Northwestern Medical Center is a vibrant community hospital nestled in the heart of Franklin County. We have cared for our community since 1883 and look forward to continuing to meet the health care needs of northwestern Vermont for the next 125 years.

We’re a bustling, friendly, surprising little place. Each year our staffs of 600 employees and 75 active staff physicians care for more than 2,000 inpatients; 500 newborns; 3,000 surgical patients; and 25,000 Emergency Department patients. We are incredibly proud of the warmth of the care they provide – and just as proud of their quality and their efficiency:

• NMC ranks highly in Avatar’s national comparisons of patient satisfaction;
• NMC is now consistently at or near 100% on the Medicare/CMS Core Measures; and
• NMC maintains the second-lowest “cost-per-adjusted admission” among Vermont’s hospitals as reported by Vermont’s Healthcare Administration (BISHCA).

Our vision is to be at the center of our community’s efforts to be healthy. As such, NMC is an active partner in the management of chronic disease and the promotion of improved personal health. As a major employer and significant economic presence, NMC is active in efforts to make northwestern Vermont an even more wonderful place to live and work.

On the cover: Audra Lamothe-Wood, RN, of the Family Birth Center welcomes a newborn to our community while Andrea McDonald, RN, cares for a gentleman on the Medical/Surgical Unit.
they gave an award for “Comeback Story of the Year” for Vermont hospitals, the staff, physicians, volunteers, and Board here at NMC would be strong candidates for the 2007 award.

Thanks to their efforts, we are pleased to report that NMC has rebounded from a $1.6 million loss from operations in FY06 to achieve a positive bottom line of more than that amount in FY07.

Best of all, this turnaround was accomplished without compromising the quality or warmth of the care we provide – as NMC continues to rank highly in national comparisons of patient satisfaction and we are now consistently at or near 100% on the Medicare/CMS Core Measures.

This annual report only begins to tell the story of the hospital family’s efforts over the past twelve months:

• new physicians have been recruited to join our staff;
• improvement efforts resulted in even greater effectiveness and efficiency; and
• more patients chose to have their care delivered right here, close to home.

Unfortunately, even the most vibrant community hospitals lead fragile lives in today’s world of cost-shifts and reduced reimbursement. Given looming reductions in Medicare, increased bad debt, and other factors, NMC had to request a 13% rate increase for FY08 – after being in the 0%-3% range in most of the past few years. We were granted a 10.5% increase (see page 11). The impact of this is nearly a $400,000 reduction in net income.

Therefore, as we enter FY08, the hospital family is once again faced with a financial challenge. We must adjust to the $400,000 reduction in net income – and are committed to doing so without compromising the care we provide our community.

NMC thrives because of the passion of the hospital family and the trust of our community. Together, we will meet this challenge. On behalf of the entire NMC Board and our Leadership Team, thank you for being a part of what makes NMC a wonderful place to work.

Sincerely,

Peter Hofstetter
Chief Executive Officer

Nick Hadden
President,
NMC Board of Directors
SBAR: Improving Communication

During a typical stay in the hospital, it’s likely a patient will be cared for by a number of our staff: nurses, physicians, clinicians, etc. How well these providers communicate directly impacts the continuity, effectiveness, and personal-nature of the patient’s care. We’ve improved these communications through SBAR (Situation, Background, Assessment, Recommendation) – a standardized approach to ensure that each provider has a thorough, organized sense of the patient’s status, something identified nationally as a key to patient safety. The nurses on NMC’s inpatient units have brought these communications to the bedside – so patient and (when appropriate) family can hear the exchange and more actively participate in decisions about his/her care. NMC has even extended the use of SBAR into pre-hospital settings: working with local ambulance crews to improve the exchange of information during the hand-off of a patient in that critical setting (and may still be the only Vermont hospital who has taken SBAR that far).

Improving Communication, Part II

As discussed previously, the SBAR approach is improving communication between patient care providers and brings the patient into important conversations. NMC’s nurses are going beyond SBAR in their efforts to improve communication with patients. Our Nurse Managers are “making the rounds” – visiting each patient on their unit, touching base on their care, answering questions from patients and family members, and discussing plans for the rest of the patient’s stay. In addition, recognizing that patients may not always remember the specifics of conversations with staff, our nurses are using whiteboards in patient rooms to leave reminders for patients or family members, clarify what will be happening each day, and listing goals for the patient to work towards. These efforts are in line with national patient safety goals relating to involving patients in their care – and are the kind of warm, personal care for which NMC is known.

Rapid Response: Turning Insight Into Action

Sometimes, based on professional insights, a nurse “just knows” that something isn’t right with a patient even before it shows up clearly in blood tests or other diagnostics. To capitalize on that professional insight, NMC has instituted “Rapid Response Teams” that a bedside nurse can call upon to access the specialized training of an Intensive Care nurse and a Respiratory Therapist. Together, they perform an in-depth assessment of the patient, confer, organize recommendations for proactive measures, and involve the necessary physicians – getting the patient the care he/she needs to prevent a “crash.” These types of instances are somewhat rare – but for the patients whose decline was prevented or whose lives may have been saved because of this inter-departmental teamwork, it’s a wonderful improvement within NMC.
quality improvement

STEAMI: Optimal Cardiac Care

“ST Elevated Myocardial Infarctions” are among the most dangerous of heart attacks, given their sudden onset and deadly implications. For these patients especially, time is of the essence. NMC’s Emergency Department has worked with Fletcher Allen’s Cardiology and Emergency Departments to implement a specialized STEMI Protocol – which calls for patients experiencing that type of heart attack in northwestern Vermont to be assessed, diagnosed, and stabilized at NMC, transported to Burlington, and into the FAHC Cardiac Cath Lab within 90 minutes. That’s 90 minutes total, including drive time. With this amazing collaboration and their unquestioned commitment to saving lives, the STEMI protocol was recently successfully completed in as little as 67 minutes overall, with NMC’s staff doing their part in less than 25 minutes. When every minute makes a difference, this effort is truly a life saver in our community.

Improvement Amidst 25,000 Emergencies

The NMC Emergency Department treats over 25,000 emergencies every year, making us one of the busiest ED’s in Vermont. Our patient satisfaction data and clinical measures show they do a great job – but that’s not enough for our ED staff. In an effort to be even better, they are working with the Institute of Health Improvement’s national collaborative for Emergency Departments. They’re focusing on reducing the waits and delays, improving communications, implementing bedside registration, and streamlining systems. Joining in these efforts are the departments the ED works with every day: Lab, Diagnostic Imaging, ICU, Med/Surg, Patient Access, and others – it’s truly a multi-disciplinary effort! The ED’s goals include achieving 100% on core measures, earning a “5 Star” rating in patient satisfaction, and reducing the Length of Stay from arrival to discharge to under 180 minutes for 90% of Emergency visits and under 60 minutes for 90% of the Intermediate Care (Fast Track) patients. Given their early results, they’ll meet those goals this year!
Hospitalists: The Doctor Is In

The demands of running a primary care medical practice are greater now than perhaps ever before. To alleviate some of that pressure and improve the continuity of care for hospitalized patients, a group of Hospitalists are now on staff at NMC. A Hospitalist is a physician, typically an Internist, who specializes in the care of patients in the hospital. Because the Hospitalists do not maintain office practices, they can focus all their attention on patients inside the hospital. The Hospitalists work very closely with the community-based primary care physicians before, during, and after a patient’s admission to ensure continuity of care. By entrusting the care of their patients who need to be admitted to a Hospitalist, primary care physicians have found they can concentrate more on the patients in their offices. Within NMC, the Hospitalists represent an additional clinical resource for our patients and our staff.

Expanding Our Online “Presents”

When the new NMC website went online last year, we fully expected the physician directory and our job postings to be two of the most popular pages for our community. We didn’t quite expect our online greeting cards to be quite so popular! We are thrilled that so many of our patients’ family and friends have logged on and sent cards to our patients—it really brightens the day for folks. Building upon the popularity of the online Greeting Cards, the NMC Gift Gallery now has an online presence on the NMC website! Family and friends can now log on and have a present delivered to an NMC patient—flowers, stuffed animals, and more! It’s a fast, convenient way to let someone know you care—visit www.northwesternmedicalcenter.com and follow the link to the Gift Gallery. You’ll make their day, without ever having to leave your home or office!

Sometimes Simple Is Incredibly Effective

Just like your mother probably told you, hand washing really is one of the best ways to avoid the spread of infection. According to the Centers For Disease Control (CDO): “Improved adherence to hand hygiene (i.e. hand washing or use of alcohol-based hand rubs) has been shown to terminate outbreaks in health care facilities, to reduce transmission of antimicrobial resistant organisms (e.g. methicillin resistant staphylococcus aureus - MRSA) and reduce overall infection rates.” Even though infection rates at NMC are already significantly below national averages, NMC has implemented a hand hygiene program to raise awareness of this simple, effective strategy throughout the organization.
Helping People Make Positive Change

Making a positive behavior change can be a challenge – and so NMC staff have improved the process they use to help others improve their health. Over the past year, staff in Community Wellness and Chronic Disease Management have been trained in – and adopted – Motivational Interviewing. Using this evidence-based approach, nurses, registered dietitians, and our health educator are working with patients and clients to enable them to find their motivation and implement positive behavior change in their lives.

Through Motivational Interviewing, our staff is seeing even better results in their efforts to support positive behavior changes. Based on this success and requests from others, we have opened our trainings to our colleagues at the Vermont Department of Health and other organizations throughout the State.
MC’s annual report is just one tool we use to formally report to our community. Under Act 53 (the Vermont law which speaks to planning and regulation of health care facilities), Vermont’s hospitals work with BISHCA (Banking Insurance and Health Care Administration) to publicly report data regarding hospital performance and community needs.

From a link in the navigation bar on the NMC website (www.northwesternmedicalcenter.com), the public can reach our Act 53 site (screen shot on the right). From there, visitors can view annual data relating to:

- Quality of Care;
- Safety Initiatives;
- Quality Improvement initiatives;
- Patient Satisfaction;
- Hospital Pricing;
- Financial Reports;
- Community Needs (see below);
- Hospital Governance; and
- NMC’s Complaint Process.

The Act 53 information is updated on an annual basis. To provide access to updated information on an ongoing basis, NMC has added a “Quality Updates” section to our website (see page 7 for more information).

**Act 53 Community Priorities**

The following priorities were identified by our community through the Act 53 Assessment process:

- Helping individuals improve their personal health, emphasizing smoking cessation, increased exercise, and improved nutrition;
- Improving prenatal care;
- Improving mental health care and co-occurring disorder care;
- Reducing the abuse of alcohol and substances;
- Improving the self-management of chronic disease;
- Reducing the cost of insurance;
- Reducing the impact of geographic isolation;
- Improving access to dental care;
- Reducing abuse and neglect;
- Recruiting physicians, nurses, and other clinicians to expand services and replace retiring professionals.

**I would definitely recommend all my family and friends go to this hospital for any and all medical needs! You guys/gals are the best. Keep up the good work.**

patient comment
While this report and our Act 53 website share data with the community on an annual basis – NMC has opted to go beyond the mandate. We have added a “Quality Updates” section to the NMC website (screen shot below), which provides our community with access to updated Core Measure data (samples to right).

NMC’s focus on our quality indicators and the Core Measures extends all the way to the Board of Directors. The review and discussion of this data is the first area of focus in the Board’s monthly meetings. In fact, by logging on to the “Quality Updates” on the NMC website, you can see the Core Measure data just days after it is reviewed by Medical Staff Committees and the NMC Board of Directors!

Much of this data is very “clinical” in nature and we have tried to find the words to explain what the data represents, why it is important, and how to interpret it. Because NMC is a relatively small hospital, some of our numbers are small as you look at specialized measures. Therefore, percentages may fluctuate more than might be expected – a “100%” drops to “67%” if one of three cases drops out. This is particularly true in our inpatient cardiac measures – as for many of those cases (as described in the STEMI article on page 3), optimal medical care means a transfer to tertiary care, so they are never counted in those particular statistics for NMC. Still, the data will give you a sense of the emphasis NMC places on quality, on improvement, and on open communication.

Oxygenation Assessments
A higher score is better

What this means: This is a measure that shows the percentage of pneumonia patients that had their blood oxygen level measured.

Why this is important: Pneumonia affects the lungs in patients and can cause a decrease in the amount of oxygen that is carried throughout the body.

Core PN1 - Oxygenation Assessment

![Graph showing Oxygenation Assessments over time](image)

Prophylactic Antibiotic Received Within One Hour Prior to Surgery
A higher score is better

What this means: This is a measure that shows the percentage of surgical patients that received prophylactic antibiotics within 1 hour prior to surgical incision.

Why this is important: Scientific studies show that patients who receive prophylactic antibiotics within 1 hour of surgery incision time can have reduced numbers of post operative infections.

Core SCIP1a - Antibiotics Within 1 Hour of Incision - Overall

![Graph showing Prophylactic Antibiotic Received Within One Hour Prior to Surgery](image)
Members of the Auxiliary tour NMC’s new Field Operations Unit for use in disasters. See page 14 for more information.

NMC Nurses donned their traditional “whites” in celebration of National Nurses’ Week.

Molly Grismore, ED Nurse Manager, takes a hose to an employee’s car as part of a Hospital Week car wash.

Pam Cross was invited to Washington to speak at the American Hospital Association’s national meeting regarding our wellness efforts and the role of prevention in healthcare reform.

Dr. Zelazo signs copies of his book, “Time of Trial” in the Courtyard Café.

Jonathan Billings takes an Afghani delegation on a tour of NMC.

In one of the “Storms of the Century” in early 2006, NMC Facilities Staff rose to the occasion and kept our campus open.

Employees raised over $17,000 for the United Way and Carol Livingston took home one of two kayaks given away as part of the NMC Employee campaign.

Johanna Brabham was one of the NMC’ers active in the community on Green Up Day.
Members of the Auxiliary tour NMC’s new Field Operations Unit for use in disasters. See page 14 for more information.

NMC Nurses donned their traditional “whites” in celebration of National Nurses’ Week.

Community members & staff join in song for Cardiac Capers in October of 2006.

Dartmouth’s helicopter airlifts a patient from NMC to Boston.

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### Unrestricted Revenue & Other Support

<table>
<thead>
<tr>
<th></th>
<th>Actual 2006</th>
<th>Projected Actual 2007</th>
<th>Budget 2008*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Services Revenue</td>
<td>$74,191,287</td>
<td>$83,638,452</td>
<td>$94,833,754</td>
</tr>
<tr>
<td>Less Subsidies To Medicare and Medicaid</td>
<td>22,458,237</td>
<td>26,363,073</td>
<td>31,472,622</td>
</tr>
<tr>
<td>Less Other Contractuals</td>
<td>3,817,188</td>
<td>4,070,414</td>
<td>7,128,532</td>
</tr>
<tr>
<td>Less Free Care</td>
<td>855,552</td>
<td>1,040,110</td>
<td>1,422,506</td>
</tr>
<tr>
<td>Net Patient Revenue</td>
<td>47,060,310</td>
<td>52,164,855</td>
<td>54,810,094</td>
</tr>
<tr>
<td>Other Operating Revenue</td>
<td>541,468</td>
<td>1,010,112</td>
<td>1,069,093</td>
</tr>
<tr>
<td>Total Revenue and Other Support</td>
<td>$47,601,778</td>
<td>$53,174,967</td>
<td>$55,879,187</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary and Wages</td>
<td>20,722,837</td>
<td>21,366,075</td>
<td>23,271,760</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>5,502,712</td>
<td>5,776,769</td>
<td>6,798,874</td>
</tr>
<tr>
<td>Supplies</td>
<td>6,290,583</td>
<td>6,215,161</td>
<td>6,777,412</td>
</tr>
<tr>
<td>Contracted Services</td>
<td>5,669,388</td>
<td>7,127,233</td>
<td>7,139,818</td>
</tr>
<tr>
<td>Travelers Expense</td>
<td>428,002</td>
<td>475,897</td>
<td>240,400</td>
</tr>
<tr>
<td>Other Operating</td>
<td>3,116,882</td>
<td>3,580,099</td>
<td>3,976,002</td>
</tr>
<tr>
<td>Provision for Bad Debt</td>
<td>3,613,797</td>
<td>2,846,416</td>
<td>2,951,072</td>
</tr>
<tr>
<td>Medicaid Tax</td>
<td>404,161</td>
<td>518,131</td>
<td>561,387</td>
</tr>
<tr>
<td>Depreciation and Amortization</td>
<td>3,020,396</td>
<td>2,985,768</td>
<td>3,009,747</td>
</tr>
<tr>
<td>Interest</td>
<td>454,845</td>
<td>582,229</td>
<td>533,202</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>49,223,601</td>
<td>51,473,778</td>
<td>55,259,674</td>
</tr>
</tbody>
</table>

### Income (Loss) from Operations

- **Actual** 2006: $(1,621,823)
- **Projected** 2007: $1,701,189
- **Budget** 2008*: $619,513

### Non-Operating Income

- **Net Investment Income** 2006: $1,124,574
- **Projected** 2007: $1,252,618
- **Budget** 2008*: $960,000
- **Other** 2006: 127,213
- **Projected** 2007: 45,859
- **Budget** 2008*: 533,202

### Excess of Revenue and Other Support Over Expenses

- **Actual** 2006: $(370,036)
- **Projected** 2007: $2,999,666
- **Budget** 2008*: $1,635,362

* Subject to final approval by the Department of Banking, Insurance, Securities and Healthcare Administration

### Clinical Statistics

<table>
<thead>
<tr>
<th></th>
<th>Actual 2006</th>
<th>Projected Actual 2007</th>
<th>Budget 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>1,944</td>
<td>2,210</td>
<td>2,350</td>
</tr>
<tr>
<td>Total Patient Days</td>
<td>7,575</td>
<td>7,735</td>
<td>8,552</td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td>3.90</td>
<td>3.38</td>
<td>3.64</td>
</tr>
<tr>
<td>Emergency Department Visits</td>
<td>25,183</td>
<td>27,406</td>
<td>25,565</td>
</tr>
<tr>
<td>Births</td>
<td>451</td>
<td>498</td>
<td>490</td>
</tr>
<tr>
<td>Surgeries</td>
<td>2,963</td>
<td>3,033</td>
<td>3,393</td>
</tr>
<tr>
<td>Diagnostic Imaging Exams (A)</td>
<td>35,862</td>
<td>38,222</td>
<td>42,612</td>
</tr>
<tr>
<td>Laboratory Tests</td>
<td>266,381</td>
<td>294,637</td>
<td>301,175</td>
</tr>
</tbody>
</table>

(A) These include X-ray, Ultrasound, Nuclear Medicine, MRI, Cat Scan, Bone Density

### Financial Statistics

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare/Medicaid % of Patient Revenue</td>
<td>56%</td>
<td>55%</td>
<td>56%</td>
</tr>
<tr>
<td>Days In Accounts Payable</td>
<td>42.3</td>
<td>29.8</td>
<td>29.3</td>
</tr>
<tr>
<td>Days In Accounts Receivable, Net</td>
<td>33.2</td>
<td>30.4</td>
<td>27.6</td>
</tr>
<tr>
<td>Age of Plant (Years)</td>
<td>7.9</td>
<td>9.0</td>
<td>9.9</td>
</tr>
</tbody>
</table>

### Workforce Statistics

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Employees</td>
<td>546</td>
<td>549</td>
<td>—</td>
</tr>
<tr>
<td>Number of Full-time Equivalents</td>
<td>408</td>
<td>429</td>
<td>432</td>
</tr>
<tr>
<td>Number of Scholarship Students</td>
<td>19</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>Turnover Rate</td>
<td>9.6%</td>
<td>8.8%</td>
<td>≤ 12%</td>
</tr>
</tbody>
</table>

### Community Statistics

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Active Volunteers</td>
<td>106</td>
<td>106</td>
<td>—</td>
</tr>
<tr>
<td>Number of Volunteer Hours</td>
<td>18,388</td>
<td>18,962</td>
<td>—</td>
</tr>
<tr>
<td>Number of Wellness Programs</td>
<td>449</td>
<td>329</td>
<td>—</td>
</tr>
<tr>
<td>Number of ScoreHealth Enrollees (Cardiovascular Health Improvement Program)</td>
<td>3,100</td>
<td>3,096</td>
<td>—</td>
</tr>
</tbody>
</table>
NMC continues to rank as one of the most efficient and lowest cost among Vermont hospitals and, based on State comparisons, should maintain those favorable positions after implementing a rate increase of 10.5% for FY08.

"NMC’s rate increases were in the 0%-3% range for a number of years, typically ranking among the lowest in the State,” said Peter Hofstetter, NMC’s Chief Executive Officer. “However, with looming cuts in Medicare and Medicaid, continued concern regarding bad debt, increases in the cost of providing care, and other factors, a more significant rate increase was necessary this year.”

After reviewing NMC’s request, the State approved a reduced increase, and required certain changes to the budget. The lower rate increase along with the changes required had a net effect of reducing NMC’s budgeted net operating income by nearly $400,000.

“We will continue to be careful with expenses; continue to closely scrutinize capital requests; and will expand our efforts to provide more of our community’s health care right here, close to home,” said Hofstetter. “We will re-evaluate our financial position in January to see if further action is necessary.”

My birth experience here at NMC was nothing but amazing. I had excellent nurses who cared for both me and my baby … As an NMC employee, I kind of felt like I was giving birth at home. Everyone made it a great experience for me.

— patient comment
gifts from our community

GENERAL DONATIONS
The Autonoe Club
Bonnie Evans
Jane Bower
Brock Family Foundation
Sally Holt
Peoples Trust Company
Project Linus
Bob Tyk
The Tyler Place Family Resort
Union St. Jean Baptiste, Chapter 37

Community Partners Classic Golf Tournament
(event proceeds benefitted NMC, the Franklin-Grand Isle United Way, and Northwestern Counseling & Support Services)
A.N. Deringer, Inc.
Access Medical
Alburg Golf Links
Allergy & Asthma Specialists of Northern Vermont
As the Crow Flies
Bakersfield Country Club
Blue Cross & Blue Shield of Vermont
Brady & Levesque Funeral Home
Burlington International Airport
Cardinal Medical Physics Services
Cardio Kids
Carroll & Scribner, PC
Eldon Carvey
Champlain Collections
Champlain Country Club
Champlain Valley Equipment
Child Travel
Chittenden Bank
Chow! Bella
Citizens Bank
Connor Contracting
Cross Consulting Engineers, PC
DEW Construction Co.
DMC Electric
Econo Lodge St. Albans
Energizer
Enosburg Country Club
Exterus Technology for Business
First Steps Dance
Franklin County Rehab Ctr.
FUJIFILM Medical Systems USA, Inc.
Green Mountain OB/GYN
Gragil Associates
Hackett Valine & MacDonald
Hampton Inn
Hannaford’s
Harrison Concrete
Inn at Essex
InSight Health
J.P. Dunn, CPA
Jeff’s Maine Seafood
Keane, Inc.
Kevin Smith’s Sports Connection
Key Bank
Kissane Associates
Kittell, Branagan & Sargent
Lawlor & Associates
Lorraine’s
Lyndon Bank
Maplefields
Market Place Insurance
Robert McEwing
Messenger Print & Design
Mousetrap Pediatrics
MVP Health Care
Northwestern Counseling & Support Services
Office Quarters
Paul Poquette Realtor Group LLC
PayData Payroll & HR Solutions
Peoples Trust Company
Pie in the Sky
Primmer Piper Eggleston & Cramer, PC
QHR
Rail City Grille
Rail City Information Systems
Rail City Salon
Rock-Tenn Company
RPM Logos
Ruggiano Engineering, Inc.
Smith Barney
Smuggler’s Notch Resort
St. Albans Cooperative Creamery
Symquest
TD Bank North
The Rock Restaurant
Thibault Appliances
Total Home Center
Trapp Family Lodge
Tyler Place Family Resort
Ultramar Energy, Inc.
Unifirst Corporation
Vermont Federal Credit Union
Vermont Gas Systems
Xtreme Graphix
In Memory of Hayley Rae Nielsen
Joyce Nielsen
In Memory of John Pawulak
Laura Pawulak
In Memory of Norman Partlow
George Ashline
Jeanne Begnoche
Carol Bicknell
Bernard Burby
Compensation Risk Managers LLC
Ferris Harris
Johnson Lambert & Co.
Debra Kimes
Mary-Kaye Macaulay
Stephen McKenzie
Constance Mulherin
Mary Mulherin
Blanche Partlow
Catherine Pilatzke
Marc Reynolds
Janet Scarf
St. Albans City School
Len Stadmueller
In Memory of Elaine Sheets
Susan Brooks
Cecile Cioffi
Colleen Pelkey
In Memory of David Southwick
VT Northern United Soccer Club
In Memory of Charlene Williams
E.J. Barrette & Sons
Susan Brooks
Charles Gifford
Thomas Howrigan
Anna Hurlbut
Paula Knight
Millie Martin
Thomas Mumley
Sandra Robinson
Sandra Tombs
Madalyn Tulip

Laura Pawulak, RN, attaches a Leaf to the Tree of Life in memory of John Pawulak, her father.
When longtime funeral director, Bud Heald passed away, his family opted to have donations given to NMC’s Palliative Care Fund in his memory. “Words really don’t convey the warmth of care and support each of us received from the members of the Palliative Care staff at the most difficult time in our lives,” said Peg Heald.
Auxiliary Donates $50,000 to Support NMC’s Emergency Preparedness Activities

The Northwestern Medical Center Auxiliary made a generous gift of $50,000 to the hospital in support of emergency preparedness at the annual NMC Incorporators’ Meeting, held on Monday, November 13th in the NMC Conference Center. The gift was used for the purchase of a “Field Operations Unit” that could be deployed on the hospital lawn or in another location in the event of an emergency situation.

“To me, personally, this is overwhelming,” said Dr. Ed Haak, NMC Emergency Department Medical Director, upon accepting the donation on behalf of the hospital. “Many people think it’s not a matter of if, but rather when a major incident will happen, so there is no excuse for not planning for it. This really is one of the nicest things I’ve seen happen in our community – it’s amazingly generous.”

Frank & Jeanne Persons
Richard & Loretta Pigeon
Philip & Deborah Plant
Marc & Patricia Reynolds
Kathleen Riley
Gerald & Bridget Rivet
Roger & Susan Rixon & Family
Donna Roby
St. Albans Electric Appliance Co.
Greg & Sally Sargent
John & Mary Schreindorfer
Lyla Slaton
James & Judy Smith
Tim & Denise Smith
Frank & Rosemary Spendley
Kenneth & Dena St. Amour
Don & Linda Stein
Anthony & Leslie Tannenberger
Wayne & Sally Tarr
Ross & Barbara Toof
Santa Treanor
Madalyn Tulip
Libby Whiting
Joan Wilson
Frank & Gail McCallum
Wallace & Joyce Manchester
Geneva Marlow & Susan VanWoert
Michael Martell & Susan Chagnon
Donald & Anita McFeeters
Carol McKinney
Timothy & Sally McSweeney
Donald & Stephanie Miner
Tom & Bonnie Mongeon
Charles & Cheryl Moore
Jeffrey & Heather Moreau
Elizabeth Murray
Dr. Joseph & Judy Nasca
John & Karla Newton
NMC Rehab Services Department
Stephen & Edna North
Matthew & Irene Norton
Matthew & Dianna Norton
William O’Connor & Susan Ripley O’Connor
Fredrick O’Brien & Bonnie Poe
Annamay Olmstead
Mike & Diana Patenaude
Jennifer Peloquin
Martha Perry

Dr. Martin H. Wennar
Xtreme Graphix

MARTIN H. WENNAR, MD, HEALTH EDUCATION SCHOLARSHIP FUND

Apria Healthcare
Pauline Bashaw
Honora Bechard
Jeanne Begnoche
Casey Benedict
Jennifer Blair
Robert & Barbara Bose
John & Claudette Bostwick
Steve & Debbie Bourgeois
Kevin & Tammera Brown
Lawrence & Susan Bruce
Dr. Michael & Ruth Burfoot
Lonnlie Burke
Robert & Aleta Burns
John & Ann Bushey
William Cain
Sandra Chagnon
Kimberly Charbonneau
John & Kim Chesarek
Dr. Emanuel Chiappinelli
William Considine
The first annual Health Careers Scholarship Walkathon to benefit the Martin. H. Wennar, MD, Health Education Scholarship Fund was held on Saturday, September 29, 2007. 31 walkers — including many local high school students, like those pictured here — turned out for this inaugural event, and raised more than $4,800 to support scholarships for graduating high school seniors choosing to enter health careers.

The two-mile walk, sponsored by MVP Health Care, was held on the hospital’s campus, a fitting location to meet the event’s theme. For the past 20 years, NMC has given out scholarships to graduating high school seniors heading to college to pursue health care careers. The scholarships have been presented at the Health Professions Scholarship Dinner each spring, with awards coming from the Martin H. Wennar, MD Health Education Scholarship Fund.

“We’re pleased with the success of this event on many levels,” said Dr. Wennar. “From a very practical view, it helps raise the profile of the scholarships as well as raise money to support them. We were thrilled to have the corporate support of MVP Health Care for the walk.”
welcome to our newest physicians

Meredith Monahan, MD  
Pediatrics

Jeremy Hatch, MD  
Orthopaedic Surgery

Scott Perrapato, MD  
Urology

Thomas Suppan, MD  
Pathology

Obstetrics & Gynecology
Elisabeth Fontaine, MD  
Lowrey Sullivan, MD  
Leonard Tremblay, MD  
Mary Ann Yeatts-Peterson, MD

Ophthalmology
Thomas Dowhan, MD

Oral Surgery
Robert Lesny, DDS  
William Purdy, DDS

Orthopaedic Surgery
Jacques Archambault, MD  
Robert Beattie, MD  
Jeremy Hatch, MD

Pathology
Peter Burke, MD  
Thomas Suppan, MD

Pediatrics
Laura Bellstrom, MD  
Kristen Calcagni, MD  
“Chip” Chiappinelli, MD  
John DiMichele, MD  
Deanne Haag, MD  
Fred Holmes, MD  
Daniel Larrow, MD

Podiatry
David Groening, DPM

Psychiatry
Ajaz Iqbal, MD  
David Mooney, MD  
Steven Sobel, MD

Physiatry
Mary Flimlin, MD

Radiology
Luis Gonzalez, MD  
Nancy Hickey, MD  
Quentin Rose, MD  
Walter Wagenknecht, MD

Sports Medicine
Steve Landfish, DO

Urology
Cengiz Esenler, MD  
Christopher Fukuda, MD  
Richard Grunnert, MD  
Richard Kerns, MD  
Scott Perrapato, MD

active & associate medical staff

Allergy & Asthma
William Newman, MD

Anesthesiology
Roland Adamsons, MD  
Janice Gellis, MD  
Thomas Harrison, MD  
Stephen Mason, MD  
Edward Pomicter, MD  
William Roberts, MD, PhD

Ear, Nose & Throat
Paul Julien, MD

Emergency Medicine
Louis Dandurand, MD  
James Duncan, MD  
John Dunn, MD  
Andrew Felsted, DO  
Uwe Goehlert, MD  
Edward Haak, DO  
Kurt Keogh, MD  
Marc Kutler, MD  
John Minadeo, MD

Family Practice
Lorne Babb, MD

General Surgery
Michael Corrigan, MD  
Stewart Manchester, MD  
Terri Nielsen, MD  
Toby Sadkin, MD  
Mara Vijups, MD

Gynecology Oncology
Gamal Eltabbakh, MD

Hospitalist
Robert Cochrane, MD  
Mark Silverstein, MD  
Lavi Roghati, MD

Internal Medicine
Teig Marco, MD  
John Nicholson, MD  
Amy Roberts, MD  
Ned Shulman, MD  
Audrey von Lepel, MD  
Robert Zelazo, MD  
Frank Zsoldos, MD

Michelle Sowden, DO  
General Surgery

Robert Cochrane, MD  
Hospitalist

Paul Julien, MD  
Ear, Nose & Throat

Lavi Roghati, MD  
Hospitalist

Meredith Monahan
Roya Mansoorani, MD  
Joseph Nasca, MD  
H. Taylor Yates, MD  
Heidi Zvolensky, MD

w e l c o m e to our newest physicians
QHR is one of the quiet partners in NMC’s success. Dating back to the merger in the late 70’s, NMC has enjoyed the benefits of management, consulting and education services provided by QHR, formerly known as Quorum Health Resources.

All the staff were courteous, friendly, caring, attentive, and efficient. I was made to feel comfortably secure in good hands.

— patient comment
Community Partners Classic Golf Tournament 2007
50/50 Raffle Winner

Runners in motion to benefit the Jim Bashaw Cancer & Catastrophic Illness Fund

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