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Dartmouth-Hitchcock:
Creating a Sustainable Health System, to Improve the Lives of the People and Communities We Serve for Generations to Come

One of the greatest benefits of life is the opportunity to help a fellow human being. We in health care are especially blessed as we have the honor of caring for others every day. Everyone who works within Dartmouth-Hitchcock, whether involved in direct patient care or in a supporting role such as mine, is here because they believe in our mission and the work we do.

Although health care is going through enormous change right now and the challenges can sometimes appear to cloud our successes, our fundamental commitment to delivering the very best, safest, most appropriate care to our patients and their families remains unshaken.

Today, we are creating a sustainable health system for our patients and communities. Our vision includes new models of care, better methods of delivery, collaborations across the region and nationally, and improved efficiency and effectiveness to produce the highest quality care at the lowest cost. In the process, we are becoming a model for the nation.

We’re proud of the work we do here and of our colleagues at every level who give 100 percent to doing that work. Most importantly, we are all proud and honored by the trust our patients have placed in us.

The best care, in the right place, at the right time, every time. On behalf of everyone who works at Dartmouth-Hitchcock, that’s our pledge.

Dr. James N. Weinstein
CEO and President
Dartmouth-Hitchcock is creating a sustainable health system;

one that is proactive—working to keep people healthy with innovative methods

and models of care that provide highest quality and best results, safely and at a fair cost.
Taking Care Of Children

Young patients receive personalized care at any of the CHaD locations throughout New Hampshire. Aubrey Anderson, age 5, left, enjoys her visit with Tessa Lafortune-Greenberg, MD, at the CHaD clinic located at D-H Concord.
We are building a network of care that will measurably improve the health and health care of the people we serve.
Creating A Sustainable Health System

“We are honored to be among the very best.”

~ Dr. Jim Weinstein

A sustainable health system

It is a system that “improves the lives of the people and communities we serve for generations to come,” in the words of Dartmouth-Hitchcock CEO and President Dr. James N. Weinstein.

That is the goal of all who work across the Dartmouth-Hitchcock (D-H) system. Our approximately 9,000 employees—physicians, care providers, staff—are working to create a system of health (not just health care) for the people of our region. In the process, we are leading a transformation in the way care is delivered and expanding our activities beyond the traditional patient-doctor relationship.

Among the best

Our commitment to improve the quality and efficiency of the care we provide never falters. We will not rest on laurels, but we are proud that our work received accolades nationally through a University Hospital Consortium study of academic medical centers that ranked us number one in efficiency and among the top performers in effectiveness of care and patient-centered care. In a different ranking, the Institute of Medicine at the National Academies of Sciences found that we have the lowest utilization of imaging services, which is a distinction we are particularly proud of since overuse of imaging is a major driver of health care costs in the U.S. Dartmouth-Hitchcock also was selected number one among academic medical centers for its top performance on potentially avoidable admissions, length of stay, cost per case and 30-day readmission rates by $g2, an analytics-based health care research group.

With this solid foundation, we believe that working together as a team with our colleagues regionally and nationally, and with the people we serve, we can improve the health of our population by providing the highest quality, accessible and appropriate care, at a lower cost.
From life-saving surgeries to elective procedures, surgical teams advance innovation throughout the D-H system. Ivan Tomek, MD, left, leads a team in anterior hip replacement surgery.
We are leading the revolution, moving from a system that is currently built on gaining market share and producing often unnecessary care to one where value and one individual’s health are the most important objectives.

Dartmouth-Hitchcock has been building this new direction for some time. From shared decision-making and informed patient choice to new models of care and innovative collaborations, Dartmouth-Hitchcock is changing the dialogue between patient and caregiver. We are shifting the emphasis of our profession from treating illness to ensuring health.

Today, Dartmouth-Hitchcock reaches communities throughout New Hampshire and Vermont. Increasingly, we are partnering with other providers to make sure that care is available for patients in their own communities where it is most convenient for them. D-H physicians are at work not just in our own facilities, but in hospitals all across the region. At the same time, we are talking to hospitals across New England to prepare for a future of tightened resources that will likely see many changes in the network of institutions that exists today.

Growing collaborations
Nationally, we are working with more than 18 health systems in the High Value Healthcare Collaborative (HVHC). Founded by D-H along with Mayo Clinic, Intermountain Healthcare, Denver Health, and The Dartmouth Institute for Health Policy and Clinical Practice in 2010, the HVHC seeks to improve quality for patients while reducing costs for the nation. Its growing membership includes prominent health systems across the U.S., touching more than 70 million patients in all 50 states.
We are committed to delivering **high-value** health care with the best quality at a fair cost.

**EDUCATION & ADVOCACY**

As a designated refugee resettlement city, Manchester’s refugee population has increased significantly. Cultural barriers often impede education. Roshani Patel, MD, right, strives to educate this vulnerable population about breast cancer issues.
Finding solutions

The HVHC is already achieving its promise. Its first study of total knee replacement has resulted in changes across its member systems that are reducing hospital stays and improving outcomes for patients. Key to the work is the sharing of data to arrive at best practices. HVHC is now looking at such conditions as diabetes and congestive heart failure, with the same objective—to arrive at the very best care. Ultimately, all its findings will be available to hospitals and health systems throughout the country and around the world.

All of this work has one central focus: the patient. Patients and their families deserve the very best care, individualized to their wants and needs, and delivered in locations and in ways that are most efficient, effective, safe and convenient for them.

There are many challenges, but we believe there also is great opportunity. As a team of exceptional physicians and staff, with the partnership of the Geisel School of Medicine, Dartmouth-Hitchcock is meeting the challenges and working with dedication and innovation to achieve our goals as we create the future that will be best for patients and their families.
We are **grounded in tradition** and **focused on the future**, building on a history of innovation, collaboration and constant improvement.
We are financially strong, **honoring our responsibility** to our patients, employees, and communities, now and in the future.
D-H is committed to the future health care of the communities we serve. Pictured is a class from the DHMC Daycare Center, enjoying a day of exploration.
What is a sustainable health system?

It's a system that uses **new models of care** delivery to make care more accessible, less costly, and more effective.

It's a system that improves the **health of our population** overall—not just the health of the patients who walk through the doors of our facilities.

It's a system that delivers care in the place and at the point of time or illness progression to have the **most impact** on the continued health of the patient.

It's a system that works **within our communities**, as part of the fabric that holds us together.
It’s a system in which patients can say that this is the **best experience** they’ve ever had in a health care system, and that they’re thankful we are here.

It’s a system with a workforce **working in new ways** using the fullest potential of our talented and committed people.

It’s a system that treats patients and families as **partners in care**, knowing that patients who are fully informed often make choices they are happier with than if they had left the decision up to their physician.

It’s a system that values **integration** and a network of care, and partners locally, regionally, and nationally to improve health and health care.

It’s a system that drives change and improvement, rather than just letting change happen to it.

It’s a system that is **transparent**, sharing our processes and our results with each other, with our patients and their families, and with other providers, to hold ourselves accountable and ultimately to make us all better.

It’s a system that is **financially responsible**, investing prudently in people, infrastructure, innovation, education, and research that will truly serve patients.

It’s a system that is **financially responsible**, investing prudently in people, infrastructure, innovation, education, and research that will truly serve patients.

It’s a system that measures its results, so that we know how we are doing, how our patients are doing, and that what we are doing is effective, necessary, and of value.
On the eve of undergoing a partial mastectomy of her right breast late in the winter of 2011, Linda Burroughs received a phone call from her radiologist at Dartmouth-Hitchcock, Steven Poplack, MD. “He’d been thinking about me and had re-examined the mammogram of my left breast, and he asked if I would be willing to join a study and have tomosynthesis—the very latest in breast-imaging technology,” Burroughs recalls.

“He told me, ‘We have this new machine. It’s 3-D.’ I’d been having mammograms all my life, and I didn’t know they were 2-D. But I said, ‘Sign me up: I’m there.’”

As the 47th subject among 50 of a clinical trial comparing tomosynthesis to MRI, Burroughs was joining the study relatively late ... and just in time. The Digital Breast tomosynthesis (DBT) imaging detected an abnormality in the left breast, and after a biopsy confirmed the presence of more cancer, D-H surgeon Kari Rosenkranz, MD,
performed partial mastectomies on both. Four days later, Burroughs was joining friends on a long-planned trip to Washington, DC. Following precautionary radiation treatments, she is now enjoying time with her husband and a future that, for now, appears cancer-free.

“It’s been an astonishing experience,” Burroughs said. “This shows what it means to diagnose a person, to be able to learn so much more and be able to give you the right answers.” Poplack is quick to point out after nearly a decade of research into the technology, that more investigation is needed to learn how it will help and how it will best serve. For example, while in Burroughs’ case DBT detected a breast cancer that was not seen on the standard mammogram, it helped spare other subjects of the study the anxiety of receiving false positive diagnoses.

Poplack’s team has been collaborating with researchers from the Norris Cotton Cancer Center and the Thayer School of Engineering since 1999 to develop new breast imaging technologies to both detect breast cancer and limit false alarms. Dartmouth-Hitchcock was among the first institutions in the United States to do research on the tomosynthesis technology, Poplack says, and was one of five institutions that contributed data that led to its approval from the federal Food and Drug Administration.

Nearing the end of the current clinical trial, D-H researchers are analyzing data they gathered from Burroughs and the 49 other patients, comparing tomosynthesis with Contrast Enhanced Magnetic Resonance Imaging (CEMRI) in the setting of a new breast cancer diagnosis.

“Another year [without detection of cancer in her left breast] could have been too late for me,” says Burroughs. “It’s about the technology, but it’s about the people too.”

~ Linda Burroughs

While the researchers continue to fine-tune the technology and strive to better understand its benefits, patients like Linda Burroughs are helping to spread the word about the promise of tomosynthesis, especially for women with dense breast tissue, as well as the care that women can expect from clinicians and researchers at D-H.
Dartmouth-Hitchcock Advanced Response Team (DHART) crews provide both ground and air medical transportation services to the medical communities of Northern New England.
We are integrating across our region, collaborating to deliver health care with excellence and efficiency where and when patients need us.
Living Beyond Limitations

What leaps out first about Jovante Rodriguez is his bright gaze. He has large, dark eyes and a peaceful smile, reflecting the spirit that refuses to dim beneath the tubes, the bandages, the wires, the tape, the needles, the scars.

Jovante, was born premature with a constellation of serious issues including brain damage, seizures and asthma. He cannot walk, talk or eat. Until recently, he needed an ileostomy bag (allowing waste to leave the body through a tube) due to complications from bowel operations.

His foster mother, Becky Orton, brought him to Children’s Hospital at Dartmouth (CHaD) when he had trouble breathing and was in danger of developing pneumonia. Many specialists at CHaD were involved in Jovante’s care. Overseeing that care is Shawn Ralston, MD, Dartmouth-Hitchcock’s director of Hospital Medicine.

Orton remembers the team of hospitalists and other care providers who took care of her son through the weeks he was at CHaD. “All of them became quite involved,” she says. “They all got to know him quite quickly. A lot of it was problem solving.”
When Jovante's breathing had stabilized, surgeons repaired Jovante's lower intestine and removed the ileostomy bag—but he continued to have problems with blood pressure, heart rate, feeding and other issues. He ended up staying at CHaD for nearly a month.

Orton easily rattles off the list of specialists who were at his side, including physicians from Pulmonology, Nephrology, Neurology, Gastroenterology, Surgery, Cardiology and Urology. Ralston helped ensure that Orton was up to date on everything that developed and involved in every decision, and made sure that Jovante's many other caregivers were aware of her wishes. Part of that relationship included engaging Orton in family-centered rounds, the deliberate practice of inviting patients and families to be part of regular rounds with students, residents and nurses. It’s standard practice at CHaD. “These rounds allow families to watch the team work, and to see the thought and deliberation that go into taking care of their child every day,” says Ralston.

Part of Ralston’s job is to help families understand that medicine still involves a great deal of uncertainty. “Our society sees medicine as having answers,” Ralston says. “If we do enough tests, or the right tests, we’ll be able to diagnose the problem. However, those of us who work in the hospital know that clinical uncertainty is incredibly common. Our job as doctors sometimes consists solely in helping the patient and family understand this, especially in pediatrics.”

Jovante is now back home with his family and doing well. “He requires 24/7 care because he can’t do anything for himself,” Orton says. “But his spirit is huge, and he melts my heart with his big smiles and bright eyes. I love this boy with all my heart and can’t wait until he’s legally, officially ours.”

“Getting to know Jovante and his mother was, for me, one of those things that make me love my job,” Ralston says. “Becky is an amazing caregiver, and he is a really bright spark, despite living in a body with a lot of limitations. And, while I hope to see him again outside of the hospital, I really hope he doesn’t have to be my patient again anytime soon.”
We are **constantly learning**, embracing our status and responsibility as an academic medical center to advance research and education that improves the health of our population.
SHAPING MEDICAL MINDS

Teaching future clinicians is woven into the daily fabric of patient care. John Modlin, MD, center, is one of many D-H faculty dedicated to medical education. Pictured with trainees Claude-Lyne Valcin, MD, left, and Kate Russell, right.
Low readmission rates are one example of how D-H is leading the shift from a volume-based to a value-based reimbursement system. Alan Kono, MD, right, with patient Caron Bronstein, is one of a team of clinicians who are demonstrating coordinated follow-up care keeps patients out of the hospital.
Creating Change with Value as Our Guide

For over a decade, Alan Kono, MD, director of the Congestive Heart Failure Clinic at Dartmouth-Hitchcock (D-H), has refined a basic, yet important, strategy to keep his patients healthy after they leave the hospital—coordinated follow-up care.

"The first 24 hours after a patient is discharged is a critical factor in determining whether they end up back in the hospital," he says. Kono and a team of nurses, doctors and care managers empower patients to play an active role in their healing process with patient education, nutrition and fitness coaching, and frequent follow-up phone calls. Their goal is to help patients recover successfully once they’ve left the hospital.

While this strategy may not seem typical of the treatment generally prescribed by a nationally renowned heart specialist, the work of Kono and his team is exactly why D-H has surpassed other institutions in a key quality indicator that is measured by the Centers for Medicare and Medicaid Services—readmission rates. Readmission rate refers to the percentage of patients who are readmitted to a hospital after being previously discharged for the same medical condition. As part of federal efforts to improve quality and lower costs of care, hospitals across the country now must pay penalties for poor readmission rates with their Medicare patients.

D-H has achieved excellent performance on this quality measure, ranking in the top 1 percent of hospitals in the country in its care of heart failure and heart attack patients.

The results—which are based on discharges from July, 2008 through June, 2011—are even more impressive considering that D-H is a major “safety-net” hospital in New Hampshire, providing services to patients who are unable to pay for their care. On average, safety-net hospitals (mostly academic medical centers) had higher readmission rates than their counterparts.

In the coming year, D-H will be engaged in a number of governmental and commercial insurer incentive programs aimed at making care more effective and efficient for selected populations of patients.

"Our performance in this area reflects the exemplary work done by real experts in coordinating follow-up care for patients so they can recover successfully once they’ve left the hospital," says George Blike, MD, Chief Quality and Value Officer at D-H. "That’s what reducing readmissions is all about—improving the care we provide to our patients. We don’t have a national health care system that is financially sustainable at this point. We’ve got to create it, and part of creating it is going to be executing change with value as our guide."
Thank you.

During the 12 months ending June 30, 2012, 32,881 donors made gifts and pledges totaling $28.8 million to Dartmouth-Hitchcock and the Geisel School of Medicine at Dartmouth.

These gifts are expressions of gratitude, of hope, and most of all, of confidence in our commitment to leading change and advancing health. We do this by caring for patients and families, investing in the health of our communities, pursuing new knowledge at the frontiers of medical science and educating tomorrow's doctors.

Philanthropy fuels our advances in health and medicine. The generosity of our donors touches every aspect of the academic medical center—every patient and every one of our caregivers, researchers, faculty and students. Here, we are pleased to recognize those who made gifts and pledges totaling $1,000 or more during the period July 1, 2011 to June 30, 2012.

On behalf of the Dartmouth-Hitchcock Boards of Trustees, I thank you for being part of the Dartmouth-Hitchcock and Geisel School family.

Wayne Granquist, Chair
Dartmouth-Hitchcock Boards of Trustees
Out of tragedy comes triumph

Many milestones mark the journey that John and Patty Xiggoros began when their daughter, Kristin, was diagnosed with a rare form of lymphoma more than 15 years ago. Some milestones are tragic, such as Kristin’s death in 1997 after a three-year fight with the disease. And some are triumphant, such as surpassing $1 million in donations to Kristin’s Gift—a fund that the Xiggoroses established in memory of their daughter at the Children’s Hospital at Dartmouth (CHaD).

Kristin’s Gift underwrites projects and programs at CHaD’s pediatric oncology unit in Lebanon and Manchester, NH, offering hope and support to hundreds of children and families. A gift in September 2011 from St. Louis Cardinals pitcher Chris Carpenter and his wife, Alyson, pushed the fund over the $1 million mark. The Carpenters made the gift a few days before Dartmouth-Hitchcock awarded John Xiggoros the 2011 Outstanding Community Ambassador Award for his tireless fundraising efforts.

“We’re not rich people, but if you don’t have money, then you can volunteer; if you have money, give it,” said Xiggoros upon receiving the award. His passion for helping kids with cancer and for supporting CHaD is rooted in the care his daughter received so many years ago.

“When Kristin was sick we visited many hospitals . . . some of the great centers,” said Xiggoros. “It was a long journey, but at Dartmouth-Hitchcock and CHaD all we felt was love and happiness and just a culture of caring for the patient. I can’t think of a better place to get passionate about than Dartmouth-Hitchcock because the bottom line is it cares for the kids, it cares for you, it cares for us.”

EXTRAORDINARY DEDICATION
In memory of his daughter, Kristin, John Xiggoros has raised more than $1 million for CHaD’s pediatric oncology unit. Dartmouth-Hitchcock recognized his extraordinary dedication with its 2011 Outstanding Community Ambassador Award.
Dartmouth-Hitchcock Annual Fund sets a new record

Those who give to the Dartmouth-Hitchcock Annual Fund (DHAF) come from all walks of life and locations near and far. Some are former patients or their relatives. Others are employees or community members. But the handwritten notes that sometimes accompany these donors’ gifts share a common theme of gratitude. “My husband and I want to thank everyone for the wonderful care that we receive from Dartmouth-Hitchcock,” wrote one recent donor from central Vermont.

Such gratitude and the generous contributions of 3,287 donors propelled DHAF to a record-breaking finish for the year ending June 30, 2012. Many previous donors and 752 first-time donors gave a total of $802,628. Gifts to DHAF are put to work immediately to meet the institution’s most urgent needs. The Fund also supports the broader academic medical enterprise, including the Geisel School of Medicine at Dartmouth, whose faculty, students, and researchers help ensure that the latest in biomedical research and medical advances are available to D-H patients.

The Annual Fund’s success this year would not have been possible without the DHAF Working Group, a committee of volunteers drawn from the Dartmouth-Hitchcock Assembly of Overseers. David Cioffi, who has chaired the committee for many years, brought his usual tireless energy to the effort and helped rally new and previous donors.

“Dartmouth-Hitchcock always rises to the occasion to bring world-class health care to the communities it serves,” says Cioffi. “Likewise, community members have risen to the occasion to support Dartmouth-Hitchcock with their generous gifts.”

Other members of the Working Group are Barbara Blough, Linda Burroughs, Jane and Jack DeGange, Phil Desmond, Brian Doyle, Joan “Posey” Fowler, Mike Gerling, Susan Leahy, Jerry and Nancy Mitchell, Gary Neil, Don Wharton, and John Woodward-Poor.
A Foundation for the Future:
The Audrey & Theodor Geisel School of Medicine at Dartmouth

“Unless someone like you cares a whole awful lot, nothing is going to get better. It’s not.” Invoking those lines from The Lorax by Dr. Seuss, Dean Wiley “Chip” Souba, MD, ScD, paid tribute to the remarkable work and generosity of Theodor Geisel and his wife, Audrey, at a festive gathering last spring celebrating the naming of Dartmouth’s medical school. The nation’s fourth oldest medical school is now the Audrey and Theodor Geisel School of Medicine at Dartmouth.

Theodor “Ted” Geisel, known worldwide as the author and illustrator “Dr. Seuss,” was a Dartmouth graduate of the Class of 1925. The Geisels’ philanthropy to Dartmouth, both during their lifetimes and through their estate plan, is the most significant in the institution’s history.

“Ted would be proud to have his name forever connected to one of America’s finest schools of medicine,” said Audrey Geisel, who was married to Ted from 1968 until his death in 1991. “Given my background as a nurse, this moving gesture on the part of Dartmouth joins Ted’s great love of his alma mater and my passion of caring for others through the practice of medicine.”

“Ted and Audrey Geisel’s work and life serve as a timeless example for our future physicians at the Geisel School of Medicine,” said Dean Souba. “We teach our students to be compassionate, to pursue knowledge that benefits their patients, and to have the courage and humility to make a profound difference in the lives of others.”

Thanks to the Geisels’ benefaction, the Medical School bearing their names now has a stronger foundation than ever from which to launch young physicians and biomedical scientists who will become the health care leaders of tomorrow.
Endowed professorship honors McIntyre legacy

Every cancer center in the country is eager to bill itself as a place that promotes collaboration and interdisciplinary research. But that wasn’t always the case. Such ideas were just emerging in the mid-1970s when Dr. O. Ross McIntyre, director of the newly established Norris Cotton Cancer Center, embraced such a vision. From 1974 until his retirement in 1992, he fostered an environment in which basic scientists, clinical researchers, and caregivers could collaborate, share resources, and advance each other’s work. Under McIntyre’s leadership, the Cancer Center grew from a small research and patient care enterprise to one of the nation’s premier Comprehensive Cancer Centers, as designated by the National Cancer Institute. In 2012, Norris Cotton Cancer Center celebrated its 40th anniversary.

Thanks to the generosity of more than 60 donors, McIntyre’s legacy will be forever remembered through the O. Ross McIntyre, MD, Endowed Professorship at the Geisel School of Medicine at Dartmouth. The chair will be held by a clinician-scholar in the field of oncology.

“Ross was highly regarded, not only as a caring and highly competent physician and talented investigator, but also as an excellent administrator and a charismatic teacher,” says Dr. John Moran, who, like McIntyre, is a member of the Medical School’s Class of 1955. Moran initiated the effort to establish the chair. “There could be no more appropriate way to recognize his contributions.”

Steven Gillis, PhD ’78, who with his wife, Anne, contributed the lead gift to establish the endowment, is a pioneer in tumor immunology and cofounder of two successful biotech companies. “I’ve always had a fondness for Dartmouth and for the freedom and support I was given during my time there to follow my nose and let the results take me wherever they may,” says Gillis. “I view it as a privilege that Anne and I are in a position to give something back to the greater Dartmouth community in honor of Ross.”
Dr. Alan Friedman believes doctors should be much more than technicians and scientists. Doctors should first and foremost be good listeners and compassionate caregivers. They should be highly skilled in—and understand the value of—taking a medical history, conducting a physical exam, and communicating in ways that foster trusting doctor-patient relationships.

“I think every medical student should graduate with these skills,” says Friedman, who is a 1957 graduate of the Medical School and the second of three generations of ophthalmologists in his family. So strong are Friedman’s convictions that he has established the Friedman Family Legacy Fellowship with a gift of $1 million to support the training of medical students in what he describes as “the art of medicine.”

Training future physicians in the art—not just the science—of medicine is something that the Geisel School of Medicine has long been committed to. For example, in On Doctoring, a required course that spans the first two years of the medical curriculum, students learn the fundamentals of the doctor-patient relationship through small group sessions and working one-on-one with community-based doctors. It’s a resource-intensive but highly successful model. Now, with the Friedman gift, this kind of teaching will have a strong and enduring foundation from which to grow and continually improve.

“Dartmouth is the ideal place to promulgate the art of medicine because it’s small enough,” says Friedman, “and has a humanistic attitude.” That’s a quality that Friedman embodies as well.
Enduring support essential to success of Atlas

During more than 30 years at the helm of Johnson & Johnson, General Robert Wood Johnson transformed a small, family-owned business into one of the world’s largest health and medical products manufacturers. But Johnson’s contributions to health care and medicine extend far beyond the business world. In 1968, he established the Robert Wood Johnson Foundation (RWJF), which remains the nation’s largest philanthropy devoted solely to the country’s health.

Much like its namesake, RWJF has proven itself willing to support pioneering and sometimes controversial work—as it did in 1994 when it began funding the Dartmouth Atlas Project. Headed by Dr. John Wennberg and first published in 1996, the Dartmouth Atlas of Health Care showed striking geographic variations in health care practices and outcomes that were not explained by medical or demographic factors. In the 18 years since then, RWJF has provided more than $14 million in grants to support this important work and a group of researchers that has grown to include epidemiologists, economists, and statisticians, as well as other physicians.

Today, Atlas researchers, who are part of the Dartmouth Institute for Health Policy and Clinical Practice at the Geisel School of Medicine, are the nation’s leading authorities on health care variations and outcomes research. Their work informs policies on the local, regional, and national levels. They provide data and analyses free of charge thanks largely to RWJF grants. In 2011, the Foundation extended its commitment with an additional $2.7 million award.

RWJF’s enduring support has enabled Atlas researchers to provide information essential to improving health and health care for all Americans. That’s a purpose that General Johnson would surely be proud of.

ENDURING SUPPORT

The Dartmouth Atlas of Health Care creates maps like this one to illustrate its findings of widespread variations in health care practices and outcomes. The Robert Wood Johnson Foundation has supported this pioneering work since 1994.
FINANCIAL DATA - 2012

In 2012, the Dartmouth-Hitchcock Boards of Trustees approved a change to the fiscal year end, which transitioned from September 30 to June 30. This transition resulted in the 2012 fiscal year spanning a nine-month period instead of 12 months. Therefore, this financial summary reflects a comparison of nine months for 2012 to 12 months for 2011.

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</tr>
<tr>
<td><strong>Total operating expenditures</strong></td>
<td><strong>940,253</strong></td>
<td><strong>1,243,673</strong></td>
</tr>
</tbody>
</table>

CLINICAL & OPERATIONAL DATA - 2012

<table>
<thead>
<tr>
<th>Patients discharged</th>
<th>New Hampshire</th>
<th>9,993</th>
<th>12,944</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermont</td>
<td>7,591</td>
<td>10,067</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>756</td>
<td>1,138</td>
<td></td>
</tr>
<tr>
<td><strong>Total Patients discharged</strong></td>
<td><strong>18,340</strong></td>
<td><strong>24,149</strong></td>
<td></td>
</tr>
<tr>
<td>Patient days of service</td>
<td>89,069</td>
<td>118,983</td>
<td></td>
</tr>
<tr>
<td>Average daily census</td>
<td>325</td>
<td>326</td>
<td></td>
</tr>
<tr>
<td>Operations performed</td>
<td>14,398</td>
<td>19,313</td>
<td></td>
</tr>
<tr>
<td>Births</td>
<td>767</td>
<td>1,068</td>
<td></td>
</tr>
<tr>
<td>Emergency department visits</td>
<td>22,841</td>
<td>31,295</td>
<td></td>
</tr>
<tr>
<td>Volunteer hours</td>
<td>45,026</td>
<td>52,890</td>
<td></td>
</tr>
<tr>
<td>Employees (full-time equivalents)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dartmouth-Hitchcock</td>
<td>7,367</td>
<td>7,534</td>
<td></td>
</tr>
</tbody>
</table>
NURSING EXCELLENCE
Nursing staff are at the core of D-H’s commitment to providing patient- and family-centered care. Hilary Hawkins, RN, of Emergency Services, shares a smile with a new patient.

MARY HITCHCOCK MEMORIAL HOSPITAL (MHHM)/DARTMOUTH-HITCHCOCK CLINIC (DHC)/ DARTMOUTH-HITCHCOCK HEALTH (D-HH)/DARTMOUTH-HITCHCOCK MEDICAL CENTER (D-HMC)

MARY HITCHCOCK MEMORIAL HOSPITAL (MHHM)/DARTMOUTH-HITCHCOCK CLINIC (DHC)/ DARTMOUTH-HITCHCOCK HEALTH (D-HH)/DARTMOUTH-HITCHCOCK MEDICAL CENTER (D-HMC)

DARTHMOOUTH-HITCHCOCK AND GEISEL SCHOOL OF MEDICINE

PHILANTHROPIC CONTRIBUTIONS

(July 1, 2011 through June 30, 2012)

CURRENT OPERATIONS

Unrestricted and Annual Giving $2,708,313
Restricted Funds $17,705,811
Current Operations Subtotal $20,414,124

ENDOWMENT $3,833,897

PLANT AND EQUIPMENT $1,035,722

Total philanthropic contributions $25,283,743

OUTPATIENT DATA - 2012

*An outpatient appointment refers to a single scheduled appointment by a patient as opposed to an outpatient visit, which refers to the services performed during an appointment.

D-H Appointments* For the Nine Months For the Year Ended ended June 30, 2012 September 30, 2011

Northern region
Lebanon 366,303 475,051

Community group practices
Concord 13,124 7,232
Keene 241,689 315,827
Manchester 221,021 281,772
Nashua 109,137 132,230

Subtotal for Community Group Practices 584,971 737,061

D-H total appointments 951,274 1,212,112

Wiley “Chip” W. Souba, MD, ScD
MHHM/DHC/D-HH/DHMHC Trustee
Ex-Officio: Dean, Geisel School of Medicine at Dartmouth
Hanover, NH

Stephen D. Sorgenor, MD, MS
DHC/D-HH Trustee
Meriden, NH

Anne-Lee Verville
MHHM/DHC/D-HH Trustee
Hopkins, NH

James N. Weinstein, DO, MS
MHHM/DHC/D-HH Trustee
D-HMC Board
Ex-Officio: CEO, Dartmouth-Hitchcock; President, D-HH
Lyme, NH

William W. Wyman
DHHM Trustee
Hanover, NH

Representative
Veterans Administration Hospital

Board Member for 2012 only
We are **nimble, bold and determined** as we pursue our mission and chart a sustainable future for our patients and communities, all within a culture of caring.