SHAPING CHANGE

2002 ANNUAL REPORT

Dartmouth-Hitchcock Medical Center
2002 HIGHLIGHTS

DHMC named one of the nation’s Top 100 Hospitals by Solucient and Modern Healthcare magazine

Norris Cotton Cancer Center ranked one of the top 40 in the nation by U.S. News & World Report®

Norris Cotton Cancer Center chosen as a national model by the National Cancer Institute (NCI) for how to ensure integrity and safety in conducting clinical trials

Children’s Hospital at Dartmouth (CHaD) named one of the nation’s top 40 children’s hospitals by Child magazine

Dartmouth Medical School ranked one of the top 35 medical schools in the nation by U.S. News & World Report®

DHMC named one of the top 10 places to work by BusinessNH magazine

Four Dartmouth-Hitchcock Medical Center doctors named the “Best in Women’s Care” and another three the “Best Family Doctors” in the nation by Ladies’ Home Journal magazine
We are privileged to guide an institution that is at the heart of a rapidly growing and evolving world of science, medicine, and health care. As one of the nation’s leading academic medical centers, Dartmouth-Hitchcock Medical Center (DHMC) is helping to shape the future in these important areas, making contributions every day that give new direction to research, new clarity to patient care, and new hope for discoveries that will benefit us all.

In 2002, we continued to build the extraordinary team that is the essence of the Medical Center with major recruitment resulting in successful appointments. Talented educators, distinguished scientists and researchers, and dedicated health professionals increasingly recognize DHMC as a truly collaborative, innovative environment where important work is done across the disciplines and contributions from all levels are valued and encouraged.

The 2002 results are exciting. We saw a 38 percent increase in funded research at DHMC. Clinical trials are being conducted in growing numbers, many probing the reaches of the latest research in prevention, immunotherapy, and gene and cell therapy. Equally important research outside the laboratory is providing insight into regional and national health care trends that in turn is influencing the national debate over the future of health care.

As leaders, our responsibility is to continue to provide the environment where our commitments to our patients, to our physicians, scientists, and staff, and to our health care mission can be met, and growth and positive change can flourish. In 2002, we focused heavily on our physical environment, breaking ground on an expansion project that will dramatically increase space for research and patient care.

These are indeed exciting times. We work among some of the most talented and dedicated professionals in the world. We carry the trust of thousands of patients who place their hope and often their futures in our hands. We are thankful, humbled, and energized by the charge and the responsibility.

We ask you to join with us in reviewing some of the accomplishments of this past year, and to share in the pride that all of those who are part of this institution should feel.
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In 23 years as a DHMC leader, I have been continually impressed by the high level of teamwork and respect exhibited by our physicians, nurses, staff and volunteers, both in their interactions with each other and with our patients. Our desire and commitment to do our best is evident in every aspect of our operations, from direct patient care, to educating the next generation of medical professionals, to the research findings that are delivered through clinical trials.

The strength of our staff, the stability of our management team, the integration of our physician practice with the hospital operations, our relationship with our community practices and with community hospitals through the Dartmouth-Hitchcock Alliance, and our overall reputation for providing quality patient care provide a strong foundation for success, even in these challenging financial times.

This is not my opinion alone. The overwhelmingly positive results of a centerwide physician and staff satisfaction survey this past year caused the independent company that conducted the survey to call us a “diamond in the woods.” A statewide magazine added their recognition, ranking us one of the top 10 companies to work for in New Hampshire.

This year ushered in even more challenging times for health care. We are faced with an aging patient population that creates increased demand for more sophisticated and advanced procedures. At the same time, we must deal with unprecedented financial pressures driven by increasing costs for medications, a very competitive hiring environment, and cutbacks in state and federal Medicare and Medicaid reimbursements. To succeed in this environment will require us to remain true to fiscally prudent and responsible management practices, while looking for new and creative approaches to meeting our commitments to the highest-quality patient care, research, and technical excellence.

We enter this challenging period in the company of the very best people overall and the finest team of health care professionals of any medical center in the country. Working together, as we have always done, we will meet these challenges and continue to shape positive change for our patients, their families, and our communities—in this region and beyond.
PROJECT FOR PROGRESS

Project for Progress—the exciting transformation and expansion of Dartmouth-Hitchcock Medical Center—is underway. This is a $210 million project that increases the physical space of the Medical Center by 40 percent.

When the expansion is complete, the Medical Center will be poised to treat the expected 30 percent growth in patient visits.

Project for Progress—key facts:
- Cost—$210 million
- New construction—467,000 sq. feet
- Renovation—281,000 sq. feet
- New parking—540 covered; 950 surface parking spaces

Progressive Preservation
A project of this magnitude has the potential to disrupt the environment, but DHMC has taken great care to minimize the impact. While building the new employee parking lot, preserving wetlands was a vital concern. Thanks to a unique parking lot design, most of the wetland area remained. At the same time, DHMC built a new wetland area that made use of natural water on the property. Unpaved areas were planted with native plants, grasses, and trees. A raised walkway was designed and built to work in harmony with the natural landscape. In fact, DHMC has gone well beyond regulatory requirements in preventing soil erosion, maintaining natural water flow, and preserving wildlife habitats for future generations.

As with the construction of the existing Medical Center facility, “green building” practices are being employed throughout the project, reinforcing our commitment to the health of our environment and our region, as well as to the health of our individual patients and staff.

Milestones
- January 14, 2002: Approval from the City of Lebanon
- February 25, 2002: Steel goes up for the vertical expansion of Norris Cotton Cancer Center’s Rubin Building
- June 19, 2002: Excavation for the new 540-car patient parking garage begins
- July 29, 2002: Excavation for the new five-story doctors’ office building begins
- August 1, 2002: Preparation for and construction of the new hangar and helipad begins
- September 24, 2002: Excavation and shoring for the new East Mall begins
Imagination. Discovery. Innovation. Hope. In 2002, the extraordinary combination of dynamics in the art and science of medicine that has made Dartmouth-Hitchcock Medical Center one of the finest academic medical centers in the nation continued to evolve in new and exciting ways.

Consisting of a world-class teaching hospital, a pre-eminent medical school, a nationally recognized cancer center and a renowned children’s hospital, DHMC is a place where knowledge, vision, science, technical excellence, and compassion connect. It’s here that physicians, researchers, health professionals, scientists, and scholars have laid a foundation of collaboration that is shaping a new era of medicine.

DHMC is developing new national healthcare policies, pioneering new methods in the care and treatment of patients, and setting new standards for measuring health quality nationwide, all while training the next generation of medical minds to explore a future of infinite possibilities. In an ever-evolving world, DHMC is frequently at the forefront, ushering in changes in all these arenas to improve lives, advance discovery, and bring new understanding to some of the most important issues we face.
From their earliest beginnings, Dartmouth Medical School, the Dartmouth-Hitchcock Clinic, and Mary Hitchcock Memorial Hospital have fostered a model of collaboration that today makes DHMC unique among academic medical centers.

Visionary for their time, the founders of these institutions built a system that allows researchers, physicians, nurses, and scholars to collaborate across their institutions to understand how a disease originates, how it can be prevented, how to improve treatments, and how to stop the disease altogether.

A new generation has taken that spirit of collaboration one step further, sharing traditionally proprietary clinical information with other institutions—all with the goal of improving results for patients, regardless of where they’re treated.

DHMC cardiac surgeons, led by Dr. Stephen Plume, worked with their colleagues at other New England hospitals to build trust and break down barriers that led to the first-ever sharing of outcomes data on coronary artery bypass graft surgery. This way of working together—to carefully examine the details of surgical outcomes to develop better systems—was completely uncharted territory. As a result of this voluntary collaboration, surgeons were able to adopt best practices that have resulted in major improvements for patients.
New England now has the lowest mortality rates for heart surgery in the nation. And the process—once thought revolutionary—is now a national model for improving care.

**Leading the Way in Vascular Biology, Gene Therapy and Revolutionary Treatments**

Under the guidance of Dr. Michael Simons, DHMC is shaping the future of cardiac care. Utilizing the latest in genome discoveries and medical engineering, Dr. Simons leads a team in translating promising developments in therapeutic angiogenesis (growth of blood vessels), cardiovascular imaging research, and stem cell research into standard everyday treatments.

In a clinical trial, cardiac researchers are stimulating new blood vessel growth in the hearts of patients with advanced heart disease. By replacing diseased blood vessels with new ones, researchers will attempt to create a “natural” coronary artery bypass to preserve blood flow and oxygen to the heart.

DHMC researchers will also participate in two clinical trials that will test growth factor therapy in patients with coronary artery and peripheral vascular disease. The result may be a remarkable alternative to conventional bypass surgery and angioplasty.

**Avery Gift**

In tribute to Dr. Plume’s patient care and national leadership in cardiothoracic surgery, the Avery family of Fairlee, Vermont, has pledged $1 million to endow The Louise R. and Borden E. Avery Clinical Chair. In a surprise gesture at Dr. Plume’s retirement party in 2002, the Avery family announced the gift which benefits the Section of Cardiothoracic Surgery by providing research and clinical support. Dr. William Nugent has been named as the first holder of the chair.
DHMC’s Children’s Hospital at Dartmouth (CHaD), New Hampshire’s only children’s hospital, is nationally known for its innovation, excellence, and compassion in care for our youngest patients. And in 2002, that reputation became that much stronger.

Under the leadership of Drs. John Modlin and Richard Dow, more than 30 areas of pediatric medicine are working together to bring the latest advances from the laboratory to the bedside of the youngest patients.

Innovation is no stranger to these experts. Dr. Modlin, for example, has made major contributions to the country by chairing national deliberations over the nation’s smallpox immunization plan, and his work at Johns Hopkins in the mid-1990s on polio vaccines led to a significant change in public policy.

Shaping Miracles: How “The Culture of Discovery” Led to a Cure for a Baffling Disease

When Good Morning America called looking for a fascinating medical story, CHaD had a perfect one: two siblings freed from their wheelchairs almost overnight through the work of a dedicated physician/scientist and his pediatric neurology team.

When Harrison and Gracie Colegrove came to CHaD’s Neurometabolic Program, they were prisoners of a mysterious disease that had confined them to wheelchairs since early childhood. The best that doctors had been able to tell parents Mark and Ellen Colegrove was that the children appeared to have some form of cerebral palsy.

Examining the children, Dr. James Filiano and his colleagues had a different suspicion. A little-known test confirmed their thinking. The children did not have cerebral palsy, but a rare disease called Dopa-Responsive Dystonia (DRD). The CHaD team treated the Colegrove children with drugs to restore their bodies’ chemical imbalance. Within mere weeks, they were out of their wheelchairs. Two years later, they are active, healthy children, running and playing, and even winning judo and gymnastics prizes.

This case is an excellent example of how research, medicine, and patient care
blend at DHMC to form what Dr. Filiano hails as a unique “culture of discovery.” The GMA story led to over 400 referrals to CHaD. To date, the team has diagnosed and treated another five children, freeing them as well from a lifetime in wheelchairs.

A Model for Pain-Free Procedures
It’s one of the first of its kind: CHaD’s Ronald McDonald Comfort Corner. The brainchild of Dr. Joseph Cravero, CHaD’s PainFree Program, which operates in the Comfort Corner, has created a pain-free, less stressful, less fearful environment for young patients through a unique blend of family counseling and participation, innovative sedation methods, and individualized treatment plans. The program has been so successful that hospitals across the nation are calling on Dr. Cravero to help them implement similar programs.

Research on Childhood Health Issues
Movies are encouraging young adults to smoke. That’s the result found by Dr. James D. Sargent’s groundbreaking research into the effect that PG-13- and R-rated movies have on children. Funded by a $3.6 million grant from the National Cancer Institute, Dr. Sargent found the more exposure nonsmoking adolescents had to these movies, the greater the likelihood to develop the habit of smoking. Dr. Sargent is now researching new ways to discourage children from smoking.
Unlocking the mysteries of cancer means pushing the boundaries of science. As Director of Norris Cotton Cancer Center, Dr. Mark Israel is leading the next generation of cancer research and treatment.

One of only 39 Comprehensive Cancer Centers designated by the National Cancer Institute (NCI), and ranked among the top 40 cancer centers in the nation by U.S. News & World Report®, Norris Cotton Cancer Center is at the forefront of cancer research and patient care. In 2002, more than 250 research projects and 180 clinical trials were underway at the Cancer Center.

Dr. Israel, an internationally recognized physician and researcher, imparts new vision and leadership to a team of more than 150 accomplished cancer specialists and research scientists working to translate the latest discoveries into today’s best treatments and tomorrow’s possible cure.

Clinical Trials: Tomorrow’s Treatments Today
Advancing cancer care through basic research and clinical trials is an important part of the Cancer Center’s work. Nearly 16 percent of patients new to the Cancer Center enroll in a therapeutic clinical trial—more than three times the national average. And, each year the number of clinical trials grows. From 1998 to 2002, trials that originated from Cancer Center investigators increased 64 percent.
The Cancer Center has also been recognized by the NCI as a model for ensuring the integrity and safety of its clinical trials. In 2002, the NCI published the Cancer Center’s safety and monitoring procedures on its web site as an example for other cancer centers across the country.

**Leading the Nation in Cancer Prevention**

DHMC is home to Dr. Michael B. Sporn, a strong force in the field of cancer prevention. He is a pioneer of chemoprevention—the idea of using drugs, vitamins, or other agents to prevent or delay the development of cancer. Dr. Sporn’s ideas fuel not only work at the Cancer Center but research worldwide.

In 2002, Dr. Sporn was selected by the American Association for Cancer Research and the Cancer Research Foundation of America to receive the inaugural award for Excellence in Cancer Prevention Research. His fundamental research studies and collaborations are the foundation of many strategies for reducing the incidence of cancer worldwide.

Supported by a $7 million grant from the NCI, a multidisciplinary team at the Cancer Center is developing and testing four different breast imaging techniques in order to find better, more precise, and more comfortable ways to examine breast tissue. The team is composed of researchers from the Thayer School of Engineering, Dartmouth Medical School, and the Medical Center’s Radiology Department.

Dr. Kenneth R. Meehan, Director of the Bone Marrow Transplant Program, is conducting innovative clinical trials focused on the use of immunotherapy following stem cell transplantation to reduce complications and improve outcomes. Under Dr. Meehan’s direction, annual transplants at the Cancer Center have increased threefold.
Dartmouth-Hitchcock Medical Center is a leader in clinical outcomes research and national healthcare policy. At the heart of this initiative is Dr. John Wennberg, founder of the Center for the Evaluative Clinical Sciences (CECS). Named this past year as one of the “100 Most Powerful People in Healthcare” by Modern Healthcare magazine, Dr. Wennberg is the driving force behind a national project to improve the quality of care for Medicare patients while reducing expenditures.

CECS investigators suggest that huge savings for Medicare—up to $40 billion—could be possible if the patterns of practice in more “medically conservative” regions were adopted in areas where spending is currently higher than the national average. In a separate study, CECS researcher Dr. Elliott Fisher has demonstrated that spending more does not necessarily improve success rates for patients with heart disease or end-stage colon cancer.

Another leader is Dr. Paul Batalden, whose landmark efforts in developing innovative, safe, high-quality systems of care were recognized this past year with the second annual Alfred I. duPont Award for Excellence in Children’s Health Care. Dr. Batalden was also instrumental in founding the Dartmouth-Hitchcock Leadership Preventive Medicine Residency—the first program of its kind in the nation. The residency trains physicians in leading quality improvement efforts.
CHaD doctors Leslie Fall and Norman Berman are leading a team in developing a first-ever interactive teaching tool for medical students. It's called the Computer-Assisted Learning in Pediatrics Project. Students will be able to examine and diagnose 30 “virtual” patients with a broad range of diseases.

CHaD psychologist Dr. John L. Morse received the 2002 Thomas Carroll Award for recognition of exemplary performance as a leader who has made a significant impact on the lives of people who are blind or visually impaired.
Today, medical research is experiencing a renaissance. There is a convergence of advanced technology, innovative thinking, and data analysis never before available.

At DHMC, a unique environment exists where research benefits patients more directly than ever before. Doctors see firsthand what needs to change, and they work with researchers to test and develop better medicine, less invasive procedures, and higher-quality care.

Here are a few of the many advances taking place at DHMC.

Dr. John A. Baron led the first-ever clinical trial to test the effects of aspirin in preventing colon cancer. The trial compared two different doses of aspirin for their ability to prevent the recurrence of polyps—benign tumors that may progress to cancer. The findings, which were internationally publicized, determined that a low dose of aspirin each day (81 mg) reduced patients’ risk of recurrent polyps by 19 percent.

Our researchers are exploring the role sex hormones play in combating infections and autoimmune diseases. In this five-year project, funded by a $7.2 million grant from the National Institute
of Allergy and Infectious Diseases, Dr. Charles Wira heads an array of studies focused on the first line of defense when bacteria or viruses invade the body.

Researchers at the Cancer Center, led by Dr. Ethan Dmitrovsky, have identified a gene that triggers the death of leukemia cells. This remarkable new “genetic switch” is activated by a Vitamin A derivative used in cancer therapy and prevention. It’s a discovery that may pave the way for developing new cancer-killing drugs.

Dr. Jay Dunlap, Dr. Jennifer Loros, and graduate student Allan Froehlich have discovered a new class of proteins that “see” light and help drive the human biological clock. Their identification may lead to the development of new disease-fighting agents.

Dr. James DiRenzo is an inaugural winner of a General Motors Cancer Research Scholars Award for 2002-2003. This prestigious honor promotes innovation in cancer research. Dr. DiRenzo studies how specific genes affect the growth of breast cancer cells, which may someday lead to more effective treatments for breast cancer.

A new UCLA/Dartmouth study showed that a “team care approach” more than doubles the effectiveness of treating depression in older adults. Under a new care model developed by DMS investigators, patients reported less depression, less impairment in daily functioning, and improvements in quality of life.

Dr. Charles Barlowe and graduate student William J. Belden have discovered a key receptor for sorting which proteins stay and which leave a cell in order to perform vital functions throughout the body. The results help resolve a major piece of the cell traffic puzzle and pave the way for further understanding of how hormones, such as insulin, and other important factors are conveyed through cells for secretion into the blood stream.

The Norris Cotton Cancer Center is a primary site for the National Lung Screening Trial, designed to determine if screening people with either spiral CT or chest X-ray, prior to evidence of symptoms, can actually reduce deaths from lung cancer. Dr. William C. Black is one of five co-chairs in the national study and helped develop the protocols for the trial.

It has become accepted wisdom: “Drink at least eight glasses of water a day!” Not necessarily, says DHMC researcher Dr. Heinz Valtin. The universal advice that has made guzzling water a national pastime is more urban myth than medical dogma and appears to lack scientific proof.

While melanoma is the most aggressive form of skin cancer, other types are more common and on the rise. Cancer Center researcher Dr. Margaret Karagas, who first reported on the increasing rates of these common skin cancers, has now linked them to the use of tanning lamps. Younger users may be at greatest risk.

Widely reported research by Cancer Center researcher Dr. Tim Ahles shows that standard chemotherapy can have long-term, perhaps indefinite, impact on the cognitive abilities of cancer survivors. Dr. Ahles continues to study this effect—often referred to as “chemobrain”—in order to better support cancer patients in making informed treatment decisions and to potentially improve quality of life for cancer survivors.
Helping to shape a new world of health care rests not only in the hands of physicians, researchers, and scholars, but in the hearts of all those who share and support the very spirit that enables change.

DHMC thanks the thousands of individuals, corporations, foundations, and organizations that offer their inspiration and financial support through philanthropy. In fiscal year 2002, more than $17 million in donations helped DHMC enhance patient care, educate the next generation of doctors and scientists, and create important new knowledge through clinical and basic science research.
Dartmouth Medical School received nearly $3 million from the estate of William B. Ruger, founder of Sturm, Ruger & Company and a longtime supporter of the Medical School. The bequest will be used to enhance the school’s excellence in several priority areas, including biomedical research and medical education.
Dr. Mark Israel, Director of the Cancer Center, was awarded two, three-year grants from the Theodora B. Betz Foundation totaling over $2 million in support of his research on brain tumors. Dr. Israel's research focuses on a form of brain cancer that is showing increasing incidence among both adults and children.
Mr. Gregory Rubin Reynolds established a $1 million charitable gift annuity for the advancement of clinical teaching at DHMC and Dartmouth Medical School. A plaque commemorating his generosity, and naming the west parking lot in his honor, was installed near the main entrance of the Medical Center.

The Joseph C. Nugent Family Charitable Trust.
Mr. and Mrs. David C. Nutt
Mr. and Mrs. William A. Oates
Dr. and Mrs. Daniel L. Ogg
Orthoheast, Inc.
Ortho-McNeil Pharmaceutical
Orthopaedic Research and Education Foundation
Mr. and Mrs. George F. Owens, Jr.
Richard M. Page
Dr. and Mrs. Robert G. Page
PaineWebber
Pasadena Foundation
Dr. Alice Passer
Dr. and Mrs. Norman C. Payson
Virginia W. Peart
Dr. Vincent D. Pelligrini
Peninsula Community Foundation
The Penn Traffic Company
Dr. Arminde Perez and Richard C. Andrews
Margery B. Perlo
Pfizer, Inc.
Pharmacia & Upjohn
Pharmedica Communications LLC
Dr. Marvin S. Platt
Mr. and Mrs. Joseph L. Pollio, Jr.
Pollio Family Foundation, Inc.
Dr. and Mrs. Robert E. Porter
Prous Science, S.A.
Mr. and Mrs. Arnold L. Putterman
Jacqueline R. Quayle
Quechee Lakes Landowners Assoc. Charities, Inc.
Prof. and Mrs. J. Brian Quinn
K. Philip Rahbany
Mr. and Mrs. Richard J. Ramsden
Hannah S. Randolph
Thomas D. Rath
Mr. and Mrs. J. R. Reck
Red River Computer Company
Shirley M. Reid
Repair, Inc.
Gregory R. Reynolds and Tom Belville
Mr. and Mrs. Henry J. Riblet
Riblet Foundation Trust
Dr. and Mrs. John E. Richards
Peter M. Richards
Frances C. Richmond School
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Sylvia M. Roberts
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Dr. and Mrs. Richard W. Rooker
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Samuel Rosenblum Foundation
Mr. and Mrs. J. Jay Rosenfield
Dr. and Mrs. Frederic Rueckert
Estate of William B. Ruger, Sr.
Damon Runyon-Walter Winchell Foundation
Gordon W. Russell
Drs. Stephanie A. and Stephen R. Rusyle
Albert J. Ryan Foundation
Dolores K. Ryan
Dr. Kathleen S. Ryman
Sacchetta & Baldino
Paul A. Sack
The Salmon Foundation, Inc.
Dr. John H. Sanders, J.r.
Carolyn H. Sands
Sanofi-Synthelabo, Inc.
Eleanor Conant Saunders
Schering Sales Corporation
Mr. and Mrs. Edward M. Scheu, J.r.
Mr. and Mrs. Ronald B. Schram
Mr. and Mrs. Robert L. Schwartz
Dr. Berthold E. Schwarz
Scleroderma Foundation
Walter A. Scott
Estate of Francis W. Sears
Seaward Management Corporation
Serono, Inc.
Drs. Alan D. Sessler and Martha Ann Smith
J ohn M. Shapiro Charitable Trust
Dr. Richard K. Shaw
Dorothy I. Shick
Dr. Walton K.T. Shim
Drs. Christopher R. and Margaret A. Shuhart
The SIDS Alliance
Mr. and Mrs. William A. Silverman
Patricia S. Simonds
Mr. and Mrs. Charles J. Simons
Frank Smegal
Dr. and Mrs. Barry D. Smith
Dr. and Mrs. Frank Rees Smith
Mr. and Mrs. Austin L. Smithers
Mr. and Mrs. Stanley C. Smoyer
Solvay Pharmaceuticals
Dr. Harold Sox and Prof. Carol Sox
Dr. and Mrs. Peter K. Spiegel
Mr. and Mrs. Howard W. Spiess
Dr. and Mrs. Donald L. St. Germain
Biria St. J ohn
Orson L. St. J ohn, J.r.
St. Paul Fire and Marine Insurance Company
Harry R. Staley Trust
Estate of Phoebe Stebbins
Drs. Stephen Stein and Emily Fine
J effrey Steinkamp
Mr. and Mrs. E. William Stetson
Mr. and Mrs. Peter R. Stettenheim
The Stettenheim Foundation
Mr. and Mrs. Bayne A. Stevenson
Estate of Frederick F. Stockwell
Ruth D. Stoddard
Lee M. Storch
Karl Storz Endoscopy-America, Inc.
Dr. and Mrs. James C. Strickler
Sturm, Ruger, and Company, Inc.
Mr. and Mrs. F.M. Sundman
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Mr. and Mrs. Kurt M. Swenson
Robert L. Swiggett
J . T. Tai & Company Foundation
Gilbert R. Tanis
Dr. and Mrs. Radford C. Tanzer
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Carolyn C. Tenney
Dr. Lloyd B. Tepper
Mr. and Mrs. Stanley B. Terhune
Dorothy R. Thatcher
Mr. and Mrs. Stanley L. Thibodeau
Dr. Kenneth E. Thomas
Dr. Craig B. Thompson and Tullia Lindsten
Dr. and Mrs. William T. Thorwarth, J.r.
Drs. Robert L. and Shari L. Thurer
Dr. Robert Toffler
J ohn and Evelyn Trevor Charitable Foundation
Victoria Tyminski
Upper Valley Community Foundation
Mr. and Mrs. James D. Vail
Mr. (deceased) and Mrs. James D. Vail III
Peter L. Vaill
Samuel H. Vaill
Mr. and Mrs. Timothy Vaill
Vanguard Charitable Endowment Program

Sam and Annette Levine created a generous endowment to support the Levine Nursing Continuing Education Award. This special award enables DHMC to recognize excellence in nursing practice, providing registered nurses with funds to attend national clinical conferences and other advanced training opportunities.
CHARITABLE CONTRIBUTIONS

Total Charitable Dollars $17,327,337
Fiscal Year 2002
(July 1, 2001-June 30, 2002)

Current Operations

Unrestricted Funds $259,522
Annual Funds $901,154
Restricted Funds $13,859,365
Total Current Operations $15,020,041

Endowment

Restricted and Unrestricted Endowment $85,259
Student Aid Endowment $961,235
Research Endowment $126,321
Total Endowment $1,172,815

Plant and Equipment

Total Plant and Equipment $536,010

Life Income Gifts

Total Life Income Gifts $598,471
## OPERATIONAL & PATIENT STATISTICS
### DARTMOUTH-HITCHCOCK MEDICAL CENTER

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<th>Category</th>
<th>2002</th>
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<td><strong>Outpatient Visits</strong></td>
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<td>Lebanon</td>
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<td>Other Sites</td>
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<td>Southern NH Community Practices</td>
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<td>Nashua Offices</td>
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<td>Keene Offices</td>
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<td><strong>Patients Discharged</strong></td>
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<td>Inpatient</td>
<td>6,587</td>
<td>7,258</td>
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<tr>
<td>Outpatient</td>
<td>7,079</td>
<td>5,883</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13,766</td>
<td>13,141</td>
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<tr>
<td><strong>Births</strong></td>
<td>1,066</td>
<td>1,014</td>
</tr>
<tr>
<td><strong>Emergency Department Visits</strong></td>
<td>23,456</td>
<td>22,180</td>
</tr>
<tr>
<td><strong>Volunteer Hours</strong></td>
<td>45,000</td>
<td>42,649</td>
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<tr>
<td><strong>Veterans Affairs Medical Center</strong></td>
<td></td>
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</tr>
<tr>
<td>Patients Discharged</td>
<td>2,491</td>
<td>2,388</td>
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<tr>
<td>Patient Days of Service</td>
<td>16,252</td>
<td>15,756</td>
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<tr>
<td>Average Daily Census</td>
<td>45</td>
<td>43</td>
</tr>
<tr>
<td>Operations Performed</td>
<td>4,029</td>
<td>3,823</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>150,694</td>
<td>140,375</td>
</tr>
<tr>
<td>Same Day Procedures</td>
<td>6,338</td>
<td>5,759</td>
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<tr>
<td>Home Health Visits</td>
<td>2,799</td>
<td>6,515</td>
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<tr>
<td>Volunteer Hours</td>
<td>59,874</td>
<td>57,044</td>
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<tr>
<td><strong>Total</strong></td>
<td>7,155</td>
<td>6,808</td>
</tr>
<tr>
<td><strong>Employees (Full-time equivalents)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mary Hitchcock Memorial Hospital</td>
<td>3,077</td>
<td>2,877</td>
</tr>
<tr>
<td>Dartmouth Medical School</td>
<td>908</td>
<td>890</td>
</tr>
<tr>
<td>Dartmouth-Hitchcock Clinic</td>
<td>2,562</td>
<td>2,433</td>
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<td>Veterans Affairs Medical Center</td>
<td>608</td>
<td>608</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,155</td>
<td>6,808</td>
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<tr>
<td><strong>Education Programs</strong></td>
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<td></td>
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<tr>
<td>Medical Students</td>
<td>277</td>
<td>271</td>
</tr>
<tr>
<td>Residents and Clinical Fellows</td>
<td>316</td>
<td>298</td>
</tr>
<tr>
<td><strong>Graduate Students in</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Medical Sciences</td>
<td>127</td>
<td>129</td>
</tr>
<tr>
<td>Other</td>
<td>79</td>
<td>80</td>
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<tr>
<td>Postdoctoral Research Fellows</td>
<td>24</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>823</td>
<td>805</td>
</tr>
</tbody>
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FINANCIAL INFORMATION

Operating Expenditures (000s omitted)

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
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<tbody>
<tr>
<td>Dartmouth Medical School</td>
<td>$145,062</td>
<td>$124,964</td>
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<tr>
<td>Mary Hitchcock Memorial Hospital</td>
<td>385,210</td>
<td>332,765</td>
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<tr>
<td>Dartmouth-Hitchcock Clinic</td>
<td>283,632</td>
<td>272,884</td>
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<tr>
<td>Veterans Affairs Medical Center</td>
<td>81,220</td>
<td>73,302</td>
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<tr>
<td><strong>Total</strong></td>
<td>$895,124</td>
<td>$803,915</td>
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</tbody>
</table>

Revenue Sources (000s omitted)

- Payment for Patient Services from Third Parties and Patients
- Federal Budgets for Veterans Affairs Services
- Funded Research
- Tuition Income and Fees
- Gifts, Bequests, Endowment and Other Income

2002 Revenue Components:
- $657,497
- $12,010
- $68,931
- $78,007
- $88,839

2001 Revenue Components:
- $594,938
- $11,611
- $56,308
- $70,579
- $74,953
### Growing National Research Dollars

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>$71,269,000</td>
</tr>
<tr>
<td>Private Sector</td>
<td>$40,331,000</td>
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<tr>
<td>Corporations</td>
<td>$8,848,000</td>
</tr>
<tr>
<td>Private Foundations</td>
<td>$11,401,000</td>
</tr>
<tr>
<td>Other</td>
<td>$20,082,000</td>
</tr>
<tr>
<td>Defense</td>
<td>$468,000</td>
</tr>
<tr>
<td>Other</td>
<td>$2,069,000</td>
</tr>
</tbody>
</table>

**Total Research Awards for the past 10 years (000s omitted).**

**Sources of 2002 Research Contributions**

- **Federal** $71,269,000
- **Public Sector** $40,331,000
- **Other** $20,082,000
- **Corporations** $8,848,000
- **Private Foundations** $11,401,000
- **Defense** $468,000
- **Other** $2,069,000
- **Health and Human Services** $68,732,000
Community Health Improvement and Benefits is an important program at Dartmouth-Hitchcock. We work collaboratively to promote wellness, prevent illness, and remove barriers that hinder access to health care by working hand in hand with the communities we serve.

The office inventories the full array of community benefit activities across the system. In-kind contributions and donations were valued at almost $50 million this year. In addition, we provided more than $40 million to subsidize the cost of services to Medicaid and Medicare patients.

There are four pillars to this program’s work:

- Responding to the letter and spirit of the New Hampshire Community Health Benefits Law
- Identifying and coordinating a Target for Change
- Strengthening community partnerships and leaders
- Expanding community education about health

Substance abuse is our first Target for Change. We chose it because:

- Rates of substance abuse are high
- Heroin use among youth is quickly increasing
- Access to addiction treatment is extremely limited
- Evidence shows that prevention and treatment can be very effective
- Our community expects us to take the lead in preventing and treating addiction
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