IMPACTING LIVES | ONE PATIENT AT A TIME
MISSION:
We advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

VISION:
Achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

Dartmouth-Hitchcock
OUR PROMISE

With an unwavering commitment, Dartmouth-Hitchcock proudly pledges to provide extraordinary health care that is personal, compassionate, safe and effective. This means treating patients with the utmost honesty, sensitivity and respect as well as with the latest medical technology, innovative techniques and knowledgeable expertise. The unrelenting search for cures for diseases, and new treatment options that can improve the quality of patients’ lives, is paramount for our research endeavors. And teaching future generations of health care professionals to continue our long-standing legacy of advancing health care is an absolute imperative. The best care, in the right place, at the right time, every time.

This is our promise to you.
Sarah Robator’s dad couldn’t have thought of a more perfect metaphor for his 28-year-old daughter’s battle with cancer. As a captain goalie on Denison University’s Big Red field hockey team, Sarah’s size (5’10”), athletic ability, and competitive fire made her ideally suited to be the last line of defense in a sport known for its rough exchanges and quick action.

“I loved the intensity and the challenge of being in crunch time, playing against a really good team, and having to stop shot after shot after shot to help my team rally and win,” she says.

Sarah calls on those athletic experiences now and on one unforgettable training ritual as she faces her toughest opponent ever—acute lymphocytic leukemia (ALL). “Before every season, we had to do the gauntlet, a series of fast-paced runs on the track with shorter and shorter rests in between,” she recalls. “Thinking back to how I made it through some of those runs when I didn’t think I could motivates me. It reminds me of how strong and tough I am and how much pain I can take.”
While complications have prolonged Sarah’s treatment process, she remains focused on her ongoing remission, says John Hill, Jr., MD, a cancer specialist who is supervising her care. “Overall, she’s doing very well,” he says. “Sarah is a strong and resilient young woman.”

Between the cancer and the side effects from treatment, she’s taken a lot of hard shots already. Before the diagnosis, there were the bouts of terrible joint pain, the two hospitalizations to treat blood clots in her lungs, and the migraine headaches. Then, the shock of learning last April that she had a life-threatening illness. That her treatments may leave her infertile. And that she wouldn’t be able to return to her first-grade class at Smyth Road Elementary School in Manchester for the rest of the year. “It was tough, really tough to hear all of that,” she says. “I thought, ‘My life is on hold for a long time.’”

“And then it just got worse and worse,” adds Sarah. “I mean, the doctors and nurses have been great, but I’ve had every complication you can imagine. I got so sick when I started my treatments that I had to stay in the hospital for 8 weeks, and I lost 30 pounds. I remember being so weak that this 80-year old woman kept ‘lapping’ me when I was trying to walk around the nurses’ station. I felt like crying.”

But Sarah has been receiving her treatment at one of the top cancer centers in the country, Dartmouth-Hitchcock’s Norris Cotton Cancer Center (NCCC), a National Cancer Institute-designated cancer center, is known for its excellent outcomes, leading research, and compassionate care.

“The protocol for Sarah’s type of leukemia involves several intensive rounds of chemotherapy,” explains John Hill, Jr., MD, a cancer specialist who is supervising Sarah’s care and also serves as Director of the Allogeneic Bone Marrow Transplant Program at NCCC. “During each round, patients receive multiple chemotherapy agents intravenously and also periodically in their spinal column in an effort to keep leukemia cells from getting into the central nervous system.”

“We monitor these patients and their blood counts closely, supporting them with transfusions when these drop to critically low levels after chemotherapy,” he continues. “They also receive an agent to help them recover their counts; and after three to four weeks, they hopefully feel well enough to start the next round. Sarah has certainly had her share of bumps in the road that have prolonged the process and made it a real physical and emotional rollercoaster for her. But we try to reassure and support her through these events to keep her focused on the big picture, which is her ongoing remission. And overall she’s doing very well. She’s a strong and resilient young woman.”

And Sarah’s got her fans on the sidelines, cheering her on. Like the pastors in her church making the three-hour drive to see her. The friends and old college roommates coming in from Boston, Chicago, Louisiana, and New York City to visit. The people in her home community reaching out, inviting her to throw out the first pitch at a Fisher Cats game last summer and offering her a health club membership and personal trainer once she’s well.
At NCCC, there’s her “coach” Dr. Hill and her “team” that includes the caring nurses who keep her spirits up, who’ve given her a back rub when she couldn’t sleep, and gave her a short haircut to ease the trauma of going bald again. And the support services like poetry writing, painting, Reiki, and massage therapy that have helped her get through the most difficult days.

“Everyone has been so wonderful; I feel truly blessed,” says Sarah. “And I can’t thank my parents and my entire family enough for their constant love and support. I’ve never had a day where I’ve been without at least one of them by my side. Not all patients have that, and it makes me all the more appreciative.”

Still, the battle isn’t over, and she knows that the hard shots will keep coming. “I feel exhausted and discouraged, and I wonder, ‘Is this ever going to end?’” she said as she began her fifth round in October. “But then I think, I’m coming around the track, knowing that I have two more long loops and I’m done,” she says. “There’s a big light at the end of the tunnel. My job and my passion for children are there. Being able to do things with my friends, my boyfriend, and my family on a normal basis are there. I’ve just got to get there. I’m almost there.”

Supporting Sarah from the Sidelines

Dartmouth-Hitchcock’s Norris Cotton Cancer Center (NCCC) isn’t known just for its advanced cancer treatments and access to promising new clinical trials. Under the direction of Ira Byock, MD, NCCC has leading programs in Supportive Services, Survivorship, and Palliative Care. They are part of an overall patient- and family-centered care approach that integrates physical, emotional, spiritual, and psychosocial support from the time of diagnosis through treatment and beyond.

“Cancer usually arrives suddenly into people’s lives as a fearful invader, and they have no map to help them get through it,” explains Deborah Steele, MA, Manager of Support Services Programming and herself a 20-year survivor of breast cancer. “We offer a variety of free, nurturing services to patients and their loved ones that enhance their well-being throughout the cancer journey.”

Support services include massage therapy, Reiki, support and education groups, expressive arts, and the Patient and Family Resource Library. “Whether it’s through receiving human touch, sharing with others who are on a similar path, or exploring feelings through creative expression, patients can find the resources they need to better cope with the ongoing challenge of their disease,” says Steele.
**Sarah’s story is a powerful one.** We begin this annual report with a poignant story of a young woman’s valiant courage in the face of cancer to illustrate what takes place at Dartmouth-Hitchcock each and every day. Without hesitation, our clinicians and staff join with our patients on the inspiring road to recovery, dedicated to giving compassionate, sensitive care at the highest standards of excellence.

Our patients—like Sarah and the others featured on the following pages—are why Dartmouth-Hitchcock and Dartmouth Medical School embarked on an extraordinary journey three years ago when we introduced our revised mission and vision. The commitment we made then set the stage for a profound evolution into a new Dartmouth-Hitchcock that holds the promise to provide each patient the best care, at the right place, at the right time, every time.

This past year has been a tremendous time of growth, progress and many successes. Our visionary strategy is moving us to the forefront of innovative health care in this country, and our goals are being fulfilled in significant ways. By seeking to satisfy our vision of achieving the healthiest population possible, the foundation has been established, our destination is clear and many of our accomplishments this past year are major mile markers on this important journey.

Last spring, we embarked on a crucial effort to create an integrated health care system, called Dartmouth-Hitchcock Health, to better serve the needs of our patients throughout New Hampshire and eastern Vermont. This structure will allow us the flexibility not only to move to the next level of integration of Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic, but also to build rewarding relationships and thriving collaborations with like-minded leaders of other health care institutions enabling us to collectively impact our communities, one patient at a time.

The formation of this integrated health system resulted in a pivotal leadership transition. Dr. James N. Weinstein was selected as President of Dartmouth-Hitchcock Clinic, succeeding Dr. Thomas A. Colacchio, who takes the helm as President of Dartmouth-Hitchcock Health. Dr. Weinstein and Nancy Formella, as President of Mary Hitchcock Memorial Hospital, will work side by side as co-Presidents of Dartmouth-Hitchcock, and in collaboration with medical school Dean William Green, to improve upon our legacy of providing the best health care in the region and also enhancing our education and research missions.

Also this past year, we introduced a refreshed logo—which can be seen throughout this annual report—to better exemplify our commitment to patient care, research, education and community partnerships.

And much work has been done this past year to create essential initiatives that are necessary for our future. Dartmouth-Hitchcock and Dartmouth Medical School have partnered to support our community of researchers and vibrant research enterprise by making a fundamental leap forward in creating an infrastructure called the Clinical Trials Office. And preparations are underway for the launch of a comprehensive electronic health record system that will truly transform the way we practice medicine by providing the technological foundation our clinicians need.

What is abundantly clear is that we cannot accomplish our mission and vision alone. A vital part of our evolution has been the Transforming Medicine Campaign, our first-ever comprehensive fundraising campaign that has spanned the last seven years. It is because of the loyalty and generosity of our donors, alumni and friends that Dartmouth-Hitchcock and Dartmouth Medical School exceeded our goal of $250 million with an astounding $256.3 million raised.

This effort was much more than a monetary goal. It reshaped who we are as an institution and served as our mantra for the way we provide the best possible care for those we serve. We
want to express our heartfelt gratitude to all of the compassionate contributors who made gifts to Dartmouth-Hitchcock and Dartmouth Medical School. This unprecedented outpouring of support is imperative to our collective success and establishes a solid foundation for our future.

Our future is promising. Our present is exciting. Now is the time to begin. From our Boards of Trustees and Overseers, to our clinicians and staff, to our volunteers and generous donors, they all make a difference in the lives of many. And for that, we are grateful.

Sincerely,

Nancy A. Formella, MSN, RN
President, Mary Hitchcock Memorial Hospital
Co-President, Dartmouth-Hitchcock

James N. Weinstein, DO, MS
President, Dartmouth-Hitchcock Clinic
Co-President, Dartmouth-Hitchcock

Thomas A. Colacchio, MD
President, Dartmouth-Hitchcock Health

William R. Green, PhD
Dean, Dartmouth Medical School
It’s a thought that readily comes to mind for Keith and Kelly Jones when they think back to the horrible accident of January 18, 2009, the life-threatening injury to their son Harris and the set of events that would follow.

“We’d just returned from a nice snowmobile ride in the woods near our camp in Canaan, Vermont,” recalls Keith. “It started snowing like a banshee so we decided to come back early and prepare for the next day. I was backing the sleds into the barn for our ride the next morning just like I’ve done a hundred times.”

But as Kelly’s Ski-Doo GXS 500 hit the barn floor, it stopped abruptly, causing Keith to pitch forward against the throttle. Revving to 9,000 RPMs, the machine launched itself wildly into the barn, throwing Keith against the wall and knocking Kelly onto a workbench before it landed on 2½-year-old Harris. “He was sitting on some nearby stairs,” says Keith. “If he’d been sitting any lower, he would have been killed.”
Instead, the machine’s studded track ripped through Harris’ right leg with sickening force. “His leg was just shredded from knee to foot like it had gone through a meat grinder,” says Keith. As Kelly ran into the house to call 911, Keith knew enough from his first aid training as a football coach to keep pressure on Harris’ femoral artery. “I was afraid he was going to bleed to death in front of me, but it was so cold in the barn (4° F) my hands started freezing to his leg. I think that helped to slow the bleeding.”

EMTs were on the scene in less than 12 minutes. “We were told later that the Beecher Falls Fire Department and the emergency room staff at Upper Connecticut Valley Hospital in Colebrook did a fantastic job stabilizing Harris and keeping his leg viable for the three-hour transport by ambulance to Dartmouth-Hitchcock in Lebanon,” says Kelly.

Upon arrival, Harris was rushed into Dartmouth-Hitchcock’s Emergency Department for surgery. Orthopaedic surgeon John-Erik Bell, MD, on call that holiday weekend, provided critical wound and trauma care to Harris’ leg, re-attaching his patella tendon and stabilizing the injury with an external fixator.

“We soon learned that there was a 50-50 chance that Harris could lose his leg,” says Keith. “The machine had ripped a chunk of his tibia out and broken the bone in two places, the worst being at the bottom growth plate near his ankle,” says Harris’s dad, Keith.

But Cook, an experienced pediatric orthopaedic surgeon, knew the power of patience in treating children. “Initially, it was thought that one of the nerves to the foot had been severed; but as we got things cleaned up, and we explored more, we found that it was completely intact and not damaged,” Cook recalls. “Another concern was, ‘Does the skin that was peeled off around his leg have enough blood supply to survive?’ If he had been an adult, probably not. But a child’s ability to recover can be quite astounding. The key is to keep cleaning the area and taking out the dead tissue so that it doesn’t get infected.”

Over the course of several weeks, Cook painstakingly performed many of these
“clean-outs” and dressing changes, employing the VAC (vacuum-assisted closure) technique, a system for applying negative pressure to wounds to speed healing. Gradually, he closed the leg using Harris’ recovered skin—along with two skin graph procedures done by plastic surgeon Kenneth Leong, MD—without any infection occurring.

In the months that followed, Harris showed steady progress and his external fixator was replaced by a series of plaster casts. “Mother’s Day was really special for me,” says Kelly. “We took Harris to the Portland Children’s Museum in Maine; and even though he had a cast on, he was back being my little two-year-old, running around and having a blast.”

“The level of care we’ve received at CHaD (Children’s Hospital at Dartmouth) has been phenomenal, and the staff have been so accommodating—it’s become like a second home to us,” she says. “And the outpouring of support that we’ve received from our home community of Milford and so many other communities across the state has been incredible. It’s meant the world to our family.”

In September, Cook performed a second surgery on Harris to begin addressing the longer-term issues of strengthening his tibia and getting his leg to grow properly. “We straightened his leg, did a bone graft to fill in the defect, and placed an external fixator for support,” he explains. “I think because he’s so young, he will regenerate his tibia. The growth plate around his knee seems to be fine, but the growth plate down by his ankle is not. This may cause recurrent issues with angular deformity and leg-length discrepancy, which we may need to address from time to time over his childhood.”

“That’s the scary part about all of this now,” says Keith. “It could go on for years; and if his leg doesn’t grow, there is still a possibility that he could lose it. If he ends up needing a prosthetic down the road, at least we can say that we did everything we could for him. But a lot of positive things have happened so far. What Dr. Cook has done for Harris is amazing—having him in our corner gives us hope.”
During their first meeting in February, 2009, the conversation between Crohn’s patient Adam Diorio and gastroenterologist Corey Siegel, MD, went something like this. “I asked him what his hobbies were, something I always do with new patients in an effort to get to know them and to understand what’s important to them,” explains Siegel, Director of Dartmouth-Hitchcock’s Inflammatory Bowel Disease (IBD) Center.

“He said, ‘I’m a mountain climber;’” continues Siegel. “I said, ‘Oh, that’s cool. Do you go around here?’ When he said, ‘No,’ I thought that maybe the peaks around here were too big for him. But then I asked, ‘What was the last thing you climbed?’ He said, ‘Do you know Mt. Kilimanjaro in Africa?’ I said, ‘Oh, man—tell me more!’”

“I decided early on that I wasn’t going to be a victim of not living my life to the fullest because of the disease I have.”
Since being under the care of Corey Siegel, MD, and his proactive approach to treatment, Adam has kept his Crohn’s disease well under control. He hopes to make climbing expeditions to Mount Elbrus in Russia and Mount McKinley in Alaska in the near future.

Siegel was so impressed with Diorio’s high-altitude pursuits, he asked him to speak at the 4th Annual Dartmouth-Hitchcock Patient and Family IBD Symposium held last June. “I was honored to have him come and show how well he’s done and to help inspire others who may think that they’re doomed because they have diseases like Crohn’s and ulcerative colitis,” says Siegel.

“I thought the symposium was great, very informative,” says Diorio. “And it was nice because afterwards a few other patients and parents of patients came up and talked with me. One parent told me that her son was going to be starting college soon and asked me if I had any suggestions. I shared a few things that had helped me like staying active and being careful with my diet, which I hope will help them.”

Diorio has been dealing with Crohn’s disease since he was a teenager. “I was in eighth grade when I was first diagnosed,” he recalls. “I remember it was tough being younger and not knowing what was going on at the time and having to miss things like baseball games because I was sick. Then, with the help of medications, my disease stayed fairly dormant, and I felt pretty good through high school and my first few years of college.”

But towards the end of his senior year at Wentworth Institute of Technology in Boston, Diorio experienced the worst flare up of his life and had to be hospitalized for three weeks. “Fortunately, I was able to recover in time to graduate with my class,” he says. “From that day on, I knew I needed to take more control of my Crohn’s.”

Diorio and his dad, an experienced mountaineer, had planned a trip to Argentina to climb Aconcagua—South America’s highest mountain at 22,840 feet—that summer. “I’d been climbing with my dad in the White Mountains for years and had felt ready for a bigger challenge,” he explains. “But my Crohn’s had me worried, especially after my hospitalization; and my doctors weren’t very excited for me to be on a mountain with no contact for a month. Still, I knew if I didn’t go, I’d always regret it. We made it to within 840 feet of the summit; and it was exhaustion that stopped us, not my Crohn’s. But I was thrilled; the highest I’d climbed was Mt. Washington at a little over 6,000 feet.”

In June, 2008, Diorio travelled to Washington State with his father, sister, brother-in-law and a college buddy to climb 14,000-foot Mt. Rainer, but they ran into one of the worst snowstorms in history and were forced to abandon their attempt at 9,000 feet.

Not long after the Mt. Rainier attempt, Diorio went through a period of depression. “I wasn’t taking care of myself as I should have been,” he recalls. “I was very stressed with work, and it was affecting my Crohn’s. My wife, who’s always been really supportive, decided to give me the present of a lifetime—a trip to Africa to climb Mt. Kilimanjaro with my sister and brother-in-law. I vowed not to let my Crohn’s stop me; and it didn’t, though the exotic foods in Africa didn’t make it easy on me. When we got to the top, the sky opened up; and it was just beautiful. To actually stand on the highest point of the African continent at a little over 19,000 feet was an amazing feeling.”

Since being under Siegel’s care and taking infliximab—an infusion medication that he receives every two months—Diorio feels he is on a healthier track for the future. “I was getting a new doctor in Boston every three years, and they just weren’t as responsive as I needed them to be,” he says. “The proactive approach that Dr. Siegel has taken with me has been very beneficial.”

“One of the most important new advances in Crohn’s treatment is what we call ‘early intensive therapy,’” explains Siegel. “We’ve learned through research that if we treat people earlier on with our most effective drugs like infliximab, it increases our chances of making them better. I’m pleased with the way Adam’s feeling and how his treatment’s going. That said, this is a long-term disease so our goal is to keep his Crohn’s as little a part of his life as possible going forward.”

It is a perfect approach for Diorio for whom climbing itself has become therapeutic. “Training for expeditions keeps me in top shape, and it’s the best stress-reliever I know,” he says. “The mountains are where I feel most at peace.”

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For a number of years now, gastroenterologist Corey Siegel, MD, has been focusing his clinical research efforts on finding a more proactive and personalized treatment approach for patients with inflammatory bowel disease (IBD).

“We now have more powerful and effective medications to treat Crohn’s disease and ulcerative colitis, but they have more side effects associated with them,” explains Siegel, Director of the IBD Center at Dartmouth-Hitchcock. “We’ve also learned that these medications work better if we catch things earlier.”

“So the idea is to identify patients who are at the highest risk for complications of their disease and give them our most effective medications earlier on in their disease course while sorting out the patients who are lower risk and for whom we can use milder medications with fewer side effects,” he says. “At the same time, we need to better educate patients about the risks and benefits of different treatment options so they can make decisions that will work best for them.”

To help him achieve these goals, Siegel is developing a web-based tool—one that physicians can use with their patients to show them what their chances are of having complications from their Crohn’s disease over the next three to five years and how they might respond to certain therapies—with help from some world-class resources, including his wife Lori Siegel, PhD.

“She’s an expert in complex statistical modeling and has helped me to adapt a technique known as system dynamic analysis to medicine,” he explains. “Working with other colleagues, we’ve been able to add data from large patient registries that help predict a complicated disease course. But while this is all very helpful to the physician, it doesn’t help us to communicate effectively to the patient.”

That’s where Siegel’s recent training at The Dartmouth Institute for Health Policy & Clinical Practice (TDI)—a preeminent research and education institution dedicated to improving health care—comes in. “TDI has given me the statistical tools and also educational background I’ve needed to help turn my ideas into meaningful projects,” says Siegel.

Presenting his prototype at national and international meetings hasn’t hurt either. “It’s been fun to get out there and show people what we’re doing,” says Siegel, whose recent webcast on risk communication on the Crohn’s and Colitis Foundation of America’s website generated more than 10,000 visits. “They always give me good advice on how this could be even more useful in the future.”
In an extraordinary act of friendship, Paul Tripp (right) donated a life-giving kidney to his close friend of over 20 years, Keith Moncrief. Their story continues to inspire others to become live donors.
Back in 1976, when Keith Moncrief and Paul Tripp were trading candy in the back of their chemistry class at Milford High School, neither could have imagined the extraordinary act of friendship that would take place between them 33 years later.

“We didn’t buddy together in high school,” explains Tripp. “Keith was a class ahead of me. He graduated and moved to Mississippi, and we both kind of went on with our lives. Then about five years later, we ran into each other in Milford.”

“I had just moved back to New Hampshire and had started going to the church where Paul was,” says Moncrief. “That’s how we reconnected, and it’s also where I met my wife, Maryanne.” From that point on, the two developed a close friendship that was strengthened by their mutual commitment to their church and faith. They started a popular Bible study group together that went on for many years. When Tripp needed a second floor added to his ranch, Moncrief built it for him. And later, when Moncrief’s residential construction partner became ill and he had to dissolve his business, Tripp offered him a job at his sign company.
“I worked for Paul for about four years until my dad got sick with lung cancer,” says Moncrief. “He wanted to be at home so we moved in with him to take care of him. It was around that time that my own health really began to decline.”

Moncrief had been dealing with complications from polycystic kidney disease—including kidney stones, blood in his urine, and dangerously high blood pressure—for a number of years. “It’s a genetically-acquired disorder that causes clusters of these fluid-filled sacs or cysts to develop in your kidneys; and as they grow, they displace and destroy the healthy kidney tissue,” he explains. “Eventually, you don’t have enough healthy working tissue to maintain kidney function.”

“My nephrologist in Manchester, Dr. Sean Fitzpatrick, had kept me pretty stable for quite a while,” he continues. “But I got to where I was on high doses of six different medications for my blood pressure, and it was still proving difficult to control. We knew that he could perhaps maintain me for another year or so before I’d need a transplant, or I’d have to go on dialysis. Maryanne and I really didn’t know where to begin or even if it was going to be possible to find a donor, but we started letting people know about my situation.”

Little did Moncrief know that one of his closest friends was already thinking about making the offer. “My wife, Becky, and I had been talking about it and praying about it,” recalls Tripp. “We agreed that it was the right thing to do so I called him up one night and said, ‘Hey, I’d like to talk to you about something. Why don’t you guys come over for some ice cream?’”

“I assumed it had something to do with church so my first thought was, ‘Oh man, what did I do?’ You see, Paul’s my deacon (spiritual advisor) at church so when he said it like that, it was a bit like being called to the principal’s office,” says Moncrief, laughing. “When he said, ‘I’d like to give you a kidney,’ I just about fell on the floor. I was pretty speechless for a few minutes.”

The next day, Tripp accompanied Moncrief to his nephrologist appointment to get the process started and later underwent a series of tests to confirm that he was a compatible donor. After researching a number of centers, the two chose Dartmouth-Hitchcock’s Transplant Center for its accessibility, excellent success rates, and highly personalized care.

“Generally what we’ll do for patients like Keith, whose kidneys have become very large and problematic, is remove the kidneys and have them go on dialysis for five or six weeks so they can heal before we do the transplant,” explains transplant surgeon David Axelrod, MD, Section Chief of Transplantation Surgery. “We were able to take
that approach in this case, and they’ve both done very well. Keith’s prognosis is excellent. We expect him to go back to full activity with essentially no restrictions.”

“Dr. Axelrod and the entire transplant team were just awesome,” says Moncrief. “I can’t tell you how thankful I am that we ended up there.”

“Dartmouth-Hitchcock just dispels everything you may have heard about hospitals being big, impersonal places,” adds Tripp, who had never been in a hospital overnight. “It’s a teaching hospital so you get a lot of people coming in who are participating in your care, but they’re all genuinely there for the patient.”

According to Axelrod, the Moncrief and Tripp case reflects an important new trend in organ donation. “Here at Dartmouth, we’re seeing an increasing use of live donors, and it’s vital that that continues,” he says. “Overall, the number of deceased organ donors is actually declining so people can be waiting three to five years on dialysis and that’s particularly hard on patients. This was one of those very rewarding cases where we were able to do clinically the best thing for the patient because somebody stepped forward. I think that’s one of the unique things about transplant, that it requires a remarkable gift on someone’s part.”

“You know, a lot of times I think the reality of our faith is displayed in how we live and the things that we do,” says Moncrief. “And Paul is a shining example of that. He didn’t just see someone in need and say, ‘I’m really sorry to hear that; I’ll pray for you.’ He stepped forward and committed to actually doing something about it. I’m so grateful for that, and I always will be.”

DHMC Honored for High Organ Donor Rates

Thanks to the extraordinary generosity of organ donors, life-changing stories like the one involving Keith Moncrief and Paul Tripp (see main story) are becoming more common for DHMC and the communities it serves.

At a presentation ceremony held in December, 2009, DHMC was recognized by the U.S. Department of Health and Human Services and the New England Organ Bank as an Organ Donation Medal of Honor award winner for the fifth straight year. DHMC has achieved a greater than 75 percent conversion rate on potential organ donations for the past five years. This places the organization in an elite group of less than two percent of hospitals nationally that have repeatedly achieved this level of success. Some of these organs go on to be used in transplant surgeries at DHMC, while others are distributed across the country based on need.

Despite DHMC’s success, the national story is far more mixed. According to recent estimates, over 103,000 organs are still needed to meet the demand for transplants.

DHMC’s transplant program began just over 15 years ago. Since then, hundreds of kidneys have been transplanted in both adults and children with a success rate that exceeds the national average. In 2006, the solid organ transplant program expanded to include pancreas transplants and has quickly become one of the leading pancreas transplantation centers in New England.

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Attitude is everything, as they say; but when you’re faced with not just one scary diagnosis or medical issue but a series of them, it can test even the most optimistic of souls. That certainly has been the case with Eveleen Barcomb.

Prior to 2006, Barcomb had been enjoying a very healthy and active life. “I felt like I was losing my hearing on my right side so I saw a local audiologist,” she recalls. “He confirmed that I’d lost about 25 percent of my hearing, which he said wasn’t unusual for someone my age. But he also noticed that I was walking crooked. I’d dismissed any balance issues to clumsiness and getting older.”
Barcomb was referred to an ear, nose, and throat (ENT) specialist in Manchester who ran some additional tests and did an MRI. “The MRI showed a brain tumor,” she says. “I couldn’t believe it. It was like it was happening to someone else. I remember driving home later, I pulled over and sat and cried. I called my husband and my sister. Once I got over that little ‘pity party,’ I was okay.”

“The specialist said he knew some very good neurosurgeons in Boston and at Dartmouth-Hitchcock,” says Barcomb. “We really don’t like to drive in Boston, and I remembered that my granddaughter had received excellent care at CHaD (Children’s Hospital at Dartmouth) so we decided to try Dartmouth-Hitchcock. I went on the Internet to check the credentials of Dr. Kadir Erkmen and was impressed. And after meeting him, I knew I was in the right place. He put me so at ease and explained everything about the surgery.”

Though the tumor turned out to be benign, it would prove difficult to extract. “It was in a tough location to get to surgically,” explains Erkmen, who is fellowship-trained in skull-base surgery. “The tumor was buried deep in the base of the skull, pushing up against her brain stem; and it was wrapped around some important nerves. The procedure went well, but we had to leave a small area behind because it was too closely attached to nerves.”

When Barcomb learned that she had lost the hearing in her right ear and that one of her vocal cords was left paralyzed as a result of the surgery, she was prepared for it. “We discussed the various risks and what my treatment options would be even before the surgery—having that kind of game plan in place was great,” she says. “I had a speech therapist working with me, a nutritionist telling me how to swallow, and a physical therapist helping me with balance exercises. I received treatments from Dr. Joseph Paydarfar to improve my vocal cord function and strengthen my throat muscles. And, Dr. Daniel Morrison did my bone-an-
“I told my husband that I feel like I have a family of friends up there to add to the great support network I’m already blessed to have.”

chored hearing aid, which has restored my ability to hear on both sides.”

“It’s a device that we implant in the skull just behind the ear,” says Morrison, who serves as Section Chief of Otolaryngology. “The hearing aid clips onto a stainless steel post that comes out through the skin and delivers sound to both inner ears through a process we call ‘bone-conduction hearing.’ Eveleen has done very well with it, and she’s recovered nicely from her other post-surgery symptoms. I think her case is a great example of how our highly skilled, multidisciplinary skull-base team pools together its talents to provide the best care possible for each patient.”

But Barcomb’s medical challenges were far from over. When an MRI taken two years after her brain surgery showed that the benign tumor was starting to grow, she had to undergo radiation treatments (which have proved effective). During a follow-up visit with radiation oncologist Leslie Jarvis, MD, something new was discovered. “She noticed a mole on my arm and suggested that I have it looked at,” Barcomb says. “To everyone’s surprise, it turned out to be melanoma. Dr. Kari Rosenkranz, my surgical oncologist, did the surgery. To make sure no cancer remained, I then had chemotherapy treatments, which were supervised by my medical oncologist, Dr. Marc Ernstoff.”

At one of her follow-up appointments with Erkmen, Barcomb told him that she was experiencing arm pain and numbness. “He ran some tests and found that I had two herniated discs in my neck, caused by degenerative disc disease,” she says. “I went back to him for the surgery, which went very well. But in the process of the MRI for my herniated discs, Dr. Erkmen said the radiologist saw a dark spot in my chest area. A biopsy was done in November of 2008 by Dr. Cherie Erkmen, who found that it was a substernal goiter. Thankfully, it’s a benign condition that’s not causing any harm and that they can just keep an eye on.”

Through it all, Barcomb has remained remarkably resilient. “She’s handled all of these things with grace and determination,” says Morrison. “Whenever she comes in, it’s never, ‘Oh gosh, I’m so depressed, and this is a horrible thing that’s happened to me.’ It’s ‘OK, we’ve gotten past that issue; what do we need to do to address this next problem?’”

Erkmen couldn’t agree more. “She really is just an incredible spirit,” he says. “She’s somebody I enjoy seeing in clinic as a friend as well as a patient at this point because we’ve all gotten to know her really well.”

For Barcomb, the feeling is mutual. “I told my husband that I feel like I have a family of friends up there to add to the great support network I’m already blessed to have,” she says. “Dartmouth-Hitchcock has been fabulous every step of the way—from the wonderful care and beautiful setting in Lebanon to the convenience of having follow-up tests and treatments arranged for me close to home in Manchester, to the extra support services that have helped me work through issues like insurance difficulties. “It makes me feel good that I don’t have to repeat my story 50 times to five or six different offices,” adds Barcomb. “Everyone talks to each other and stays informed about my care. It’s a great source of comfort knowing that I have this big team all working together for me.”
COMMUNITY BENEFITS REPORT

The Upper Valley Healthy Eating Active Living (HEAL) Partnership

“Upper Valley HEAL (Healthy Eating Active Living) is about creating communities that make it easier for kids and families to develop lifelong healthy habits,” says Maudi Silver-Mallemat, the Upper Valley HEAL Partnership Coordinator. With the rates of children and adults who are overweight or obese skyrocketing over the past forty years, more than 60 percent of adults and 30 percent of children are considered to be at an unhealthy weight. To address this challenge locally, Children’s Hospital at Dartmouth (CHaD), the City of Lebanon Recreation and Parks Department, the Upper Valley Trails Alliance, Alice Peck Day Memorial Hospital, the Mascoma Valley Health Initiative, the Lebanon and Mascoma School Districts, and many other community partners have joined together.

“The partnership’s vision is a comprehensive community approach to reducing obesity in Lebanon, Enfield, Canaan, Grafton, Dorchester, and Orange by creating environments that encourage increased physical activity and help kids and families make healthier food choices.

To create these healthier environments, the Upper Valley HEAL Partnership is working in a variety of ways in our Lebanon-Mascoma community:

- Pediatric clinics are learning and implementing
- National Walk This Way

In October, 120 children plus adults celebrated National Walk this Way with an early morning walk to Mount Lebanon School. This event, sponsored by Mount Lebanon School and the Injury Prevention Center at CHaD, is one small piece in Lebanon’s efforts to improve children’s health by making walking and biking to school safer, easier, and more enjoyable.

In 1969, 42 percent of students walked or biked to school, giving them a healthy dose of activity every day. Today, that number is about 15 percent.

The City of Lebanon and the Lebanon School District—partners in the Upper Valley HEAL Initiative—are taking steps to reverse this trend. Officials from the school district, the city’s Planning, Recreation, Police and Public Works Departments, CHaD, teachers, parents, and the Upper Valley Lake Sunapee Regional Planning Commission have been meeting to develop Lebanon’s Safe Routes to School plans. By promoting Safe Routes events, Walking School Buses, seeking state funds for safety programs, improved crosswalk striping, flashing lights, and signage for school zones, Lebanon is working to make walking to school a safe, healthy, and enjoyable option for kids and parents.
menting best practices for addressing nutrition and physical activity at all well-child visits and will offer parent educational materials featuring the 5210 wellness model.

Schools in Lebanon and the five Mascoma towns are developing healthier food service policies and practices, making food-based fundraisers and classroom snacks healthier, and are examining how to increase physical activity at recess and at other times.

Child-care and preschool providers are offering parents 5210-based educational handouts created by the HEAL initiative, and some centers will be working to change their policies and practices through an evidence-based NAP SACC consultation to serve more fruits and vegetables and to increase active play time.

Advocates for walking, biking, and outdoor recreation are laying the groundwork for increased access to active living through projects like developing the Mascoma River Greenway, a proposed paved, non-motorized pathway between Lebanon and West Lebanon, through developing trails around Mascoma High School in Canaan, and through trails forums and trails events to encourage use of paths, trails, and outdoor recreation as a key component of four-season physical activity in the Upper Valley.

Parents, communities, organizations, and schools are maintaining, developing, and linking projects to increase access to fruits and vegetables and physical activity options. The Upper Valley Trails Alliance’s “Passport to Winter Fun” will be offered to more young people, “Safe Routes” walk/bike to school organizers are growing and enhancing their efforts, the Lebanon Farmers Market is offering easier access to fruits and vegetables through its new debit card/EBT capability, community groups are using HEAL mini-grants to support creation of new community facilities like the Disc Golf course at Mascoma High School and the Canillas Community Garden in Lebanon; and all HEAL partners are helping to communicate the 5210 wellness message to parents and children to create an Upper Valley culture that supports lifelong healthy habits.

Upper Valley HEAL’s goal is to link, inspire, and promote common action among community members, educators, health providers, officials, and others who want to promote lifelong healthy eating and active living to achieve the healthiest population possible in the Upper Valley.

---

**Financial Assistance to Patients**

| Patients Receiving Financial Assistance | Upper Valley and North Country | 8,291 |
|                                      | Southern Region                | 9,607 |

**Cost of Financial Assistance** $22.3 million

---

**FY 2009 Medicaid**

| Patients with Medicaid | Upper Valley and North Country | 22,643 |
|                       | Southern Region                | 27,704 |

**Cost of Uncompensated Medicaid** $57.8 million

---

**Value of FY 2009 Community Benefits at Cost**

<table>
<thead>
<tr>
<th>Benefits Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncompensated Medicaid</td>
<td>$57,790,376</td>
</tr>
<tr>
<td>Cost of Financial Assistance to Patients</td>
<td>22,311,745</td>
</tr>
<tr>
<td>Support for Medical &amp; Other Professional Education*</td>
<td>14,416,254</td>
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<tr>
<td>In-kind Support for Research &amp; Other Grants</td>
<td>3,306,095</td>
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<tr>
<td>All Other Community Health Activities</td>
<td>7,417,237</td>
</tr>
</tbody>
</table>

**Total FY 2009 Community Benefits Value** $105,241,707

*This category includes financial support to DMS, uncompensated time to teach medical residents, uncompensated time to teach students of medicine and other health professions, and uncompensated time to provide continuing education for healthcare professionals.
Thank you.

Cancer research, Pediatric emergency care, Support programs for Alzheimer’s patients and their families, Disease prevention, Scholarships, Unrestricted giving ... These are just a few of the many ways that our donors are making a difference in people’s lives today while investing in the future of medical science and clinical care.

A record-breaking 33,000 donors made gifts and pledges totaling $40.5 million to Dartmouth-Hitchcock and Dartmouth Medical School in 2009. This strong support during the final year of the Transforming Medicine Campaign brought the Campaign to a stunning conclusion on December 31, 2009, at $256,249,194.

We are profoundly grateful to all of our donors—community members, patients, alumni, faculty, staff, friends, and foundation partners—for their generosity and their confidence in us. Every gift strengthens our commitment to providing each person with the best care, in the right place, at the right time, every time. Every gift advances our vision of achieving the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

On these pages, we are pleased to recognize those who made gifts totaling $2,500 or more during calendar year 2009.
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## Selected Financial Information

### Operating Expenditures (in thousands of dollars)

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<thead>
<tr>
<th></th>
<th>FY2009</th>
<th>FY2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dartmouth Medical School</td>
<td>$228,896</td>
<td>$229,632</td>
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<tr>
<td>Dartmouth-Hitchcock</td>
<td>1,113,853</td>
<td>1,034,940</td>
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<tr>
<td>Veterans Affairs Medical Center</td>
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<td><strong>Total</strong></td>
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### Revenue Sources Summary

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<tr>
<th>Source</th>
<th>FY2009 Amount</th>
<th>FY2008 Amount</th>
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<tr>
<td>Payment for Patient Services from Third Parties</td>
<td>$1,069,817</td>
<td>$987,292</td>
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<tr>
<td>Federal Budgets for Veterans Affairs Services</td>
<td>161,983</td>
<td>131,406</td>
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<tr>
<td>Funded Research</td>
<td>125,883</td>
<td>123,922</td>
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<tr>
<td>Tuition Income and Fees</td>
<td>19,874</td>
<td>19,267</td>
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<tr>
<td>Gifts, Bequests, Endowment and Investment Income</td>
<td>27,538</td>
<td>5,577</td>
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<tr>
<td>Other Income</td>
<td>125,887</td>
<td>117,003</td>
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<tr>
<td><strong>Total</strong></td>
<td>$1,530,982</td>
<td>$1,384,467</td>
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* Restated FY08 total

### Revenue Sources (in thousands of dollars)

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<th>FY2008</th>
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<tr>
<td><strong>Payment for Patient Services from Third Parties</strong></td>
<td>$12,039</td>
<td>$11,754</td>
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<tr>
<td><strong>Federal Budgets for Veterans Affairs Services</strong></td>
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<td><strong>Funded Research</strong></td>
<td>122,082</td>
<td>120,842</td>
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<tr>
<td><strong>Tuition Income and Fees</strong></td>
<td>19,874</td>
<td>19,874</td>
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<tr>
<td><strong>Gifts, Bequests, Endowment and Investment Income</strong></td>
<td>29,126 (1,588)</td>
<td>27,538</td>
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<td><strong>Other Income</strong></td>
<td>40,446</td>
<td>43,851*</td>
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<td><strong>Total</strong></td>
<td>$223,567</td>
<td>$221,365</td>
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* Restated FY08 total

### DHMC Philanthropic Contributions

**FY2009**

- Total Philanthropic Contributions (in dollars) *(July 1, 2008 – June 30, 2009)*: $31,710,300

- **Current Operations**
  - Unrestricted and Annual Funds: $2,982,241
  - Restricted Funds: $20,593,633
  - Total Current Operations: $23,575,874

- **Endowment**
  - Total Endowment: $6,780,270

- **Plant and Equipment**
  - Total Plant and Equipment: $1,354,156

* Restated FY08 total
# Operational & Patient Report

## Patients Discharged

<table>
<thead>
<tr>
<th></th>
<th>FY2009</th>
<th>FY2008</th>
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<tbody>
<tr>
<td><strong>Dartmouth-Hitchcock</strong></td>
<td></td>
<td></td>
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<tr>
<td>New Hampshire</td>
<td>13,158</td>
<td>12,288</td>
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<tr>
<td>Vermont</td>
<td>9,548</td>
<td>9,509</td>
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<tr>
<td>Other</td>
<td>1,106</td>
<td>1,144</td>
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<tr>
<td><strong>Total</strong></td>
<td>23,812</td>
<td>22,941</td>
</tr>
</tbody>
</table>

## Patient Days of Service

- **Average Daily Census** 321 308
- **Operations Performed** 19,136 18,064
- **Births** 1,135 1,187
- **Emergency Department Visits** 31,379 31,871
- **Volunteer Hours** 56,003 54,325

*Includes patients admitted for observation and intensive care nursery bassinet patients

## Patient Days of Service

<table>
<thead>
<tr>
<th></th>
<th>FY2009</th>
<th>FY2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D-H Outpatient Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Northern Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lebanon</td>
<td>508,622</td>
<td>474,001</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>508,622</td>
<td>474,001</td>
</tr>
<tr>
<td><strong>Community Practices</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concord Offices</td>
<td>180,955</td>
<td>181,040</td>
</tr>
<tr>
<td>Manchester Offices</td>
<td>384,493</td>
<td>372,037</td>
</tr>
<tr>
<td>Nashua Offices</td>
<td>216,864</td>
<td>211,504</td>
</tr>
<tr>
<td>Keene Offices</td>
<td>349,165</td>
<td>336,222</td>
</tr>
<tr>
<td>Other</td>
<td>102,480</td>
<td>104,580</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>1,233,957</td>
<td>1,205,383</td>
</tr>
<tr>
<td><strong>D-H Total</strong></td>
<td>1,742,579</td>
<td>1,679,384</td>
</tr>
</tbody>
</table>

## Employees (Full-time equivalents)

<table>
<thead>
<tr>
<th></th>
<th>FY2009</th>
<th>FY2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dartmouth-Hitchcock</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dartmouth Medical School</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Veterans Affairs Medical Center</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education Programs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Students</strong></td>
<td>317</td>
<td>316</td>
</tr>
<tr>
<td><strong>Residents and Clinical Fellows</strong></td>
<td>376</td>
<td>366</td>
</tr>
<tr>
<td><strong>Graduate Students</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Medical Sciences</td>
<td>214</td>
<td>211</td>
</tr>
<tr>
<td>Other</td>
<td>102</td>
<td>113</td>
</tr>
<tr>
<td><strong>Postdoctoral Research Fellows</strong></td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,028</td>
<td>1,033</td>
</tr>
</tbody>
</table>

*Restated FY08 total

## Dartmouth Medical School

<table>
<thead>
<tr>
<th></th>
<th>FY2009</th>
<th>FY2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Office Visits-Psychiatry</td>
<td>36,063</td>
<td>36,209</td>
</tr>
</tbody>
</table>

## Veterans Affairs Hospital

<table>
<thead>
<tr>
<th></th>
<th>FY2009</th>
<th>FY2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients Discharged</strong></td>
<td>2,377</td>
<td>2,411</td>
</tr>
<tr>
<td><strong>Patient Days of Service</strong></td>
<td>14,181</td>
<td>11,608</td>
</tr>
<tr>
<td><strong>Average Daily Census</strong></td>
<td>39</td>
<td>42</td>
</tr>
<tr>
<td><strong>Operations Performed</strong></td>
<td>2,443</td>
<td>2,035</td>
</tr>
<tr>
<td><strong>Outpatient Visits</strong></td>
<td>200,884</td>
<td>185,415</td>
</tr>
<tr>
<td><strong>Same Day Procedures</strong></td>
<td>4,771</td>
<td>4,458</td>
</tr>
<tr>
<td><strong>Home Health Visits</strong></td>
<td>5,173</td>
<td>5,258</td>
</tr>
<tr>
<td><strong>Volunteer Hours</strong></td>
<td>44,679</td>
<td>49,361</td>
</tr>
</tbody>
</table>

*Restated FY08 total
EX OFFICIO MEMBERS:

Carol L. Folt, PhD
Acting Provost, Dartmouth College
Hanover, NH

Nancy A. Formella, MSN, RN
President, Mary Hitchcock Memorial Hospital
Lebanon, NH

William R. Green, PhD
Dean, Dartmouth Medical School
Hanover, NH

Steven Kadish, MCP
Senior Vice President, Dartmouth College
Hanover, NH

C. Everett Koop, MD
Senior Scholar, The C. Everett Koop Institute, Dartmouth College
Hanover, NH

P. Pearl O’Rourke, MD
Alumni Council Representative
Boston, MA

Robert M. Walton, MPA
Director, Veterans Affairs Medical Ctr.
White River Junction, VT

Jim Yong Kim, MD, PhD
President, Dartmouth College
Hanover, NH

Martin N. Wybourne, PhD
Vice Provost for Research, Dartmouth College, Hanover, NH

James N. Weinstein, DO, MS
President, Dartmouth-Hitchcock Clinic
Lebanon, NH