Report on Charitability and Inventory of Charitable Benefits
Provided by Dartmouth-Hitchcock Medical Center

Eugenia Hamilton
The Hitchcock Alliance
April 2, 1999

Accepted by votes of the Boards of Trustees
• Mary Hitchcock Memorial Hospital (April 8, 1999)
• The Hitchcock Clinic (April 24, 1999)
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charitability</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Study Process</td>
<td>6 - 7</td>
</tr>
<tr>
<td>Study Findings</td>
<td>8 - 15</td>
</tr>
<tr>
<td>Concluding Remarks</td>
<td>16 – 17</td>
</tr>
</tbody>
</table>


I. Charitability

In the most general sense, a charity is an organization which serves the public and which does not return profits to directors or shareholders. In return, charities may be granted exemption from Federal, State, or local taxation. That said, “no single all-inclusive definition of a ‘charity’ is applicable to all situations” (p. 155 Southwick).

Since the value of tax-exemption can be considerable, there has been much legal debate about the nature of the “service” or “benefits” which justify the label of “charitable.” While there is a “national” definition of a charitable corporation for purposes of exemption from income taxes under the Internal Revenue Code, state laws are varied and inconsistent and, therefore, can be confusing. As a result, recently the tax-exempt status under state law of hospitals and other charities has been challenged in court in several jurisdictions.

New Hampshire RSA 72:23 states that “‘charitable’ . . . shall mean a corporation, society, or organization established and administered for the purpose of performing, and obligated by its charter or otherwise, to perform some service of public good or welfare advancing the spiritual, physical, intellectual, social or economic well-being of the general public or a substantial and indefinite segment of the general public that includes residents of the state of New Hampshire, with no pecuniary profit or benefit to its officers or members, or any restrictions which confine its benefits or services to such officers or members, or those of any related organization” (emphasis the author’s).

This legislation is consistent with the general definition of charity. Although financial relief for the poor (“almsgiving”) would obviously be a charitable activity, it is not specifically mentioned in the New Hampshire statute. According to Southwick (p. 158), there are any number of reasons why care of the indigent is not an essential element of charity for hospitals, including the view that both the wealthy and the poor are appropriate beneficiaries of charity when they are the victims of illness or injury. It is interesting to note that education, like almsgiving, has been recognized universally as a charitable endeavor.

Even though substantial case law exists to support the position that, “as long as there is no private gain or profit, promotion of health is per se a valid charitable purpose . . . the institution can be self-supporting and earn a profit as long as the profits are utilized for institutional needs . . .” (p. 158 Southwick), challengers argue that since hospitals charge for the care they provide, and expect payment from those who can afford to pay, they do not deserve exemptions. Consequently, as primarily “self-funded charities,” who rely heavily on service-generated revenues, hospitals in several states are being asked to account for the benefits they provide to their communities.

1.
A number of factors have led to the questions regarding the exemptions of hospitals and health care providers, including the growth of investor owned hospitals, the need of state and local governments to find new sources of revenue, and in some states the heavy demands on public hospitals to care for all indigent patients, particularly in large cities. The latter is not an issue in New Hampshire. Challengers assert that nonprofit hospitals provide insufficient free care for the poor, that investor-owned and not-for-profit hospitals are indistinguishable from one another in their operations, and that the community benefits provided by hospitals do not justify their exemptions from taxes. Unfortunately, hospitals’ strategies developed to survive and compete in a dramatically changed environment, including creation of complex, often times large, legal structures, have further blurred the public’s perception of hospitals as charitable. (In 1992, Federal legislation was introduced which sought to move the standard for hospital tax exemption away from the community benefit approach to a “relief of poverty” or “charity care” standard. It was defeated, as was similar proposed legislation in New Hampshire in 1994.)

Only policy extremists have suggested abolishing the tax-exempt status of hospitals altogether. Instead, public debate has focused on the nature and amount of the benefits which justify tax exemption. Until the DHMC case, the exemption of academic medical centers had not been challenged, with other jurisdictions apparently accepting, without question, the overwhelming nature of the public benefit provided when the activities of a hospital are combined with the educational and research activities of a medical school. For this reason, the literature describing how hospitals can fulfill their charitable obligations has focused on local community benefits which should be provided by community hospitals. Education and research are mentioned, but don’t receive the focus that is justified when assessing an academic medical center. The Hospital Research and Education Trust (AHA), in conjunction with the Kellogg Foundation Hospital Community Benefit Project (1989-1992), has proposed four hospital community benefit standards:

1) Evidence of the hospital’s formal commitment to a community benefit program for a designated community (which is further defined as ‘a reasonably circumscribed geographic area, in which there is a sense of interdependence and belonging’).

2) The program includes hospital sponsored projects for the designated community (which): 1) improve health status; 2) address health problems of minorities, the poor, and other medically underserved populations; 3) contain the growth of health care costs.
3) The hospital’s program includes activities designed to stimulate the organization and individuals to join in carrying out a broad health agenda in the designated community.

4) The hospital fosters an internal environment that encourages hospital-wide involvement in the program.”

One hundred and thirty-one demonstration site hospitals voluntarily participated in a demonstration project to implement these standards. With the exception of Robert Wood Johnson University Hospital in New Brunswick, N.J., none were regional academic medical centers.

In 1992 Tom Kleinhanzl and Dan Jantzen audited the community benefits provided by Mary Hitchcock Memorial Hospital, using the HRET standards.

In 1995, the New Hampshire Hospital Association (NHHA) published “Guidelines for Evaluating Hospital Community Benefits.” The publication included Mary Hitchcock’s 1992 Community Benefits Audit worksheet as a model for others to use. In the guidelines, the Association restated the four HRET standards, and recommended hospital adoption of the Catholic Health Association’s “Social Accountability Budget,” which focuses on 1) completing an inventory of community services, 2) assessing community needs, and 3) communicating community benefits.

NHHA’s community service categories provided the framework for this DHMC Inventory of Charitable Benefits:

1) Charity care
2) Shortfall between costs and revenues of publicly funded care (Medicaid).
3) Cost of non-billed services (which are not intended primarily for promotional purposes), including public clinics, screenings, health fairs, lectures, school health efforts, free meals, counseling, pastoral care, transportation, telephone information services, family support, Christmas baskets, support to other community agencies, donation of equipment and staff time, and space are all listed in the CHA inventory.
4) Health education and training for health professionals and for the community.
5) Research.
6) Low or negative margin services provided to afford access to necessary care.
7) Community leadership and volunteer services (including avenues for community dialogue, leadership in needs identification, advocacy, and support for personal volunteerism).
Attachments 2-6, which detail the charitable services provided by DHMC, note the authority (Catholic Health Association, etc.) which recognizes each service listed as charitable.

Accurately delineating the extent of charitable activity provided by DHMC requires capturing of all of the forms of community benefits or public services provided by DHMC, not just the free or subsidized care to indigents.

The concept of “community benefit” is essential to every non-profit hospital’s charitable mission, with the provision of free care to the indigent as one important component, but not necessarily the primary one. For this reason, California, Indiana, Kansas, Pennsylvania, Texas, New York, and Utah have passed legislation requiring that not-for-profit hospitals have mission statements that set out the charitable purposes and goals of the organizations, and develop community benefit plans that assess health care needs, set timelines, objectives, and budgets, and evaluate impact. These community benefit plans must be developed in collaboration with the community served to assure that the benefits provided are those that the community wants and needs. This exercise serves at least three purposes: to acknowledge responsibility for a defined community (as opposed to an enrolled population), to promote a systemic definition of health and its determinants (extending beyond clinical care to include social, environmental, economic and behavioral forces), and to assume stewardship for health status in partnership with the rest of the community. Similar legislation has been proposed in New Hampshire.

A recent Association of American Medical Colleges (AAMC) publication, “Meeting the Needs of Communities,” specifies the various categories of public benefits which are provided, almost exclusively, by academic medical centers and their faculty, including higher proportions of charity care, access to technology-intensive services, research and advances in treatment, and specialized care of patients transferred from other hospitals. A second AAMC study underscores the major role played by academic medical centers in creating economic vitality for their locales, both through their role as a major employer, and through the impact that access to state of the art medical care has on an area’s reputation as a “nice place to live and work.” (In Louisville, Kentucky, state and city leaders are so enthusiastic about the value of having a vibrant biomedical research enterprise in their midst that they are giving $110 million in public and private dollars to endow university based research positions.) The value of an academic medical center in dollars may be immeasurable, but the local community benefit is nothing short of immense. As an example, the second edition of “100 Best Small Towns in America” awarded Lebanon, New Hampshire the number 3 spot due in part to the availability of physicians (other factors included per capita income, proportion of 25-34 year olds, public school expenditures, and proportion of residents with a college education).
II. Study Process

From August 1998 through January 1999, the author interviewed or corresponded with over one hundred and sixty individuals, internal and external to DHMC. In each internal interview, the same question was asked: “To what expressed needs have you responded on behalf of DHMC, without expectation of payment to the institution for the services provided?” (This question is based on the Catholic Health Association concept of “unbilled services.”) Interviews with leaders from David’s House and the Good Neighbor Health Clinic helped provide an external perspective on DHMC’s charitable reputation in the community.

Investor-owned hospitals use their resources to pay dividends to shareholders, whereas DHMC invests the resources at its disposal to further the well-being of the general public (VHA Community Benefit Standard\(^8\)). While investor-owned hospitals track success in terms of profits, DHMC’s measures of performance are access, satisfaction, and clinical quality. The goal of this study is to fully understand what charitable benefits are created with those investments for the public good. The study emphasizes the charitable benefits provided by The Hitchcock Clinic and Mary Hitchcock, with Dartmouth Medical School primarily mentioned when it assists with shared DHMC endeavors, since its charitable efforts, primarily educational or research in nature, span both the Lebanon and Hanover Medical School campuses.

Additionally, the financial and other support provided to DMS by THC and MHMH are consistent with the notion that charitability includes support and provision of education/teaching.

The costs of free or subsidized care to the indigent and the unreimbursed costs of government sponsored care were calculated by Dan Jantzen, Vice President, Finance, and James Bartlett, Controller, for 1997 (DHPA figures were provided by Jane Piotrowski of DMS). Only individuals determined to be indigent were classified as recipients of charity care; bad debts are not included. Charge dollars were reduced, using the institution’s ratio of costs to charges, to estimate costs.

The definition of “charity” varies by state. All states count the cost of free or reduced price care provided to the medically or financially indigent plus the costs of providing services to Medicaid enrollees which are not covered by Medicaid revenues. Most jurisdictions also include shortfalls between the costs of Medicare services and the amounts paid by Medicare.

Some states also permit including any charges (as opposed to costs) not paid by Medicare or Medicaid. To be conservative, only the cost of charity care to the indigent, and unsupported costs of indigent care funded through Medicaid are reflected in the DHMC calculations.
During the interviews, the types of other charitable benefits provided by DHMC tended to fall into distinct categories:

1) **Community services**, which are provided to DHMC’s local service area of twenty-six towns. (The effort to explicitly measure benefits provided to Lebanon proved to be impossible, since no record is kept of the residence of individuals screened or educated, nor are the sites of health promotion, etc. currently tracked geographically.)

2) **Regional services** which draw upon the unique capabilities which are only found at academic medical centers.

3) Activities which **enhance local access** to care in the rural and isolated communities which lie beyond DHMC’s primary service area.

4) **Education** of medical students, post-graduate medical residents, and other health professionals, as well as lifelong education for regional health professionals (ensuring that their knowledge is kept up-to-date and that they don’t experience professional isolation common in rural regions).

Each of these four categories is divided into two sections. “Large Dollar” Initiatives (more than $2500 annually in costs, in 1998 dollars where available) are listed first. A listing of smaller or non-quantifiable representative acts follows. Expenditures for marketing/public relations purposes have been excluded, as have the value of volunteer efforts by DHMC staff during personal time and services provided for which costs are fully reimbursed (e.g., state contracts). The latter may not add dollars to the DHMC ledger of benefits, but they are of great value to the community and often are services the State would otherwise provide. In the totals for each category, no dollars are attributed to the non-quantifiable acts, although the value to the community of some of these benefits is obviously high. Examples of charitable services are scattered in bold print throughout the report. A complete listing may be found in the attachments.
III. Study Findings

1. Charity Care: In 1997, MHMH provided approximately $6,407,000 in free care to the indigent. This amount was determined by applying a ratio of costs to charges to $7,999,000 in charges for charity care. Bad debts are not reflected in this amount. During that same year, MHMH’s total charity care alone represented 23.3% of the charity care provided by all New Hampshire hospitals, while the hospital provided only 16.2% of the hospital days. Thus, not only was MHMH the #1 provider of charity care, it provided a disproportionately higher share than other hospitals. The cost of charity care provided by THC was $1,735,000. DHPA provided $138,000 in charity care.

Both MHMH and THC provide necessary care to all residents of Vermont and New Hampshire who need it, regardless of ability to pay. This policy is discussed with patients when they register for admission to the hospital and signs to this effect are prominently displayed in all clinical waiting areas, as well as at the main information desk. Patients whose family income does not exceed 200% of the Federal Poverty Guidelines are not required to make any payment toward the cost of their medical care, with those earning more paying on a sliding scale.

Payment for publicly-sponsored indigent patients (by Medicaid) does not cover the full cost of their care. Unreimbursed Medicaid costs to MHMH totaled $1,356,000; to THC they totaled $2,668,000; to DHPA they totaled $77,000.

It is also important to note that, contrary to the policy of many other physicians, at DHMC the physicians do not close their practices to uninsured or Medicaid patients. Several physicians commented that because of this policy, it is not uncommon for patients to be referred to them by other doctors who chose to decline to care for these patients.

2. Local Community Services: As part of its mission, DHMC delivers services to its twenty-six town primary service area. These services are similar to those provided by many community hospitals. Among these, major initiatives (costing more than $2500 each annually) include public health screenings and community health education and support for the Good Neighbor Clinic and David’s House, among others. Examples (although not an exhaustive list) of local community services provided whose cost is unknown are also provided. The quantifiable local unbilled community services provided cost DHMC almost $600,000 annually (Attachment 2).

Example: The Pregnancy Resource Center (PRC) is open to all expectant parents, regardless of where
they plan to deliver. Scholarships are available to couples who cannot afford the childbirth preparation classes. In addition to parents, the PRC director teaches 600 students in 29 high school health education classes all over the Upper Valley.

(Note: Efforts to promote the hospital through marketing and public relations were excluded from the costs shown. Services which serve both a marketing and a public service function (e.g., the Women’s Health Resource Center) do not have their full budgets reflected.)

These local community services are provided in response to requests from individuals or organizations, or in response to otherwise identified community needs, and go far beyond the community needs identified in the 1996 needs assessment process.

Finally, increasingly the literature on community benefits includes physical community development (such as construction of sewer or water lines for shared use) and the role that hospital facilities play as anchors for attracting taxable economic development (e.g., development of Centerra in response to DHMC’s relocation to Lebanon). These forms of community benefit are noteworthy, but are not tallied in this report, since only annual operating expenditures are included. Nonetheless, they represent real value to the community.

3. Regional Services: As one of only two integrated academic medical centers in Northern New England (University of Vermont Medical Center being the other), DHMC contributes its unique capabilities toward support of the health needs of New Hampshire and Eastern Vermont.

Example: The Norris Cotton Cancer Center (NCCC) is one of only 35 federally designated cancer centers nationwide. All are in not-for-profit medical centers. Local cancer patients don’t have to travel to New York City or Boston for the newest cancer protocols. NCCC is a world leader in prevention, as well as in treatment, since much of the work linking diet and cancer prevention was performed by NCCC researchers. After testing new treatments, NCCC helps others to offer them. The cancer hotline insures that symptomatic people quickly get screened. One gentleman who had symptoms suggestive of cancer called several times before he would leave his name, since medical encounters elsewhere had led to draconian payment demands. The cancer hotline person first addressed his financial worries so that he would identify himself and then arrange for immediate diagnosis and treatment. As the grateful patient subsequently wrote, “Thank you . . . I no longer fear an imminent death . . . thank you.”
Once again, quantification of the benefits provided is based on the cost of services for which no billing occurs, or for which billing only covers a portion of the program costs. Perhaps more important to the public good than the dollars, is the access to state of the art health care in a rural environment. Underfunded clinical services are not reflected here (to avoid double counting of charity/public funding amounts reflected in Attachment 1). However, the cost of maintaining standby emergency or intensive care is classified as a charitable benefit by several states and by the Catholic Health Association.

Other examples of programs which receive substantial institutional support include the Children’s Hospital at Dartmouth, the Regional Perinatology Program, and the NH State Poison Control Program.

Example: For 42 years, the DHMC Poison Control Center (PCC) has guided prevention and treatment of poisoning for both lay people and health care workers. Designated as a state program in 1981, the PCC fields over 19,000 calls annually, including all 911 generated poisoning reports. The PCC identifies and studies “clusters” of neighboring poisonings to identify perils to the public health. (A leather treatment spray caused several people to experience respiratory distress several Christmases ago; the PCC was able to identify and help remove the offending agent from the market.) The PCC identifies tablets seized by law enforcement officers, advises high school teachers on safe use of lab chemicals, and warns parents about risky holiday plants like poinsettia and mistletoe.

These regional services would not be available in New Hampshire were it not for DHMC presence as an academic medical center.

Example: Contrary to the policy of most biomedical libraries, the Dana and Matthews Fuller collections and internet access are available to the public and health professionals at no charge.

Academic medical centers are valuable, in part, because they provide access to modern medical science usually found only in major cities. It is highly unusual to have an academic medical center with its highly specialized faculty in a rural area like the Upper Connecticut River Valley of New Hampshire and Vermont. As the AAMC states, “specialized services are costly. They include the expense of fully staffed “standby” units such as . . . Level 1 Trauma Centers, . . . and the performance of uncommon procedures such as organ transplantation” (p. 4). Rural areas simply don’t sustain such programs without a major commitment of resources from the state and/or the organization.
The AAMC study underscores the breadth of services which are provided nationwide by teaching hospitals in order to meet academic goals, but which in turn provide access to tertiary services which would be otherwise unavailable. Without its academic role and teaching faculty, DHMC would be a community hospital, and the community would be unlikely to have local access to a Level I trauma program, a transplant program, or a pediatric intensive care unit (most of which are found only in non-profit academic medical centers). Teaching hospitals “serve more severely ill patients than other hospitals” (AAMC p. 57). The patients they receive in transfer “tend to be more severely ill and medically indigent than patients transferred to other hospitals” (AAMC p. 65). This is certainly the case at DHMC where the case mix (which measures patient complexity) is in the 97th percentile of all hospitals in the country (at 1.8354, MHMH’s Medicare case mix is higher than those of Yale or Johns Hopkins). This incredibly high case mix can only be explained for a medical center in a rural area, by the referral of large numbers of very sick patients from a broad region.

DHMC’s performance supports the conclusions of the AAMC study. In addition to America’s first diagnostic x-ray, DHMC developed the state’s first intensive care unit and nursery, open heart, neurosurgery, and radiation therapy programs. Today’s patients get convenient access to a host of tertiary programs through the programmatic investment of DHMC resources and the availability of highly specialized physicians because of the Center’s academic role.

As one interviewee put it, “we are the place people look to for advice and we give it freely.”

Example: DHMC’s environmental officers help with local hazardous spills - whether from a truck accident on Interstate 91 or a mercury problem in local area high schools (in response to the latter, DHMC is facilitating creation of a “mercury monster” partnership with Federal and state environmental agencies to promote safe disposal of mercury thermometers). To further protect the environment, DHMC is eliminating the use of ethylene oxide in sterilization. The safety equipment this process necessitated will be donated to local fire departments.

DHMC specialists all carry pagers in order to be available to provide medical consults around the clock.

Example: Over the last year, the Infectious Disease Section alone received requests for over 600 telephone consultations.
Hundreds of people tour the facility annually to learn from DHMC design, waste treatment and energy systems, and patient care units. It is assumed that, whatever the topic (advanced directive forms, medical record policies, rape protocols, quality improvement), DHMC staff are the experts. They give advice because frequently we are the experts. Little of this is quantified anywhere, because the staff view such assistance as DHMC’s charitable obligation.

Examples: Dr. Hal Sox, DHMC Chair of Medicine, is on leave in Washington, D.C. to serve as Chair of the American College of Physicians. Dr. Peter Silberfarb, DHMC Chair of Psychiatry, is President of the American Board of Psychiatry and Neurology.

Annually, DHMC incurs $1.8 million in costs for the broad range of quantifiable regional services provided for the good of the public (see Attachment 3 for details).

4. **Rural Access to Care**: DHMC’s service area is largely rural and, in some cases, quite isolated. Historically, many of the small communities in our broader Connecticut River Valley service region have been Federally designated as medical shortage areas. For decades, DHMC has been committed to supporting local access to health care services so that people do not have to travel great distances for basic health services. Usually DHMC must subsidize that access. In 1997, that subsidy amounted to over two million dollars, for such programs as the Air Rescue Team, The Hitchcock Alliance, the regional practices of The Hitchcock Clinic, and the North Country Dialysis Center, in Whitefield, NH (see Attachment 4). These subsidies are not provided as a means of capturing referrals since DHMC is the only tertiary center available to these locations.

5. **Education**: All three members of DHMC have a deep, shared commitment to academic medicine, as is reflected in these excerpts from the Mission Statement of the Hitchcock Clinic.

> “to improve our understanding of the causes, courses, treatments and prevention of disease...”
> “to share our knowledge where it does good.”

Each year, DHMC educates 288 medical students and 266 residents. DHMC’s continuing education programs enroll almost ten thousand practicing health professionals each year, insure that their knowledge is up-to-date, and that they don’t experience the professional isolation inherent in rural areas. In addition, DHMC provides clinical training for a host of other health professionals, including seventy-five nursing, thirty emergency
medical technology, twenty laboratory technology, fourteen physical therapy, six ministry, six pharmacy, three radiology technology, three social work, two occupational therapy, and one speech pathology students every year. Medical Assistant students (from NH Technical College) and nurse practitioner students (UNH, UVM, Rivier, Northeastern) also rotate through DHMC. DHMC broadcasts over 10 hours weekly of televised rounds to other hospitals.

Example: Our emergency room physicians serve as medical advisers to New Hampshire and Vermont emergency medical services districts, each of which meets 4-6 times a year. In addition to providing basic, intermediate, and paramedic classes to local ambulance squads, DHMC faculty have taught EMTs to intubate and defibrillate critically ill individuals. Similarly, faculty provide skills updates to ski patrols and wilderness rescue squads.

In addition to providing direct financial support to Dartmouth Medical School, the members of The Hitchcock Clinic are the clinical faculty of Dartmouth Medical School. An effort has been made to conservatively, roughly estimate the cost of this teaching time, although arriving at an exact figure is obviously impossible since education is woven throughout the days and nights of DHMC physician faculty (Attachment 5). Support of education at DHMC costs the clinic and hospital over twelve million dollars annually.

Thus, in summary, the total documented costs of charitable benefits provided annually by DHMC are approximately:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care</td>
<td>$8,280,000</td>
</tr>
<tr>
<td>Underfunded Medicaid</td>
<td>4,101,000</td>
</tr>
<tr>
<td>Local Services</td>
<td>594,000</td>
</tr>
<tr>
<td>Regional Capabilities</td>
<td>1,868,000</td>
</tr>
<tr>
<td>Enhanced Rural Access</td>
<td>2,119,000</td>
</tr>
<tr>
<td>Support for Education</td>
<td>11,921,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$28,883,000</strong></td>
</tr>
</tbody>
</table>

Research: DHMC both receives external funding (totaling more than 39 million dollars) for biomedical and health services research, and supplies institutional support for the creation of new knowledge about the causes and cures of disease. Many faculty serve on study committees or as editors/reviewers for medical journals (Attachment 6). The Hitchcock Foundation funds research grants to residents and faculty and sponsors the annual Helmut Schumann Lecture for Healthful Living. The medical breakthroughs which result from this research are of value to New Hampshire and to the nation – both now and for the future.
Example: In 1997, the Department of Psychiatry alone provided over 125 scholarly papers. The Norris Cotton Cancer Center bulletin board displays 24 recently published papers, which represent only a portion of the output of these faculty. Topics range from prevention (“Over the Counter Analgesics and Risk of Ovarian Cancer”) to clinical practice (“Can We Improve Breast Pathology Reporting Practices? A community-based breast pathology quality improvement program in New Hampshire”) to basic science (“T-cell Receptor . . Expression on Tumor-Infiltrating Lymphocytes from Renal Cell Carcinoma.”) Each article’s byline is DHMC, Lebanon, New Hampshire. Recently, NCCC research linking calcium supplements to a reduced risk of colon cancer garnered national attention.

Philanthropy: Public support through dollars and volunteer hours play a key role in supporting DHMC. In 1998, volunteers logged in 50,000 hours and 7,000 individuals made financial contributions toward our charitable work. DHMC could not have constructed the Lebanon campus without $51,000,000 in charitable donations, or later built the Rubin Cancer Building, or enlarged the Pediatric Intensive Care Unit (Attachment 7). Volunteers staff the DHMC Gift Shop whose proceeds fund essential equipment.

Government Support: Some commentators define charitable benefits to include services which, if not provided by medical centers, would become the responsibility of government, at taxpayer expense. Without DHMC, the State Hospital would have difficulty attracting psychiatric staff, there would be no Poison Center or Cancer Hotline, there would be no Air Medical Rescue Team. (A list of the many such services is provided in Attachment 8).

Example: The Emergency Department often sees victims of domestic violence. One faculty member in the ER has committed herself to prevention of this serious problem through service on the Governor’s Commission on Domestic and Sexual Violence (where she helps to develop protocols on identification and intervention for emergency personnel at other hospitals), through teaching at the additional NH Leadership Seminar against domestic violence, and through leading DHMC’s work as an educational site for other hospitals through the US Initiative on Domestic Violence. She also participates in the NH Domestic Violence Fatality Review Committee.
IV. Concluding Remarks:

The interviews revealed that most DHMC staff assume it is their job to respond to public needs, without worrying about where the dollars will come from. In the true tradition of charity, they draw little distinction between institutional resources used for public benefit (e.g., paid staff hours, supplies) and their own personal contributions of unpaid time and effort.

Therapeutic massage is provided at no cost. The Poetry Project encourages women to use writing as a source of healing. Since animals can cheer lonely patients, dogs from the Humane Society visit (after DHMC checks them for communicable diseases and parasites at no charge). Relaxation tapes, games, music, and clean laundry are provided to patients and families. The Elderlife Program strives to reduce the decline and infirmity which beset so many elderly hospitalized patients by providing daily visits, meal companions, special recreational activities, and plans for helping patients stay healthy at home. DHMC staff conduct over 20 free specialized support groups for patients and families contending with complex diseases.

The staff’s inherent commitment to charitable service makes it difficult to precisely inventory charitable work, because no one tracks unrecompensed hours or dollars expended. For this reason, this study probably considerably understates the charitable benefits provided by DHMC and its people. Put another way, many of the staff interviewed work at DHMC in large part because they personally identify with its charitable mission. They do not (and do not want to) distinguish between what they do which “pays” and that which doesn’t. They simply meet needs and let the dollars fall where they may. Some of their quotes say it best:

“Do the right thing is the clear mandate here.”
“We don’t flaunt it, we just do it.”
“I’m proud that at DHMC patients who can’t pay aren’t just tolerated, they get red carpet treatment.”
“It’s scary to think what wouldn’t happen if DHMC weren’t here.”

Concluding Note: The author appreciates the opportunity this project has provided for her to learn about the thousands of charitable acts - large and small on behalf of countless individuals - and the wonderful people of DHMC who perform them. She is grateful for the extensive comments and information provided by Tom Csatari, Dan Jantzen, Jim Bartlett, and Bernice Shaw. Since this is the work of a non-lawyer, this report is intended to be an informative, not a legal, document.
Attachments

1. Charity care
2. Local community benefits
3. Regional benefits
4. Enhanced local rural access to care
5. Education
6. Research
7. Philanthropy
8. Services provided by DHMC to offset the burden on state government
9. Bibliography
1. Charity care/underfunded publicly paid care (dollar amounts reflected charges which were converted to costs using the institution's ratio of cost to charges).

<table>
<thead>
<tr>
<th>$ Value</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>$6,407,000</td>
<td>MHMH</td>
</tr>
<tr>
<td>$1,735,000</td>
<td>THC</td>
</tr>
<tr>
<td>$138,000</td>
<td>DHPA</td>
</tr>
<tr>
<td>$1,356,000</td>
<td>MHMH</td>
</tr>
<tr>
<td>$2,668,000</td>
<td>THC</td>
</tr>
<tr>
<td>$77,000</td>
<td>DHPA</td>
</tr>
</tbody>
</table>

$12,381,000

Subtotal

Contact: Dan Jantzen, MH
Jim Bartlett, THC
Jane Piotrowski, DMS
## 2. Local Public Services (characteristically provided by many hospitals)

(costs do not include space and allocated overhead.)

<table>
<thead>
<tr>
<th>A. Major Initiatives: (&gt;=$2500 annually)</th>
<th>Cite</th>
<th>$ Value</th>
<th>Contact, Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public health screenings 1</td>
<td>CHA</td>
<td>$37,000</td>
<td>Buttrey, MH</td>
</tr>
<tr>
<td>Public health information 2</td>
<td>CHA</td>
<td>$16,200</td>
<td>Holmes, MH</td>
</tr>
<tr>
<td>Women's Resource Center 3</td>
<td>CHA</td>
<td>$90,420</td>
<td>Shamos, MH</td>
</tr>
<tr>
<td>Support for Good Neighbor indigent clinic 4</td>
<td>CHA</td>
<td>$46,000</td>
<td>Bronson, MH</td>
</tr>
<tr>
<td>Pregnancy Resource Center 5</td>
<td>CHA</td>
<td>$41,643</td>
<td>Metcalf, THC</td>
</tr>
<tr>
<td>Lifeline phones 6</td>
<td>CHA</td>
<td>$4,400</td>
<td>Coffey, MH</td>
</tr>
<tr>
<td>Crisis counseling 7</td>
<td>CHA</td>
<td>$148,188</td>
<td>Rudman, MH</td>
</tr>
<tr>
<td>$/year land lease to David's House 8</td>
<td>CHA</td>
<td>$15,000</td>
<td>Jantzen, DHMC</td>
</tr>
<tr>
<td>Space for public meetings 9</td>
<td>CHA</td>
<td>$25,950</td>
<td>Kendricks, DHMC</td>
</tr>
<tr>
<td>Mass casualty planning 10</td>
<td></td>
<td>$5,000</td>
<td>Fuller, MH</td>
</tr>
<tr>
<td>Free breast feeding follow-up clinics 11</td>
<td>CHA</td>
<td>$59,337</td>
<td>Abbott, MH</td>
</tr>
<tr>
<td>Hitchcock Helping Hands raises 12</td>
<td>CHA</td>
<td>$73,106</td>
<td>Geraghty, MH, THC</td>
</tr>
<tr>
<td>Employee Christmas baskets for 89 families</td>
<td>CHA</td>
<td>$12,000</td>
<td>Terry, MH</td>
</tr>
<tr>
<td>Advance Transit</td>
<td>CBISA</td>
<td>$20,000</td>
<td>Kelleher, MH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Local Representative Actions: (assumed to cost less than $2500 each annually)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Processing guardianships 13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood alcohol tests 14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation to schools 15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support groups for routine conditions 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free consultation on injury avoidance 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol treatment team 18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac rehab lectures &amp; exhibits 19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency psych program 20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal** $594,000
2. **Local Public Services (characteristically provided by many hospitals)**

B. **Local Representative Actions**: continued

- Public concerts
- Operation Sneak A Peak
- Civic group speakers
- Blood drives for Red Cross
- City of Lebanon wellness group participation
- Convened monthly Lebanon Prevention partnership
- Teen smoking advice
- Free health fair for NH Employment Security Agency
- MDs volunteer as team doctors for area sports teams
- Advance directives counseling
- Mentor and orient high school and college students interested in health care careers
- Classes in CPR, choke saving and negotiation skills
- Provide medical coverage for Boy/Girl Scout sleepovers
- School lice counts
- Train WISE volunteers
- Home fair booths (some paid for by staff) to screen and educate
- Provide vehicle assistance in our parking lots 24 hours
- Walk patients' seeing eye dogs
- Escort blind family members of patients
- Great American Smoke Out
- Assist community members find child care
- Community health library
- Sponsor Lebanon High School robotics team
- DHMC MDs staff well child clinics
2. Local Public Services: DHMC fulfills the needs of a local region of twenty-six towns (ten of which are also served by Alice Peck Day, another valued community resource).

MHMH maintains an annual budget to cover the expenses associated with providing free community health testing, including such items as cholesterol blood tests, mammograms, prostate screening and so on.

MH and THC support community health education which is advertised in a Community Health Education calendar mailed twice yearly to 5,219 addresses. The current calendar describes twenty events available free to the public from January through May 1999. These cover topics ranging from Alzheimer's to parenting to bereavement to alternative medicine. In cases where fees are charged, scholarships are generally available to those who cannot pay. This figure reflects the annual budget. The Women's Health Resource Center (WHRC) maintains an extensive collection of health and lifestyle books, journals, and videos which are available to the public. In addition to free monthly lectures (publicized in the CHE calendar, above), WHRC provides referrals to community social services, and participates in numerous employer and community health fairs, emphasizing heart, cancer, and osteoporosis awareness. The seven professional conferences they have sponsored are available on videotape at no charge to the public. They administer the American Cancer Society "Reach to Recovery" Program which pairs breast cancer survivors with newly diagnosed patients. Similar patient matches are facilitated for women scheduled for urinary incontinence and hysterectomy surgery. They are currently planning a Girl's Self Esteem Day for Lebanon seventh grades, to provide health and life planning information, followed by continued e-mail mentoring by local professional women. Programs are also presented at the Lebanon Senior Center and the Powerhouse Mall on nutrition. The WHRC administers the NH breast/cervical cancer screening program in this region. If a girl or women is nervous about her first pap test or mammogram, a volunteer will accompany her to provide emotional support. They cover test costs (see 1, above) for women who are not eligible for the NH program, but can't afford the test themselves. WHRC provides free consultative advice to other hospitals that want to start similar programs in their communities. Hundreds of women use the WHRC annually - in person or by phone. Their informational newsletter goes to over 5,000 addresses. The amount represents half of the center's budget, as well as brochure support from Public Affairs. The budget is reduced, since DHMC gains some referrals from the WHRC, since marketing is a portion of their role, with health promotion and self care their dominant function.
2. Local Public Services: DHMC fulfills the needs of a local region of twenty-six towns (ten of which are also served by Alice Peck Day, another valued community resource).

P. Manganiello

The Good Neighbor Clinic in White River Junction grew from the vision and effort of a DHMC physician, Dr. Paul Manganiello. In addition to financial support, numerous physicians, nurses, and other employees provide the volunteers who provide services at this highly utilized indigent clinic. Residents and medical students rotate through GNC and DHMC personnel serve on the Board. Patients who require specialized procedures or care are treated, free, at DHMC. The $40,000 represents direct monetary support only, and does not reflect the cost of donated liability insurance (from THC), free lab work, free e-mail service or the clinical information computer connection. The $6,000 reflects costs of Vermont licenses provided by the Clinic.

S. Edwards

The Pregnancy Resource Center is available to all women considering or experiencing pregnancy, regardless of where they plan to deliver. In addition to an extensive collection of loaned free books and videotapes, the PRC offers twenty-two sibling classes; monthly four session early pregnancy, breast feeding and infant care classes. The only sessions for which it charges are childbirth preparation classes (available to those unable to pay on scholarship; 14% of the attendees participated free over the last two years). The PRC sponsors play groups. Its 4th Trimester mother's group is especially popular with new arrivals to the Upper Valley. In addition to parents, the PRC trains childbirth trainers at no charge. Many of their classes are available nights and weekends, to accommodate working parents. In addition, the PRC offers free nutrition counseling and fields frequent telephone questions. The amount is 2/3 of the direct expense budget, exclusive of space or overhead. As with WHRC, this reflects the non-marketing aspects of this program.

The PRC director is an active contributor to high school health classes throughout the region, presenting twenty-nine sessions in 1998 to over 600 students at Lebanon, Hanover, Hartford, Newport, and Oxbow high schools, as well as Lebanon, Hanover and Orford elementary and junior highs. Hannah Home students are also taught at PRC.

K. Coffey

Homebound elderly persons are provided special phone monitoring. While most pay for this service, twenty receive scholarships (at a cost of $370 per month).

J. Rudman

The social service provides crisis counseling to Upper Valley residents at no charge, in addition to providing support to patients and their friends and families.

Twenty-five year $1 land lease for 3 1/2 acres underlying David's House, which provides lodging to 1,000 families a year while children are hospitalized.
2. Local Public Services: DHMC fulfills the needs of a local region of twenty-six towns (ten of which are also served by Alice Peck Day, another valued community resource).

So far in 1998, our meeting rooms have been used 404 times by groups from outside DHMC, with another 115 scheduled through the end of the year. Space used ranges from conference rooms to auditoria. $50/hour rental was used to reach the figure indicated, regardless of the size of the facility. Groups include school career days, support groups, garden clubs, toast masters, Twin State Businessmen, Franklin Pierce College, NH Technical Community College.

DHMC organizes disaster drills, involving multiple mock casualties, to insure preparedness and to assist local fire and police meet disaster drill compliance requirements.

Nurses see an average of 5 moms a day who are beginning breast feeding, as well as fielding phone inquiries and distributing free supplies and books. This reflects salary and supplies expenses only.

The completely employee run annual appeal distributes funds to 160+ not-for-profit organizations.

Two or three times annually, patients without family become unable to make decisions for themselves. In those cases, we hospitalize them (for from 4-6 weeks) and assume the legal fees entailed in acquiring legal guardians for them. No dollars cited.

At the request of local police departments, our Emergency Department performs approximately one hundred free blood alcohol tests. No dollars cited.

In addition to assistance from the Pregnancy Resource Center director (see 5 above) numerous staff provide free consultation to schools, teachers, and students on such topics as health education, nutrition, school nursing, and health careers. As an example, when a child is seriously, chronically ill, DHMC nurses go to his classroom to prepare teachers and classmates for his return. No dollars cited.

Community support groups, including Alcoholics Anonymous, Overeaters Anonymous, Breathe Free, and Cardiac Support look to our staff for expert advice. No dollars cited.

Our occupational health staff provide free on-site work place assessments intended to reduce work-related injuries. Sites assessed include the Lebanon and Hanover Fire Departments, in response to concern about rising workmen's compensation costs. In addition, they have provided free training on employee drug use recognition to the Upper Valley Health Coalition. No dollars cited.

DHMC, together with West Central Services, APD, and Headrest, has organized a community-wide alcohol treatment program. An in-house DHMC team provides assistance to emergency room and inpatients.
2. Local Public Services: DHMC fulfills the needs of a local region of twenty-six towns (ten of which are also served by Alice Peck Day, another valued community resource).

<table>
<thead>
<tr>
<th>Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Wolf</td>
<td>19</td>
</tr>
<tr>
<td>Outreach education on cardiac disease prevention is provided at numerous community events. No dollars cited.</td>
<td></td>
</tr>
<tr>
<td>B. Lewis</td>
<td>20</td>
</tr>
<tr>
<td>24 hour access to psychiatric services meets a pressing Upper Valley need. These patients are without financial resources.</td>
<td></td>
</tr>
<tr>
<td>C. Welch</td>
<td>21</td>
</tr>
<tr>
<td>Over 40 professional and amateur musical events, publicized and free to the community, are often scheduled annually in the DHMC rotunda. The piano was donated by the husband of a breast cancer victim. Twenty-four art exhibits are presented in 6 locations throughout the building, with a special emphasis on the work of local artists. In addition, interactive arts programs are offered to patients by DMS students under the aegis of the Koop Institute.</td>
<td></td>
</tr>
<tr>
<td>C. Saler</td>
<td>22</td>
</tr>
<tr>
<td>To reduce the trauma of surgery, children attend twice monthly sessions, which introduce them to the hospital under non-threatening circumstances. No dollars cited.</td>
<td></td>
</tr>
<tr>
<td>--</td>
<td>23</td>
</tr>
<tr>
<td>Staff frequently speak to local groups. Last winter two physicians presented monthly sessions at a senior center. Other presentations have been given for service clubs, Hannah House, and Kendall. No dollars cited.</td>
<td></td>
</tr>
<tr>
<td>J. Aubuchan</td>
<td>24</td>
</tr>
<tr>
<td>DHMC conducts the Red Cross Blood drives at which employees represent 98% of the donations.</td>
<td></td>
</tr>
<tr>
<td>K. Coburn</td>
<td>25</td>
</tr>
<tr>
<td>DHMC staffer, Kate Coburn, advised Lebanon's wellness planning group. No dollars cited.</td>
<td></td>
</tr>
<tr>
<td>K. Coburn</td>
<td>26</td>
</tr>
<tr>
<td>Coburn also convened the &quot;Lebanon Prevention Partnership&quot; which produced the Lebanon area resource directory and applied successfully for a HUD grant. No dollars cited.</td>
<td></td>
</tr>
<tr>
<td>J. Sargent</td>
<td>27</td>
</tr>
<tr>
<td>Dr. Jim Sargent responds to email inquiries from teens on how to avoid tobacco use. No dollars cited.</td>
<td></td>
</tr>
<tr>
<td>K. Coburn</td>
<td>28</td>
</tr>
<tr>
<td>The Community Health Department produced a health fair for the clients of the NH Employment Security Agency. No dollars cited.</td>
<td></td>
</tr>
<tr>
<td>A. Higgins</td>
<td>29</td>
</tr>
<tr>
<td>In addition to providing mandated hospital admission advanced directive information, Risk Management personnel participated in creation and implementation of the NH legislation. No dollars cited.</td>
<td></td>
</tr>
<tr>
<td>--</td>
<td>30</td>
</tr>
<tr>
<td>Staff members are frequently &quot;shadowed&quot; by local high school and college students who are considering entering health professions. No dollars cited.</td>
<td></td>
</tr>
<tr>
<td>--</td>
<td>31</td>
</tr>
<tr>
<td>The general public is offered classes in CPR, choke saving, and on negotiation (violence avoidance) skills, both on-site and at local area schools and clubs (including OKA Karate in Lebanon, Norwich day care, Kearsarge, Newbury, Hartford, Vermont Christian). These classes are often taught by employees on a volunteer basis, with DHMC providing equipment and supplies. No dollars cited.</td>
<td></td>
</tr>
</tbody>
</table>
2. Local Public Services: DHMC fulfills the needs of a local region of twenty-six towns (ten of which are also served by Alice Peck Day, another valued community resource).

G. Bru

Camp outs now require medical backup. Our physicians serve in this role as volunteers. No dollars cited.

J. Proehl

In addition to school lice counts, other “public health” surveillance tasks are performed by our staff. No dollars cited.

J. Proehl

WISE volunteers intervene in many crises, including domestic violence. They receive their training in the necessary skills from DHMC staff, at no charge. No dollars cited.

J. Stephenson

A number of health education/screening booths are manned by volunteers from DHMC annually at the Lebanon-Hanover Home Show. Last year, a DHMC physician covered the rental of 3 booths and over 2 1/2 days screened 400 persons for stroke risk, including instructions for follow-up. No dollars cited.

R. McClintock

Twenty-four hours a day, free vehicle assistance is supplied in our parking lots to people who have dead batteries, flat tires, no fuel, or who have locked themselves out. Our switchboard handles 5-6000 calls daily, triaging emergencies, providing directory assistance, and answering questions.

S. Featherstone

When blind patients are admitted, staff or volunteers walk their seeing eye dogs so that the patient will not be rendered “sightless.” No dollars cited.

S. Featherstone

Similarly, blind patient visitors are escorted through the building.

K. Coburn

This smoking cessation event involves almost a thousand local residents annually and is coordinated locally by DHMC.

J. Rudman

In addition to providing subsidized day care to employees, DHMC staff provide advice to community members about how to locate reliable childcare. No dollars cited.

B. Garrity

Within the Matthews Fuller Library on the fifth floor of DHMC is a collection of 1093 video tapes, books, and journals (as well as internet access) aimed at the lay audience, and used by 9000 people annually at no charge. Web page guides the public to consumer health sites. No dollars cited.

S. Caikins

The Lebanon High School robotics teams. DHMC sponsored participation in the national competition in Orlando, Florida. (support of $1,000)

S. Brown

Clinics in Canaan, White River Junction, and elsewhere are staffed by MDs at a charge of $25./hour, far below cost.
3. Unique Regional Capabilities:

A. Major Initiatives: (>=$2500 annually)

- State Poison Control Program ¹
  CHA $445,000 Shaw, MH '97
- Children's Hospital at Dartmouth ²
  CHA $424,980 Brown, MH
- Norris Cotton Cancer ³
  CHA $387,600 Czachowski, DHMC
- Level 1 Trauma Support ⁴
  CHA $102,323 Shaw, MH
- Dana and Matthew Fuller Health Sciences ⁵
  CHA $195,000 Garrity, DHMC
- Patient emergency funds ⁶
  CHA $16,243 Rudman, MHH
- Toxic, biohazard waste assistance ⁷
  CBISA $22,000 Vargo, DHMC
- Ethics Program ⁸
  $54,500 Keller, Shaw MH
- Public service announcements for March of Dimes
  CHA $3,000 Guth, MH
- Food trays for breast feeding moms or hospitalized babies
  CHA $6,500 Shaw, MH
- Free patient and family support groups ⁹
  CHA $15,831 Rudman, MH
- Croatian Health Partnership ¹⁰
  $195,000 Charbeneau, MH

$1,868,000

B. Regional Representative Actions: (assumed to cost less than $2500 each annually)
- Only NH and/or NE tertiary care programs for many clinical conditions ¹¹
- Free patient and family support groups ¹²
- Regional peer review ¹³
- National board participation ¹⁴
- Phineas Gage Day ¹⁵
- Cranial autopsy service ¹⁶
- Operation crash ¹⁷
3. Unique Regional Capabilities:

B. Regional Representative Actions: (continued)
• EMT run sheet audits and blood tubes
• Family overnight support
• Park cars for elderly and disabled patients
• Support for regional organ bank
• Annual public symposiums on topics
• Music therapy
• Art cart
• Deputy NH medical examiners service
• Health and safety exhibits provided statewide
• Cancer Survivor's Day
• Risk Management consultation
• Glasses, hearing aids, dentures lost in transfer are replaced.
• Free advice on prevention programs
• Assist in birth parent searches
• Poetry project
• Special patient needs
• Free consultations with specialists
• X-ray artifacts
• Support to Vermont Cardiac Network
• Staff play major leadership roles in state, regional, and national professional organizations
• Staff participate in state and national policy forums
• Staff provide expert testimony on behalf of the state in domestic violence and child abuse cases.
3. Unique Regional Capabilities: As New Hampshire's only academic medical center, DHMC possesses unique expertise in many areas. Individuals and organizations from New Hampshire and Vermont, as well as from across North America (and in some cases, internationally) look to DHMC in order to benefit from that expertise.

For forty-two years, DHMC has operated the New Hampshire Poison Information Center. In 1981 the Center was designated as the official state poison program by legislation. With the exception of the 800 phone line, all funding comes from DHMC. Twenty four hours a day poison calls (19,013 in 1997) are answered by pharmacists, nurses, and doctors. Information and guidance is provided to hospitals, veterinarians, ambulance squads, educators, and the lay public. Every 911 ambulance dispatch activates a call to the Center, and 90% of those episodes are tracked by follow-up calls from the center until the outcome is clear. Of the 19,000 calls, 15,000 involved human poisonings, and another 765 involved animals.

The staff tracks cluster outbreaks, and helps to remove hazardous substances from the market. Currently, significant increases have been seen in both heroin and herbal poisonings. After receiving 14 calls regarding respiratory distress, together with the Oregon Center, they identified the propellant in a leather spray as hazardous. Similarly, they are seeing increasing poisonings due to substances purchased over the internet. Among their various roles, they advise chemistry teachers on laboratory exposure, provide press releases about poisonous holiday plants, identify tablets for police statewide to determine whether or not they are prescription or illicit drugs, facilitate water testing for arsenic, and educate school nurses about the current inhalant fads. Their data is submitted annually to the national center for poison control to assist in epidemiologic studies. Amount reflects direct expenses budgeted only.

The Mission of the Children's Hospital at Dartmouth (CHaD) is to achieve the highest level of health for the children of New Hampshire and Eastern Vermont. CHaD (a member of the National Association of Children's Hospitals) encompasses a broad spectrum of services specially designed to meet the health needs of children. In addition to many of the state's only pediatric subspecialists, CHaD provides education to health professionals and the general public. Examples of CHaD programs include the William E. Boyle, Jr. Community Pediatrics Program (which assists chronically ill children and their families with the emotional, social, and financial burdens they face as well as providing advanced training to their caregivers. This program grew out of Dr. Boyle's pioneering work with 4 cystic fibrosis victims). Other CHaD efforts include the Dartmouth Center for Genetics and Child Development (which provides diagnostic services and support for families with concerns...
3. Unique Regional Capabilities: As New Hampshire's only academic medical center, DHMC possesses unique expertise in many areas. Individuals and organizations from New Hampshire and Vermont, as well as from across North America (and in some cases, internationally) look to DHMC in order to benefit from that expertise.

about developmental disabilities, congenital malformations and genetic conditions), the state's only intensive care nursery (and headquarters for the two state neonatal/pediatric system/transport service), the Hood Center (which focuses on insuring that every child has a "medical home," and helps families work together to meet needs of children), the STAR program (which prepares teens with lifelong chronic diseases to prepare for assuming the responsibilities of adulthood), special clinics for chronically ill children, a four part parenting lecture series, the Injury Prevention Center (which recently sent an educational mailing about alcohol and pregnancy to 5,000 day care centers, physician offices, and schools), and the Perinatal HIV project. A CHaD physician heads the US Committee on Immunization practices. CHaD faculty serve on 6 journal editorial boards and are reviewers for over sixty journals. CHaD's child life program strives to reduce the impact of illness on the social and intellectual development of children through play therapy and diversional entertainment, with support provided to siblings and schoolmates of seriously ill children, as well. Pet visits are facilitated. Through the Reach Out and Read Program, books are given to children 6 months of age and older at their well-child visits, with story times held in waiting areas. 2-5 child life students are educated here each term. A Child Health and Safety Fair is held annually, as are frequent presentations on seat belt use, gun safety, and immunizations. The Children at Risk Team seeks to identify and prevent recurrences of child abuse. DHMC staff provide volunteer support for camps organized to give chronically ill children (with arthritis, asthma, diabetes, cancer, cystic fibrosis, and hemophilia) a normal childhood summer experience. These are but a few examples of CHaD's work. The twenty year old New Hampshire Perinatal Program has contributed to New Hampshire's very low infant mortality rate (5 vs. 7.3 deaths nationally/100 live births). DHMC OB/GYN and pediatric specialists travel throughout New Hampshire to provide education and on-site consultations. All transported patients are discussed annually at the referring institutions, in conjunction with specially targeted educational offerings. In 10 years, the program has provided 100,000 hours of professional education. These educational offerings are backed by a 24-hour free physician consult service which is activated 1000 times annually, and faculty who provide leadership for statewide efforts to reduce unnecessary caesarean sections and improve the quality of care for mothers and newborns, regardless of where care is provided. It is impossible to accurately document all of the various types of support

04/08/99 12.
3. Unique Regional Capabilities: As New Hampshire's only academic medical center, DHMC possesses unique expertise in many areas. Individuals and organizations from New Hampshire and Vermont, as well as from across North America (and in some cases, internationally) look to DHMC in order to benefit from that expertise.

 provided to CHaD. For the purposes of this report, included are:

- $5,084 Injury Prevention salary (per S. Hopkins)
- $258,896 OB/CHaD Regional Education (per S. Myers) (THC/MH support)
- $65,000 Child Life Program (per C. Sailer)
- $96,000 CHaD community relations (health fair, education, prevention (per S. Brown)

$424,980 Note that this amount does not reflect the considerable cost of maintaining standby tertiary pediatric capability.

Norris Cotton Cancer Center is one of 35 comprehensive cancer centers, designated nationally by the National Cancer Institute (all at not for profit medical centers). The NCCC provides cancer education, research, and treatment. In addition to making the latest in treatments available to patients, NCCC has been a world leader in cancer prevention. Its researchers discovered the preventive quality of vitamin A-like compounds, and research due out in January links calcium carbonate to colon cancer prevention. If NCCC were not here in Lebanon, cancer patients would have to go to Boston (Dana Farber) or NYC (Sloan Kettering) for equivalent care. 150 physicians and research scientists translate research funding into new medical applications for cancer detection, treatment, and prevention. Special services include intraoperative radiotherapy, hyperthermia, stereotactic brain surgery, infusion pumps for pain control, seed implants, and a coagulation clinic. A 1-800 number receives 1300 calls annually from cancer patients and their families seeking information and support, and links callers to appropriate local care (only 4-8% result in referrals to DHMC). NCCC operates the state cancer registry, conducts tumor rounds at small hospitals, establishes chemotherapy protocols for local treatment, and provides advice to New Hampshire on patterns of cancer occurrence. The Robert Wood Johnson Foundation recently awarded NCCC a three year grant to help improve end of life care given to cancer patients. A free service provides familial risk counseling in a confidential setting, so that insurers do not have the opportunity to disqualify coverage. NCCC coordinates the NH Mammography Network which helps to maintain the quality of breast screening services. The NCCC Flatow Cancer Library provides information for patients and families. NCCC's is the only statewide registry for skin cancers in the US, and ours is perhaps the only bone marrow transplant program not to require a cash deposit before care is provided. The amount cited reflects support from DHMC members to NCCC.

DHMC is extensively committed to improving trauma care through life-support and EMT training.

04/08/99
Approximately $3,300 (per Tobin) is used to teach 30 EMTs peripheral blood starts. In order to learn to quickly start IVs, local paramedical and EMT students get clinical experience in our emergency and pediatric departments. Twenty do practicums in the ICU, with substantial numbers gaining experience in the Emergency Department. Dr. K. Little has taught 50 local EMTs intubation skills, as well as serving as their medical advisor for their district. We provide a building to house the Upper Valley EMS consortium. Trauma outreach training is provided annually to twelve hospitals, and our staff have conducted 90% of NH’s trauma center designations. The Kiwanis sponsor our pediatric trauma equipment distribution program to local quads, and we provide 4-5 courses annually.

As the largest biomedical libraries north of Boston, ours are open to anyone for on-site access. Doctors and nurses are assisted with medline searches and anyone can access information via our computers for a fee.

These budgeted funds are intended to meet the special needs of indigent patients. They have been used to purchase clothing, meals for family members, taxi fares, and any other special needs which may arise, especially for patients who come from a distance for care.

Approximately 15% of the time of the environmental programs staff is committed to public service external to DHMC. Examples of this work include the Donation Depot (which collects and redistributes used medical equipment, books, linens, and supplies to schools, third world medical relief efforts, and veterinarians), town hazardous waste collections (often held in DHMC parking lots), work with Lebanon and Lyme school janitors to reduce pediatric asthma, and assistance with local hazardous material spills (the recent I91 truck accident in Hartford). This department conducts cross training with area fire departments, and wrote the joint Lebanon-Hanover emergency plan. DHMC is working to eliminate use of ethylene oxide (in sterilization), and when this is achieved, all of our ethylene oxide safety equipment will be donated to Fire Departments. This department conducts the annual state radiation drill, and has assisted in truck stops to search for illegal hazardous transports. They (with Richmond School) co-founded the Upper Valley Materials Exchange among schools. The American Hospital Association has recognized DHMC for its landmark waste management program which in turn has resulted in international requests for advice (including reduction of accidental needle sticks among people foraging the Amazon amidst hazardous waste, teaching visiting South Africans the proper use of autoclaves and incinerators to reduce transmission of disease, and helping Egypt reduce infant mortality related to formaldehyde use in
3. Unique Regional Capabilities: As New Hampshire's only academic medical center, DHMC possesses unique expertise in many areas. Individuals and organizations from New Hampshire and Vermont, as well as from across North America (and in some cases, internationally) look to DHMC in order to benefit from that expertise.

7 cont'd incubators). In addition to vigorous institutional recycling, we teach employees how to recycle at home. We helped organize the Upper Valley Materials Exchange which redistributes equipment and supplies to schools and non-profits via a web page we developed with Richmond Middle School students. As a result of six children being exposed to mercury poisoning (in which cases we advised on school cleanups), we are developing a "Mercury Monster" partnership among DHMC, pharmacists, the EPA, and NH to appropriately dispose of mercury thermometers. We are trying to help NH get a grant to do this. Amount reflects 15% of staff salaries per Shaw.

8 J. Bernat DHMC pays part of the salary of a physician, as well as other program costs for a regional medical ethics resource. In addition to addressing thorny patient care issues (which often occur in tertiary care centers), the Ethics program provides public and professional ethics education and consultation to other institutions considering starting ethics programs. Dr. Bernat, the director, also serves as a special advisor to the Vatican on issues related to the determination of death (amount per Kelleher). The Vermont Ethics Network facilitates ethical explorations and education for Vermont Health care providers. DHMC is founding member (amount per Kelleher).

9 J. Bernat For several years, DHMC assisted in the medical redevelopment of formerly Communist Croatia, in cooperation with U.S. Agency for International Development. DHMC staff assisted with implementation of new programs, and with the introduction of positive changes.

10 J. Bernat Conditions include AIDS, advanced epilepsy, mycosis fungoides, among others. Special services include kidney transplantation, pediatric surgery, bone marrow transplants, endoscopic ultrasound, endovascular aneurysm repair, brain spectroscopy, chemo embolization, pediatric intensive care, many pediatric subspecialties, and MR angiography, among others. MH was the site of the first diagnostic x-ray, ever, and created one of the first intensive care units. MH/THC had the state's first intensive care nursery, open heart and neurosurgery programs, and radiation therapy programs, among many others, and has the state's only American College of Surgeons designated level I Trauma Center. No dollars cited.

11 J. Stephenson Included are regular meetings of support groups for patients and family members to help them cope with complex medical conditions, including epilepsy, traumatic brain injury, arthritis, stroke, breast cancer, fibromyalgia, hemophilia, infertility, pediatric diabetes, emphysema, awaiting lung transplants, prostate cancer, bereavement, renal disease, parental bereavement, morbid obesity, insulin pump recipients, women with HIV, Alzheimer's, chronic headaches, Crohn's/colicitis,
3. **Unique Regional Capabilities**: As New Hampshire's only academic medical center, DHMC possesses unique expertise in many areas. Individuals and organizations from New Hampshire and Vermont, as well as from across North America (and in some cases, internationally) look to DHMC in order to benefit from that expertise.

**cont'd**

 implantable cardioverter defibrillators, and spinal cord injuries. In addition to space, DHMC provides expert advice and facilitation. No one is charged, regardless of where he/she receives medical care. Most groups meet monthly, with some convening more frequently. No dollars cited.

 Upon request, DHMC physicians participate in peer review efforts at other hospitals to complement the efforts of the local medical staff. No dollars cited.

 DHMC physicians participate in National Boards as examiners, determining which applicants are eligible for specialty certification. No dollars cited.

---

Phineas Gage was a railroad worker in Cavendish, VT who accidentally ran a metal rod through his head, effectively separating the right and left hemispheres of his brain. This unfortunate accident provided one of the biggest scientific discoveries of the nineteenth century: that the right and left sides of the brain have independent functions. This year a big medical symposium and community celebration was held in Cavendish to mark the hundred and fiftieth anniversary of Phineas' misfortune. In addition to the scientific papers presented, DHMC involved the entire community:

- **DHART helicopter landed and students learned about on-site treatment of head injuries.**
- **A jello brain mold (peach flavored) was used to demonstrate brain fragility.**
- **A DHMC staffer drove to Concord to borrow New Hampshire's crash test dummy outfit to wear in the parade, to stress the importance of seat belts.**
- **A head trauma patient, accompanied by a speech pathologist, discussed recovery and rehabilitation.**
- **Every student was bombarded with 2 messages - always wear a protective helmet when engaging in sports, and say no to drugs and alcohol.**
- **First aid for seizures was presented for fifth and sixth grades.** No dollars cited.

 Brains of patients from across NH and VT who were thought to have died from Alzheimer's are autopsied, free, at DHMC, to rule out Jakob-Creutzfeldt (mad cow) disease. No dollars cited.

 Frequent programs on injury prevention are presented by the DHART team. As a result of the success of Gage Day, DHART, ED Trauma, Neurosciences, and Rehab. have offered an injury and stroke education road show to 78 school systems. By March '99, six had already responded positively.
3. Unique Regional Capabilities: As New Hampshire's only academic medical center, DHMC possesses unique expertise in many areas. Individuals and organizations from New Hampshire and Vermont, as well as from across North America (and in some cases, internationally) look to DHMC in order to benefit from that expertise.

All EMT run sheets from the region are reviewed by our trauma service as a quality assurance measure. Free blood tubes are provided to emergency squads, to hasten availability and improve reliability of emergency blood samples. No dollars cited.

J. Rudman

Free cots, linens, showers (and, if necessary, transportation and meals) are provided to family members who come from a distance. A recent study indicated that on average 50 family and friends stay over night at DHMC to be near loved ones. No dollars cited. MAY BE SIGNIFICANT.

R. McClintock

Due to DHMC support for organ procurement, the number of organs donated here has doubled over the last two years. No dollars cited.

K. Lord

No form of tip or payment is accepted for this service. No dollars cited.

R. Rudman

Recent topics have included breast cancer, depression, and cardiac disease in women. No dollars cited.

H. Bridge

Volunteer musicians are recruited to play relaxing music for patients during hospitalization. No dollars cited.

H. Bridge

In addition to bringing artwork to decorate the rooms of longer stay patients, volunteers coordinate rotating art exhibits in public areas. No dollars cited.

J. Silverstein

DHMC pathologists serve as deputy NH medical examiners, doing on-site visits as needed. No dollars cited.

S. Myers

500 current and former patients attended daylong social and educational event to learn about new cancer research and to provide emotional support to one another. Included in NCCC budget.

A. Higgins

Expert advice on avoiding safety and malpractice risks is provided to other hospitals and health care organizations. No dollars cited.

K. Coburn

DHMC's community health director serves on a number of local efforts (e.g., the Lebanon Police Department program to address gangs and swindles) as well as participating in the State Committee for health promotion. She organized New Hampshire's state program which offers wellness programs to municipal workers, as well as helping private employers start walking clubs for their employees. In community health budget.

J. Rudman

In addition to helping infertile couples connect with adoption resources, our social workers advise individuals about how to locate birth parents. No dollars cited.

A nurse practitioner holds free workshops to help patients express their feelings through poetry. Over 75 have participated so far. No dollars cited.
3. Unique Regional Capabilities: As New Hampshire's only academic medical center, DHMC possesses unique expertise in many areas. Individuals and organizations from New Hampshire and Vermont, as well as from across North America (and in some cases, internationally) look to DHMC in order to benefit from that expertise.

Desperately ill patients often have special wants and needs, and the staff at DHMC enjoy meeting those needs - both on company time and on their own. Teddy bears, fried clams, birthday cakes, celebrations, are all part of the healing process, especially for patients far from home and those facing terminal illnesses. No dollars cited.

Virtually every specialty has a physician on call, twenty-four hours every day, to provide free consultation to any colleague who phones. No dollars cited.


$2,000 is supplied annually.

Some examples: DHMC neonatologists created the newborn intensive care system for New Hampshire. Our staff conduct state trauma center designations on behalf of the EMS consortium. We are the site responsible for state radiation disaster readiness. Under contract, we provide the physicians of NH State Hospital and manage the state cancer registry. No dollars cited.

Examples include the NH Osteoporosis Task Force, the NH C-Section Task Force, the VT/NH Primary Care Committee, the NH Diabetes Task Force, the Governor's Council on Domestic Violence, the state Certificate of Need Board, Good Beginnings, NH Healthy Babies, and NH Victims Assistance Commission. No dollars cited.
4. Support for local access to medical care in a rural (and in 14 areas Federally designated as "underserved") region:

<table>
<thead>
<tr>
<th>Major Initiatives</th>
<th>Value</th>
<th>Contact, Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dartmouth-Hitchcock Air Rescue Team operating loss</td>
<td>CHA</td>
<td>Shaw, MH</td>
</tr>
<tr>
<td>MHMH support to rural hospitals through The Hitchcock Alliance</td>
<td>CHA</td>
<td>Page MH</td>
</tr>
<tr>
<td>THC subsidy for locally sited regional physician practices</td>
<td>CHA</td>
<td>Bartlett, THC</td>
</tr>
<tr>
<td>North Country Dialysis Center loss</td>
<td>CHA</td>
<td>Jantzen, MH</td>
</tr>
<tr>
<td>PICU Transport</td>
<td>CHA</td>
<td>Shaw, MH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$2,119,000</td>
</tr>
</tbody>
</table>

B. Representative Actions: (assumed to cost less than $2500 each annually)

- Assistance with physician recruitments
- Consultative advice to community MDs
- Report on community health status
- The only access to emergency care for twenty-six towns from midnight to 7 a.m.
4. Support for local access to medical care in a rural (and in 14 areas Federally designated as "underserved") area.

DHART air transports seriously ill or injured patients without concern for their ability to pay. This also permits local ambulance squads to avoid 4-8 hours on out of area trips. A ground safety course on landing zones has been presented at all hospitals, to make reception of helicopters safer. All skiiers have received training in hypothermia, shock, and packaging of injured skiers for transport. Each DHART crew member is responsible for updating a designated region on current trauma care.

A. Page

The Hitchcock Alliance was formed to insure that local access to health care is maintained in the mostly rural communities of the Connecticut River Valley. Through guidance supplied by DHMC-based staff, costs of supplies, insurance, and regulatory compliance are reduced, capital financing is acquired, patient care is coordinated and improved. Each Alliance member pays annual dues, but all Alliance members except Mary Hitchcock receive benefits in excess of the dues they pay. Amount (per Page) is excess of MHMH support over value derived.

J. Bartlett

The Hitchcock Clinic has created group practices in rural areas, to help with the recruitment and retention of needed physicians. Those practices operate at a loss.

B. Mroz

Patients from the NH North Country previously had to travel several hours three times weekly for dialysis at DHMC. A center was opened in Whitefield to reduce travel time, thereby increasing the likelihood that dialysis patients can maintain jobs and support families. A second similar center is being discussed for the Vermont Northeast Kingdom. Amount per Jantzen.

M. Ward

A pediatric transport service sends specially trained nurses to accompany critically ill newborns and children to DHMC.

M. Ward

Because of THC's extensive contacts and experience in recruiting physicians, we frequently help small hospitals needing to fill vacancies. No dollars cited.

E. Hamilton

THA recently completed a comprehensive report on health - and the risks to future health - in the eight Alliance communities. This report will be used to identify major health problems on which to focus attention by Alliance community health improvement teams. In addition to incidence of disease and use of health care, the report compares such factors as income, level of education, smoking rates, radon and lead exposure, and isolation. No dollars cited (included in support to THA).
### 5. Medical and Health Professional Education, Including Lifelong Education for Regional Health Professionals: (>=$2500 annually)

#### A. Major Initiatives:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>$ Value</th>
<th>Contact, Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dollars in financial support provided to Dartmouth Medical School</td>
<td>CHA ‘98</td>
<td>Bartlett, THC</td>
</tr>
<tr>
<td>Teaching Physicians</td>
<td>CHA ‘97</td>
<td>Bartlett, THC</td>
</tr>
<tr>
<td>Additional costs borne in service to the academic mission</td>
<td>CHA ‘97</td>
<td>Jantzen MH, THC</td>
</tr>
<tr>
<td>Nursing school clinical experience/training</td>
<td>CHA</td>
<td>Kobocovich, MH</td>
</tr>
<tr>
<td>Rehabilitation training program</td>
<td>CHA</td>
<td>Tobin, MH</td>
</tr>
<tr>
<td>Chaplaincy/Pastoral education</td>
<td>CHA</td>
<td>McCoy, MH</td>
</tr>
<tr>
<td>Med. tech training</td>
<td>CHA</td>
<td>Silverstein, MH, THC</td>
</tr>
<tr>
<td>Office of Continuing Health Education subsidy</td>
<td>CHA</td>
<td>Holmes, MH, THC, DMS</td>
</tr>
<tr>
<td>Telecommunicated educational videos</td>
<td>CHA</td>
<td>Kulig, MH</td>
</tr>
<tr>
<td>Patient education</td>
<td>CHA</td>
<td>Kobokovich, MH</td>
</tr>
<tr>
<td>Schweitzer Fellowship</td>
<td>CHA</td>
<td>THC, MHMH</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$11,921,929</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Representative Actions: (assumed to cost less than $2500 each annually)

- On-site physician "fellowships"
- List of rounds at DHMC circulated to regional physicians
- THC grand rounds at other hospitals
- Career days
- Train APD, VA, VNA staff in basic and advanced life support.
- Free CPR training for parents of intensive care babies and children.
- Free staff training
- Drug recognition training
- Internet Medline access
5. Medical and Health Professional Education, Including Lifelong Education for Regional Health Professionals:

<table>
<thead>
<tr>
<th>J. Collins</th>
<th>1</th>
<th>The Hitchcock Clinic provides direct financial support to Dartmouth Medical School. Amount per Bartlett.</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Collins</td>
<td>2</td>
<td>Physicians who are teaching medical students and residents while seeing patients see fewer patients per hour. In one specialty, when physicians are accompanied by students, they can only see 2-3 patients per hour, compared with 5-6 patients per hour in a strictly clinical practice. (Two weeks ago, a community physician who had volunteered to “take” a medical student for the day called to cancel because a full roster of patients was scheduled for that day.) Amount per Kelleher is net of any Medicare payments.</td>
</tr>
<tr>
<td>J. Collins</td>
<td>3</td>
<td>An academic medical center requires full-time salaried department chairs who oversee education and research, as well as patient care. They generally do very little, if any, patient care themselves. DHMC has ten clinical chairmen. Approximately 2/3 of the cost of their salaries and offices is borne by the Clinic and Hospital. Amount per Jantzen reflects that support, net of any patient revenues generated by the chairs.</td>
</tr>
</tbody>
</table>
| L. Kobokovich | 4 | Budget per Kobokovich for nursing education and research (see footnote 4, page 18, for research description) which includes 75 nursing students annually from Colby Sawyer, UNH, and other schools, as well as 50 licensed nurses who come here to update their skills. In a similar vein, region nurses come to DHMC to enhance their clinical knowledge and skills. Examples:  
• Nursing home nurses were taught dialysis  
• Critical care nurses from small hospitals do skills updates in DHMC ICUs  
• Virtually every cancer chemotherapy nurse outside Chittenden County learned to do so at DHMC. No dollars cited.  
Additionally, our nurses go out to provide training at hospitals throughout the region. Other professional training programs teach 6 pharmacy ($7750 net of stipends received), 14 physical therapy, 2 occupational therapy, and 1 speech pathology students (averaging a cost of $30,000 per year per Tobin at 8 hours teaching per week for 10 weeks at $22/hour). |
| P. McCoy | 5 | The five person Chaplaincy program at DHMC fulfills three vital interrelated roles:  
a. Provision of pastoral services for patients, families, and the community. Pastoral services emphasize responses to critical needs which emerge from patient needs, including individual and family support, four weekly worship services (which are televised to inpatients), interfaith holiday services, memorial services for deceased patients, staff, and volunteers. The chaplains are on call twenty-four fours a day. They coordinate a
5. Medical and Health Professional Education, Including Lifelong Education for Regional Health Professionals:

volunteer bereavement support program for families who have experienced a sudden death. They participate in memorial services which bring together organ recipients and the surviving family members of donors as well as for parents who have experienced stillbirths or newborn deaths. They offer welcome to all community pastors who visit parishioners. Chaplaincy started the first cancer support group at DHMC fifteen years ago. They have performed weddings for dying patients, and are working with an employee group to enhance spirituality in the work place (including sponsorship of concerts November 11 by a cleric composer). The recent David's House/CHaD tree planting ceremony honored children who have died.

b. Continuing pastoral education for regional clergy.
They offer 8-10 week seminars to train lay pastoral counselors from area churches. They provide free annual symposia on topics of relevance to clergy (on October 29, 30 attended the session on domestic violence). The clergy support group meets twice monthly, with participants driving from as far as 1 1/2 hours away. They are currently discussing creation of a local interfaith caregiver's network which would use volunteers to meet the many needs of the ill, including transportation, supportive visits, and errands.

c. Accredited clinical pastoral education for theology students
They provide practice-based education for 6 ministry students every summer, as well as three over the winter. This is a formal part of ministry training in hospital chaplaincy. Amount reflects chaplaincy program budget ($270K) per McCoy, net of donated support ($8250).

J. Silverstein
7
20 UNH med tech students per year have received their clinical training in our labs for the past fourteen years. We recoup about half of our costs of $50,000-60,000 per Silverstein.

D. Holmes
8
The Department of Continuing Education receives support to provide continuing professional education. In 1997, 9,723 health professionals participated in their offerings. The amount shown reflects DHMC's subsidy of this work.

H. Kulig
9
MHMH Productions provides four hours (weekly) of medical grand rounds broadcast to other sites, as well as twenty videotaped copies of these rounds. They broadcast about six hours weekly of other educational programming, as well as 150-200 hours yearly of special conferences and educational administration. The figure shown reflects their budget net of any revenues (halved to eliminate use for meetings).
5. Medical and Health Professional Education, Including Lifelong Education for Regional Health Professionals:

<table>
<thead>
<tr>
<th>L. Kobokovich</th>
<th>Budget for patient education per Kobokovich.</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Holmes</td>
<td>Area physicians may spend time doing &quot;mini-fellowships&quot; at DHMC, to update their clinical knowledge or to learn new skills (e.g., a family practitioner may spend a week learning basic dermatology to reduce the number of patients requiring referrals to specialists). The $125/week we charge primarily covers continuing education credit processing costs, not the time of our faculty. No dollars cited.</td>
</tr>
<tr>
<td>D. Holmes</td>
<td>Distributed to 2,500 physicians and 12,000 nurses in the region. No dollars cited.</td>
</tr>
<tr>
<td>R. McClintock</td>
<td>In 1997, 34 DHMC MDs provided educational rounds at other hospitals at the charge of $125 plus mileage, regardless of the preparation and travel time entailed. No dollars cited.</td>
</tr>
<tr>
<td>K. McAndrews</td>
<td>In addition to &quot;health career&quot; days participation at numerous area high schools, DHMC hosts an annual career day here for approximately 300 students. In addition to health professions, the DHMC day highlights opportunities in skilled crafts, including electrical engineering, plumbing, and carpentry. No dollars cited.</td>
</tr>
<tr>
<td>K. McAndrews</td>
<td>Area-wide employees facing special health risks are given special training. As an example, Dartmouth employees were briefed on avoiding pathogenic exposure before beginning work on sewer line relocation. No dollars cited.</td>
</tr>
<tr>
<td></td>
<td>Our occupational health director provides drug recognition training for state and municipal law enforcement officers on behalf of the National Traffic Safety Administration. She is currently coordinating Drug Awareness Day under the sponsorship of the NH Safety Council, the NH State Police, and Drug Free New Hampshire. No dollars cited.</td>
</tr>
</tbody>
</table>
Biomedical and Health Services Research:

A. **Major Initiatives:** (>\$2500 annually)

- Research grants
  - $37,800,000, Bauer, DMS
  - $1,200,000, Shoob, Hitchcock Foundation
  - $260,000, Bauer, MH
  - $331,000, Bauer, THC
  - $49,000, Kelleher, MHMH

- Support for Northern New England Cardiac Disease Study Group

<table>
<thead>
<tr>
<th>$ Value</th>
<th>Contact, Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>$37,800,000</td>
<td>Bauer, DMS</td>
</tr>
<tr>
<td>$1,200,000</td>
<td>Shoob, Hitchcock Foundation</td>
</tr>
<tr>
<td>$260,000</td>
<td>Bauer, MH</td>
</tr>
<tr>
<td>$331,000</td>
<td>Bauer, THC</td>
</tr>
<tr>
<td>$49,000</td>
<td>Kelleher, MHMH</td>
</tr>
</tbody>
</table>

B. **Representative Actions:**

- Staff serve on national research review committees and journals
- Nursing research internal support

Total: $39,640,000
### Biomedical and Health Services Research (>$2500 Annually)

<table>
<thead>
<tr>
<th>Name</th>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Bauer</td>
<td>1</td>
<td>Research grants from the National Institutes of Health, as well as from private non-profit foundations, enable DHMC to conduct extensive research into both basic science and medicine.</td>
</tr>
<tr>
<td>B. Wolf</td>
<td>2</td>
<td>Northern New England Cardiac Disease Study Group was organized over ten years ago by DHMC physicians to compare and improve survival rates from heart disease at all northern New England medical centers which perform open heart surgery and cardiac catheterizations. Dollars reflect the nursing position at DHMC which is dedicated to gathering the data for this project. This effort has been a model for similar programs around the world, and has expanded knowledge of the factors which contribute to successful cardiac outcomes.</td>
</tr>
<tr>
<td>L. Kobokovich</td>
<td>3</td>
<td>Many faculty serve on study committees (the prestigious groups who decide which research proposals are worthy of NIH or foundation funding) and as editors/reviewers for nationally respected medical journals. In addition, DHMC faculty publish many scientific articles, present national and international research conferences, and lead multi-institutional research studies. No dollars cited. Nursing research into such areas as how to measure quality of care, how to best transfer premature babies home, how to avoid blood clots in catheters, whether to let family members into recovery rooms, how to control fever, etc., etc. are ongoing, with our results, protocols, and policies shared with other institutions.</td>
</tr>
</tbody>
</table>
Philanthropic and Volunteer Support

While insurance coverage has reduced the reliance of non-profit hospitals on charity, both philanthropic support and volunteer hours remain important factors for DHMC.

Major Areas: $ Value Contact, Organization
- Philanthropic support for construction of DHMC campus $51,000,000 Blum, DHMC
- 7,000 donors annually
- Pink Smock proceeds $200,000 Bridge, DHMC
- DHMC volunteer hours (50,000 @$10 minimum wage/benefit) $500,000 Bridge, DHMC
- Rubin Building (houses Norris Cotton Cancer Center) $11,800,000 Blum, DHMC
- Pediatric Intensive Care Unit $800,000 Blum, Thompson, DHMC

Finally, in the course of researching the benefits provided by DHMC, we learned of countless volunteer or fundraising efforts by staff, on their own time, as natural extensions of their professional roles. A small sample:
- 5 DHMC folks cooked weekly Listen dinner in Enfield last week in August. Helped Lebanon Rotary gather 19 boxes of food on Saturday in August.
- Scandinavian AIDS patient - MD gave her his frequent flier miles.
- Off duty DHART team drive ambulance when weather conditions forbid flying to bring victims back.
- Dental rehab for Pediatric Medicaid patients.
- Coburn funded to coordinate volunteer work of DMS students in smoking prevention.
- YB Reasonable employee jazz band does seven benefits a year.
- Dartmouth students serve as volunteer visitors to lonely mental health patients.
- Humane Society brings in dogs to visit depressed patients. We test the dogs for fecal pathogens at no charge.
- Employees are active blood donors.
Footnotes


Other Resources


