymphedema Therapist*

Lymphedema is a condition of chronic edema (a primary condition that is due to a developmental disturbance of the lymph vessels) or edema that remains beyond normal healing time (after an insult to the lymph vessels, such as surgery). Lymphedema may be evident after cancer treatments where lymph nodes have been removed; after an orthopaedic surgery, such as a total knee replacement; or when people have had cycles of cellulitis.

Cunningham, an occupational therapist at APD for the last 14 years, received her designation as a Certified Lymphedema Therapist in June 2013. "I became interested in this type of therapy after working with people with cancer who faced limited options for the alleviation of discomfort. Complete Decongestive Therapy is a four-part process: education, remedial



Elizabeth Lauziere, MS, OT/L, CHT

*Occupational Therapist/Certified
Hand Therapist*

"This is a wonderful time to be a hand therapist because of the wealth of research and the ease with which that research can be applied to my practice," according to Elizabeth "Lisa" Lauziere, a certified hand therapist who works out

exercises, manual lymph drainage, and compression. Cunningham is currently teaching many of the other therapists on staff the technique of manual lymph drainage. Cunningham works closely with her patients to empower them to be active in their treatment and recovery progress. “I educate my patients, suggest exercises they can do on their own, and show them how to perform manual lymph drainage and comprehensive bandaging.” Cunningham is also teaching the technique to other rehabilitation staff members. “Patients,” she says happily, “like it so much they want to keep coming!”

Kelly Fisher Clark

Occupational Therapist

“The more we can educate people about how their bodies move and how everyday tasks affect that movement,” says Kelly Clark, “the more we can prevent injury and keep them out of the system. There are more and more incentives for employers to help us accomplish these goals.” Clark works in collaboration with the patient, the family, their referring physician, the employer and the insurance company to make sure that everyone is on the same page. “The best care happens,” she says, “if we all work together.”

Sixty percent of Clark’s work is involved in ergonomics and injury prevention, working on-site at local business. Her remaining time is spent in the rehabilitation setting, focusing on the treatment of hands and upper extremities. “My goal is to get at the root of the problem as quickly as possible,” says Clark. “To



do this, we need to look further and deeper. Pain in the hand or wrist could potentially be originating closer to the spine—we really need to push ourselves to look for the pain source.”

“I have the privilege of seeing people both in the clinical setting for treatment education and outside in their work setting. This has taught me how essential it is for us to connect treatment with preventative education. I think the upcoming shift in health care will create even more of a demand for this type of focus on wellness, identifying risk factors, quality of life and the patient’s goals. We encourage patients to take responsibility for their own care.”

“The best care happens if we all work together.”

Community Care



Nancy DuMont

Director, Department of Community Health

Nancy DuMont has been running “Upper Valley Smiles,” APD’s school-based dental program since she came to APD in 2006. She is deeply committed to getting better, preventive and emergency care for people of all ages. “People don’t realize how disabling cavities, infections, abscessed and rotten teeth can be,” she says. “Students can’t concentrate or eat to get the nutrition they need; adults miss work and worse. An untreated dental infection can lead to death!”

The program has been expanding steadily—adding new schools, educating students about oral care, applying topical fluoride varnish and protective sealants and referring kids who need more care to dentists.

DuMont breaks down the walls between administrators, parents, dentists and doctor—to see hundreds of children in need of preventive dental care in portable “MASH Units” the team sets up in Upper Valley elementary schools.

The collaborative work DuMont and her team do to get the job done is a truly interprofessional approach to improving overall wellness. DuMont knows where to find the people who need her most and how to eliminate barriers in getting them care. She dreams of finding a solution to what she calls the “quiet oral health crisis” facing the community: uninsured adults with untreated dental pain and/or infection who lack the resources to pay a dentist, so they end up in the hospital emergency department. “This issue is way too big for any of us to tackle alone, but I’m confident that a broad community coalition may come together in the near future to begin chipping away at it.”

“Some of the kids we see in our school programs have never seen a dentist. When we identify a child in school who needs restorative work in a dental office, we go to great lengths to make sure that connection to care is provided.”

Technology That Helps Save Lives

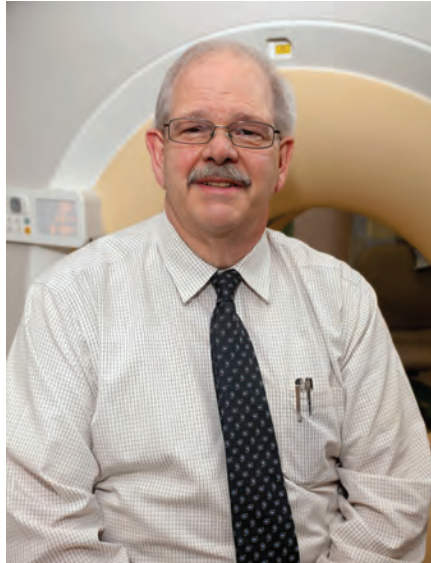
Bill Doak

Director of Diagnostic Imaging

John Rousseau

RIS Coordinator & PACS Administrator

Bill Doak and John Rousseau are passionate about their work. One thing that makes them particularly happy is APD's new 64 channel CT scanner. Computed tomography (CT) is an imaging method that uses x-rays to create cross-sectional pictures of the body. "This scanner allows us to lower the radiation dose in routine scans by forty to fifty percent," Rousseau explains. "It's more powerful than our old scanner, which means reduced scan times and improved image quality. In the past, patients were often asked to hold their breath for an impossible 45 seconds. Today patients are only asked to hold their breath for eight to twelve seconds.



Superior imaging, low-dose radiation and speed all improve our radiologists' ability to provide accurate diagnoses.

CT scans are vital to the diagnostic process, from head to toe. It isn't so long ago, Rousseau explains, that the diagnoses made possible by modern CT scanning would have required surgery. "It's a life-saving tool." While the CT scanner is primarily a diagnostic tool, both anticipate a day when CT scanners play an even more critical role in preventive care which will help to reduce medical costs.

Doak and Rousseau never lose sight of the community they serve. "We offer the same level of scanning and expertise as larger facilities in the region," says Doak proudly, "at a much lower cost." Why? "Because we are a community hospital," he says. "We recognize that if we price services out of reach, our patients won't get the care they deserve."

A Tribute to Jack Byrne

John “Jack” Byrne passed away on March 7, 2013, at his home in Etna. He was eighty years old. Jack is remembered with great love and gratitude by friends, family, community members and colleagues for his generosity, leadership, and creative intelligence—an industry icon with a ready smile, inspiring humility, and a twinkle in his eye.

Over the last seventeen years, the Byrnes have donated funds to APD for equipment used in digital mammography, birthing beds, a new ultrasound unit; upgrades in the radiology department and operating rooms; and the creation, renovation and expansion of the Robert A. Mesropian Center for Community Care and other vital efforts, including the recent hospital renovation. The Jack and Dorothy Byrne Foundation established a

community fund that helped Upper Valley residents with limited resources live at Harvest Hill. In hard times, their sustaining gifts have inspired matching grants that have helped us reach our care-giving goals.

The Jack and Dorothy Byrne Foundation supports cancer research, education and volunteerism. The Byrnes’ generosity has nurtured dozens of Upper Valley institutions large and small—including Listen, CHAD, the Norris Cotton Center, the Good Neighbor Clinic, Dartmouth College, the Upper Valley Haven, the Upper Valley Land Trust, The Family Place, Alice Peck Day Memorial Hospital, and so many others.

Jack Byrne is remembered for his unique combination of traditional values and innovative approaches to challenges. “He was extremely imaginative and creative,” Paul Danos, dean at the Tuck Business School, told a Valley News reporter “but at the same time imposed very high standards.” Colleagues remember that he often signed his notes, “your humble servant.”

It was, by all accounts, an inspirational life. Always Jack’s partner in supporting the community, Dorothy continues his legacy. The generosity of the Byrne family has touched many lives.

We all miss Jack Byrne very much.



A Tribute to Whit Dickey

On February 21, 2013, the APD community lost one of its beloved and most passionate supporters. Whit Dickey was eighty-nine years old.

Near the end of his life, Whit spent several days in the new Medical-Surgical wing that he and his wife Closey Dickey helped build in honor of their son, Don, who died in 2012. “Whit found the rooms very comfortable and peaceful,” Closey says. “When we arrived at APD one morning at 6:00 am, three doctors I had known since 1982 were there to meet me and to explain the situation. It was so comforting to have those loving, familiar faces around me! I felt that Whit was in a very good place.”

“And Don would be so pleased with the new wing. Community health care was important to him, and I think he would feel that medicine at APD is practiced as it ought to be practiced.”

Whit Dickey believed in the benefits of blending modern techniques and technology with the human touch in medical care. His and APD’s philosophies aligned, forging a partnership that lasted until the end of his life and continues with Closey. “Our family’s connection to APD is very strong,” says Closey.

“It was a lovely, lovely life.”

At APD, we are all grateful for the time we had with Whit and his family. He is greatly missed.



The Power of Philanthropy: Advancing Patient-Centered Medicine

It all started with a gift from Alice Peck Day, who bequeathed her homestead to found a cottage hospital in Lebanon in 1932. Her vision of creating a hospital laid the foundation for the very special kind of personalized care and compassion that remain at the heart of APD today. The generosity of many over the years has enabled those unique qualities to flourish. Our traditions are strong because of that support—support that



recently helped renovate the hospital's medical-surgical unit. The design of the new Donald Faulkner Dickey Medical-Surgical Wing created a place of healing that embodies our commitment to compassionate care for patients and their families.

Philanthropic resources continue to anchor our signature care. They also enable us to develop innovative ways to advance our services, improve our quality, and contain costs—all while remaining focused on the needs of patients and families. We are deeply grateful to APD's supporters, whose commitment was essential to our past and will help define our future.

The lists that follow represent individuals, businesses and foundations that have provided philanthropic support to APD during the past year. They exemplify the best of our community's spirit—taking care of each other with both heart and substance.

“Without the willingness of our friends and neighbors who give so generously of themselves, of their resources, APD would be a different place today. We are fortified and extraordinarily grateful for their continued commitment, which ensures that we are able to pursue the highest standards of care and advance in an ever challenging world.”

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

building a new Day: The Capital Campaign for Alice Peck Day Memorial Hospital

With the completion of the first phase of APD's renovation, we remain deeply appreciative of those who helped build the new Donald Faulkner Dickey Medical-Surgical Wing and grace its walls with beautiful photographs and artwork. Contributors have also supported the next phase of the renovation, which will complete the hospital's most significant facility upgrade since it was built in the early 1960's. We thank the supporters below, whose generosity has played an important role in our continued progress.

Leaders (\$500,000 +)

The Williamson Family

Partners (\$250,000 +)

Timken Foundation of Canton

Stewards (\$100,000 +)

Alice Peck Day Memorial
Hospital Auxiliary
Ray and Cyn Barrette
Geokon, Inc.
The McLaughlin Family
J. Barrie and Pat Sellers

Advocates (\$50,000 +)

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Donald W. Ayres, MD
Hulda Magnadottir, MD
Joseph Phillips, MD

Dr. and Mrs. Douglas E.
Williamson

Benefactors (\$25,000 +)

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*in memory of Drs. Tom Almy
and Katherine Swift*
Jo and Harry Dorman
The Dosis Fund of the NH
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John and Shelley Hochreiter
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Curt and Sharon Jacques
Edward and Mary Lynn Kerrigan
Kleen Dry Cleaning and
Laundry Services
*in memory of Thomas L.
Gosselin*
Lake Sunapee Bank
Dr. Kathleen A. Maloy, JD
*in memory of William and
Amelia Maloy*
Scott and Nina McCampbell
Robert and Shelly Moses
Robert Z. and Nita Norman
Wendell and Margaret Smith
Foundation
Upper Valley Anesthesiology
Services
Barbara Callahan, CRNA
John Jackson, CRNA
Richard W. Olson, MD
Andrea Williams, MD
West Lebanon Feed & Supply

Associates (\$5,000 +)

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Brooke and Jim Adler
Allan's Vending Service, LLC

Marilyn S. Anderson
*in honor of Dr. Donald W.
Ayres, Dr. Hulda Magnadottir,
Dr. Joseph Phillips and
Dr. Margot Stephens*
Steven C. Atkins, Psy. D.
Blaktop, Inc.
Pete and Ruth Bleyler
Eric Bronstein, MD and
Caron Bronstein
The Brown Family
*in loving memory of
Channing T. Brown*
Marty and Jack Candon
Jack Carlock
in memory of Joan C. Carlock
Centurion Insurance Group
Edmund Coffin
*in memory of Vi Coffin and
with thanks to
Dr. Peter Mason*
David and Evalie Crosby
Andrew and Penny
Cunningham
Nancy Bergin DuMont
in memory of Terry DuMont
Allan and Myra Ferguson
Jim and Sheila Feyrer
Michelle Fifield and
Robert Conrad
Amy and Chip Fleischer
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 Katy Gerke, MD
 Mark Hansberry, MD
 David Haseman, MD
 John M. O'Donnell and
 Kathryn M. Vargo
 Debra Williamson

Friends (up to \$4,999)

Anonymous (24)
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in memory of Reggie Bailey
 Lee and Pamela Abrahamson
 Michael and Diane Adam
 Mr. and Mrs. Roger Adams
 Ms. Sheila Andrews
in memory of Frank F. Coombs

Mr. Peter H. Armstrong
 Elizabeth and Joseph Asch
 Katherine B. Austin
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Seymour A. Bortz
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 Marylin Babineau
in memory of John and Bess
Lewis and Francis Sargent
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 Mrs. Jane S. Brandt
in memory of Allen and
David Guyer
 Bridgman's Furniture, Inc.
 Mr. and Mrs. Alan L. Brock
 Mr. David R. Brooks and
 Ms. Meredith E. Jackson
in honor of our son, born
August 31, 2012
 Jessica and Shawn Brown
 Stephen G. and Carole T. Brown
 Kelly Burke and John Jackson
 Jim and Holly Burnham
 Maryann and Jeremiah Caron
 Howard and Brenda Carter
 Rich Casano
 Douglas Cedeno, MD
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Gretchen Cherington and
 Michael O'Leary
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 Dr. and Mrs. Craig Cohen
 Lisa Cohen
 Carolyn A. Coker
 Brittney and Chris Cole
in memory of Colten and Nate,
our brothers
 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
 Mr. Malcolm S. Crook
 Julie and Mike Cryans
 Nicole Cunningham and
 Tim Longacre
 Suzanne and Richard Cushing
 Stephen Daly
in memory of those who
have fallen in defense of
their country
 Dartmouth Printing Company
in memory of
Juanita E. Bartlett
 Barbara Dean
 Mr. and Mrs. John J.
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Annual Giving Program

Philanthropic donations are essential to the fiscal health of any non-profit organization, and at APD we continue to rely on the community to help sustain our services with yearly contributions. Annual giving includes support at all levels and it comes from many friends in the community and beyond. It allows us to support initiatives throughout the hospital year-round, ranging from investing in new equipment to addressing the most pressing day-to-day priority needs.

“Our nursing staff continues to benefit from annual giving through the Nursing Education Fund,” says Beverley Rankin (RN, BSN, MSA, BC-NE), Vice President of Patient Care Services & Chief Nursing Officer at APD. “In just the past year, we were able to send all of the LNAs on the Medical-Surgical wing to a boot camp for the care of geriatric patients, and we brought in educators to train nurses in other critical areas of their responsibilities. Funds also supported training on diabetes for a group of RNs and enabled one of our nurses to become certified in wound care. We would not have been able to fund all of these initiatives without the Nursing Education Fund. I want to extend a huge thank you to

our donors for keeping our staff up-to-date and well-trained for our patients.”

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A special way to memorialize a loved one, recognize a special occasion, or honor a family member or APD caregiver is with a tribute gift in their name. These contributions strengthen our resources and enhance the patient experience in a very special way.

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The kindness of the APD medical staff

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Special Gifts

During the past year, the following donors have supported specific projects and needs at APD including dental care for children, a new piano for the Woodlands, and equipment for the Hughes Care Unit at Harvest Hill.

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Dartmouth Hitchcock Medical Center
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Mr. and Mrs. Peter V. W. Gardner
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Gifts-in-Kind

In-kind gifts come in a variety of forms, but none more unique than those from local artists. The new Medical-Surgical Wing benefited from the generosity of APD's own Drs. Leonard and Sylvia Rudolf, who purchased and contributed a number of framed photographs for the wing's hallways and patient

room taken by their daughter Audrey Amelie Rudolf, a professional photographer. Artist Elizabeth Asch designed two large, colorful stained acrylic windows specifically for the inpatient rehabilitation gym. These stunning windows offer a bright floral scene for all who enter the room to enjoy.

Elizabeth Asch
Mr. Richard A. Casano
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Drs. Leonard and Sylvie Rudolf
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Legacy Gifts

Strengthening the ties. No one can predict the future, but individuals who choose to make a legacy gift are doing just that. They show their commitment to the future of organizations they value by including them in their estate plans. We recognize these forward-thinking friends with a place in our Homestead Society.

Homestead Society members who died this year

Mr. S. Whitney Dickey

Living Members of the Homestead Society

Mrs. Patricia B. Brown
Mrs. Closey F. Dickey
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5 years

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Michelle Buckman, *HR*
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Linda Dobson,
Diagnostic Imaging
Susan Figley, *Rehab*
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10 years

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Elizabeth Hanlon, *PACU*
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Deborah Dion, *General Surgery*
Michael Mahar, *IS*

25 years

Louis Boutin, *HH Nutrition*
Joyce Hurd, *OR*
Peter Mason, *RAMCCC*
Christopher Mazur,
Emergency Services
Ginette Turgeon,
Diagnostic Imaging

Employees of the Quarter

4th Quarter 2012

Donna Leonard

3rd Quarter 2013

Sue Kuklewicz

Fiscal Year in Review

Alice Peck Day Health Systems had a number of challenges during the fiscal year that ended September 30, 2013. Both Alice Peck Day Memorial Hospital and Alice Peck Day Lifecare generated operating results well below their budgeted margins. As the organization's Senior Leadership Team and Boards of Trustees conducted extensive strategic planning programs, forces internal and external to the organization continued to challenge fiscal performance. There were a number of specific factors causing financial performance to fall below target levels:

- The Woodlands at Harvest Hill continued to experience challenges in filling units. At the close of fiscal year 2012 there were 48 of the 66 available units occupied. The fiscal year 2013 budget assumed a net increase in the number of occupied units to 56. Unfortunately, a significant number of resident transitions resulted in a net decline in occupancies to 47 at the close of fiscal year 2013. The organization has undertaken a comprehensive marketing campaign that has yielded an increased interest in the organization but not increased occupancy at this point in time.
- Rehabilitation services at the hospital were not able to generate the increased activity budgeted for fiscal year 2013. This past year the focus in Rehab Services has turned toward leadership development, skill development and developing expertise in areas specifically complementing the surgical specialties of APD. It is believed that this focus on strengthening the foundation of this service line is essential for success of the service line in the future.
- Implementation of sequestration by the Centers for Medicare and Medicaid Services (CMS) led to a 2 percent decrease in Medicare reimbursement across all service lines of an aggregate \$94,000. Organization and department leaders prepared for a \$200,000 impact and were able to offset the net patient revenue impact realized with cost reductions in several areas.
- The Fiscal Year 2012 increase in patient days on the Medical/Surgical wing and in Swing Bed services, while holding costs relatively stable, resulted in a decreased reimbursement per patient day of over \$400 for Medicare. This reduction in Medicare per diem reimbursement resulted in an estimated \$1.5 million reduction in net patient service revenue and related cash flow.
- Pain management operations were suspended for nine months due to a transition in providers. The impact was seen both in the outpatient clinic setting as well as in the procedure room at the hospital.

The negative impact on operations by the above events was partially offset by increased volumes in nearly all outpatient clinics, leading to increased inpatient and outpatient operating room case counts and increased volumes in diagnostic imaging services compared to the prior year. The addition of a second general orthopaedic practice to APD surgical specialties also contributed significantly to operating room case volumes and diagnostic imaging.

External forces continue to threaten the financial performance of APD in several areas:

- The elimination of Critical Access Hospital (CAH) status for hospitals within 10 miles of another hospital continues to appear in the U.S. President's budget and a variety of bills. Lobbying efforts continue in Washington with some positive signs, but the recent issuance of a report by the Office of the Inspector General urging renewed scrutiny of the entire CAH program reminds us of the ever-present threat. The potential loss of an estimated \$7.5 million in Medicare reimbursement related to CAH designation continues to drive strategic planning efforts of hospital leadership.
- The exclusion of APD from the New Hampshire Health Insurance Exchange marketplace threatens to redirect some of APD's patient base to other organizations who are included in the Anthem exchange narrow network. While the anticipated first year impact is minimal, the potential of continued exclusion is concerning.
- The exclusion of APD from ElevateHealth, a closed network developed by a third party payor and four other organizations, is similarly concerning. While the initial focus of this insurance product is along the Route 93 corridor, expansion to Grafton County is potentially imminent.
- APD has successfully achieved meaningful use status for Medicaid in the outpatient clinic setting but achieving meaningful use in the hospital setting remains a challenge both in terms of infrastructure and software implementation. Significant resources continue to be dedicated to advancing IT performance at APD but limited financial resources preclude this from occurring as quickly as we would like.

Reform in health care funding, the uncertainty of what that reform looks like, and the role that APD plays in the delivery of health care in the future of this region cause hospital leadership to continue intensive strategic planning efforts. Focus of those efforts will continue to be the successful delivery of valuable health care services in a financially sustainable manner.

Consolidated Statement of Operations

Fiscal Year Ending September 30, 2012	Unaudited 2013	Audited 2012
Unrestricted Revenue, gains and other support		
Net Patient Service Revenue	\$50,175,265	\$48,959,530
Other Revenue	8,259,212	8,336,653
Net assets released from restrictions for operations	60,718	213,044
Total Revenue	58,495,195	57,509,227
Expenses		
Personnel Expenses	37,708,202	37,131,330
Supplies and other	16,102,875	15,870,574
Insurance	678,795	597,272
Interest	836,480	725,084
Depreciation and amortization	3,379,047	2,931,476
Total Expenses	58,705,399	57,255,736
Subtotal	(210,204)	253,491
Impact of interest rate swaps	185,937	(17,898)
Net unrealized gains (losses) on investments	528,063	334,208
Net assets released from restrictions used for purchase of property, plant and equipment	218,402	2,857,070
Increase (decrease) in unrestricted net assets	\$722,198	\$3,426,871

Condensed Balance Sheet

Fiscal Year Ending September 30, 2012	2013	2012
Cash and short-term investments	\$16,350,408	\$13,750,270
Other current assets	11,444,662	9,907,762
Property, plant and equipment (net)	48,990,976	50,896,289
Other assets	4,782,522	3,618,455
Total assets	81,568,568	78,172,776
Current liabilities	10,052,669	9,143,324
Long-term debt	28,022,935	28,592,908
Other liabilities	23,310,973	21,076,586
Total Liabilities	61,386,577	58,812,818
Unrestricted net assets	19,000,868	18,278,670
Temporarily restricted net assets	1,152,169	1,053,602
Permanently restricted net assets	28,954	27,686
Total net assets	20,181,991	19,359,958
Total liabilities and net assets	\$81,568,568	\$78,172,776

Supporting Statistical Information

Summary of Patient Service Utilization

2013

2012

Inpatient

Total Admissions	1,018	936
Births	324	315
CAH Patient Days	5,143	5,304
CAH average length of stay	5	5.7
CAH average daily census	14	14.5

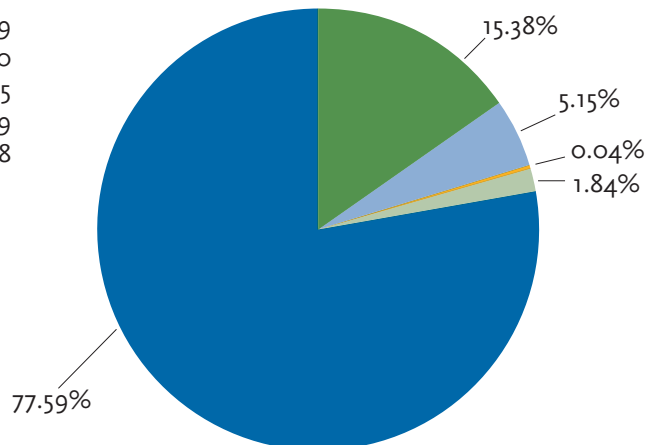
Other

Emergency Room/ICC visits	8,251	8,635
Clinic visits		
Robert A. Mesropian Primary Care Center	28,812	27,753
Women's Care Center/Midwifery	10,028	9,931
General Surgery Clinic	2,294	2,266
Occ Health	4,685	4,532
Orthopaedics (General and Hand)	6,451	5,463
Sleep	552	-
Pain Management	153	1,100
Surgical Procedures	2,150	2,030
Procedures	684	1,074
Lab procedures (excludes venipunctures)	78,550	80,933
PT/OT Visits	6,109	6,301
Radiology exams	17,919	17,510

Fiscal Year 2013

Cash Charitable Contributions: \$980,831

■ Annual Giving Program	\$150,889
■ Planned Gifts	\$50,500
■ Memorial Giving	\$395
■ Special Gifts	\$18,049
■ Capital Campaign Gifts and Pledge Payments	\$760,998



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Michael J. Cryans, *Trustee*
Michael R. Harris, PhD, *Trustee*
Curt A. Jacques, II, *Trustee*
Richard S. Jennings, *Trustee*
Bruce N. Johnstone, *Trustee*
Miriam M. Maguire, *Trustee*
Shelly L. Moses, *Trustee*
Hildegard Z. Ojibway, *Trustee*
Brett C. Peltzer, *Trustee*
Wendell M. Smith, *Trustee*
Closey F. Dickey, *Trustee Emeritus*

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