



Choosing Health

NORTHEASTERN VERMONT
REGIONAL HOSPITAL

2020 ANNUAL REPORT **RESILIENCE IN A GLOBAL PANDEMIC**





The FY20 Annual Report is dedicated to the heroes of this pandemic: all those working in healthcare; essential workers of all kinds providing services in our communities; and people everywhere who wash their hands, socialize safely, and wear a mask.



We are NVRH Strong

A message from

Jane Arthur

Board Chair

Shawn Tester

Chief Executive
Officer

Ryan Sexton, MD

Medical Staff
President

THIS PAST YEAR has been like no other in the history of NVRH. The pandemic of COVID-19, which has swept around the globe, has been both a health crisis and a financial crisis. While our local communities were spared the worst health-wise, it was nonetheless necessary to quickly adapt to a rapidly evolving situation that directly affected how we delivered care, protected our staff, and supported our patients. We can say resoundingly that the entire NVRH team stepped up to meet these challenges head-on, demonstrating strength, flexibility and persistence in the face of circumstances that at times were changing by the hour.

We are proud of the fact that we are now treating nearly as many patients as we did before the COVID-19 response which had us curtail certain services. This ability to ramp services back up so quickly was not just a happy accident. It was due to years of preparation and long-term financial stability. Over the last two decades, emergency preparedness has been a priority for our institution; this included significant investment in staff education, thoughtful planning, regular meetings, collaborating with our partners, and “tabletop exercises” which gave us the structure, resources, and confidence to successfully adapt and prepare for the widespread virus affecting our community. This preparedness paid off: Seven months into this crisis, we are in a stronger position than ever to effectively care for our patients.

We could not do this alone. We have deep gratitude for the heartfelt community support and partnership over the last several months — from the hearts around the campus, the donations of protective gear, the “meal train” to feed our staff; and the financial support that helped our staff feel supported. The support helped us to navigate the uncertain future. More than support, it is also about relationships. Strong relationships based on trust enabled us to collaborate with our community partners, working together to adapt. We are



RICU nurses celebrate the donation of comfortable eye protection goggles. photo > Jody Cote

here for each other, and all the kindness, all the support, demonstrates it more than anything else.

We are also humbled by our teams’ response. Across the entire organization, from our board to our front-line staff, people jumped in where we needed them. At the same time, many people made sacrifices to ensure the financial stability of the organization. Whether it was acting as screeners, staffing the COVID testing tent and “RICU,” increasing cleaning protocols, modifying the facilities to improve airflow and countless other efforts, the success of the last several months was because of YOU. For all our staff, we offer our gratitude and thanks for everything you did to get us through the worst of the pandemic.

We are not out of the woods yet. There could be a resurgence of the virus in our communities. Meanwhile, all the same challenges we normally face are still there, from navigating healthcare reform to recruiting and retaining the first-class workforce that our communities counts on. Despite all these challenges, we are confident that NVRH, our board, our team, and our community will continue to meet them, and even thrive in the coming year. We are stronger today than we were yesterday. We are NVRH STRONG!

Seven months
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Resilience in a Global Pandemic

Decades of emergency preparedness training meant we were as prepared as we could be for the pandemic we hoped would never come.

It started slowly.

IN EARLY JANUARY 2020, news reports on the coronavirus in China were starting to hit home. Our vendors alerted us to potential shortages and delays in personal protection supplies, many of which are manufactured in China. Throughout January and February, as the novel coronavirus — eventually named COVID-19 — advanced closer to the US, more and more information about the virus came to light.

We listened, we watched, and we learned. Internally, medical and nursing staff, hospital senior leadership, infection prevention, pharmacy, supply chain management, and others stayed vigilant and informed as COVID-19 positive cases were confirmed in the US. To ensure the public had reliable information, we added links to the World Health Organization, CDC, and Vermont Department of Health coronavirus websites on nvrh.org.

On March 4, 2020, just days before the first case of COVID-19 was confirmed in Vermont, NVRH opened its Hospital Operations Center and launched operations under the Incident Command System. This allowed us to adapt quickly as conditions changed.

Racing to Stay Safe

And change they did. Sometimes hour by hour, often day to day, and always week to week.

Decades of emergency preparedness train-



The first drive-through COVID testing site. | photo > Laural Ruggles

ing meant we were as prepared as we could be for the pandemic we hoped would never come. The mock scenarios we practiced in pandemic flu drills always ended the same way: we quickly ran out of intensive care beds and ventilators to care for critically ill people. Those scenarios of not enough hospital beds, ventilators, and clinical care providers were now, with COVID-19, actually happening in other parts of the United States and the world.

Amidst these concerns about shortages of personal protection equipment (PPE), ventilators, medications, and hospital beds, our clinical teams studied and stayed up to date as information emerged on how to care for people with the virus. Knowing the rest of the country was dealing with the same medical crisis left us with the unsettling feeling that we were on our own. We would have to be ready to care for critically ill people with COVID-19 at our 25-bed

hospital because there may not be anywhere else for them to go.

Our clinical protocols changed often as new data on how to treat this brand new virus became available. Our Certified Registered Nurse Anesthetists (CRNAs) became in-house experts on airway management. Our Hospitalists studied the ever evolving medical literature and heard about better ways to manage COVID-19 respiratory symptoms from their colleagues working in hot spots like New York City. These colleagues quickly learned that patients with severe shortness of breath and low blood oxygen levels responded well when oxygen levels were stabilized using tight fitting oxygen masks rather than intubated on a ventilator. Simple techniques like moving bedridden patients with COVID-19 often — from side-to-side and from lying on their backs to their fronts — was very effective at improving blood oxygen levels.

These techniques improved patient outcomes and reduced the reliance on ventilators.

When medical studies showed it was helpful for people with COVID-19 symptoms to self-monitor their oxygen levels, our Emergency providers immediately set up protocols to send patients with respiratory symptoms to convalesce at home with pulse oximeters and clear instructions on how to use them.

At the first news of the coronavirus, our Pharmacy immediately stocked up on medications commonly used to treat inflammation from respiratory illness, antiviral medications, as well as the meds required to sustain patients on ventilators. The recommended clinical protocols and medication treatments for COVID-19 changed often. A drug that showed promise one week was often debunked the next. The Pharmacy stayed up to date, found suppliers, and stocked what was recommended.

Caring for people with COVID-19 requires isolation and a negative pressure environment. Surgical Services remained opened and ready for emergency surgeries, but with a midnight trip out of state for essential equipment Plant Operations quickly turned the Day Surgery space into our first Respiratory Intensive Care Unit (RICU). A few months later, the RICU was dismantled and rooms on the Medical/Surgical Unit and Intensive Care Unit were renovated to prepare for the predicted next wave of the pandemic. We started this pandemic with one negative pressure room on our Medical/Surgical Unit and Intensive Care Unit, we now have nine. The ED went from one to two, and will soon have a total of four.

Our first priority was protecting staff from infection. We can't care for patients without staff. Direct care providers were trained on donning and doffing protective gear, and then retrained as we learned new information about how to protect against COVID-19. Different types of protective gear was purchased. Infection prevention policies and protocols were written and updated often in accordance with

new recommendations. Respiratory Therapists "fit tested" direct care staff with N95 masks. Environmental Services, Laundry, and Central Sterile Reprocessing, their job always to keep the hospital clean and infection free, now did their jobs layered in personal protection equipment (PPE).

Diabetes, hypertension, migraines, depression, cancer, joint pain, allergies, sinus infections, pregnancies, kids with ear aches... they do not wait for a pandemic to end. Concerns about safely seeing patients required our outpatient medical practices to deliver care in new ways. Curbside service and limited in-person visits were supplemented with telehealth visits. Information Services, Health Information Management, and Patient Accounting supported the technical, medical coding, and billing challenges of delivering care via computer and phone.

For safety and under State of Vermont Ex-

ecutive Orders, visitors were limited. The waiting areas and hallways were strangely silent, belying all the activity happening behind the scenes. Directional signs went up, and were updated often, as patient and employee access to buildings changed.

The NVRH Courtyard Café remained opened for staff meals, but gone were self-serve food options like the salad bar and coffee carafes.

Our beloved volunteers, many at high risk for the virus, were sent home, leaving a void in daily operations and our hearts.

New positions were created to manage the flow of patients and visitors into the buildings. Employees from all over the organizations stepped up to take on these important jobs to control access, donning PPE to take temperatures and ask screening questions before allowing anyone to enter. Eventually, permanent screeners were hired.

To limit the number of people in the build-



COVID screening protocols are in place at all entrances.
photo > Laural Ruggles

Plant Operations constructed the anteroom for the RICU in one day. photo > Laural Ruggles



NVRH Parking Lot A, April 2, 2020 | photo > Laural Ruggles



NVRH was one of the first hospitals in the country to set up a drive-through COVID-19 testing site.

ings, those who could work at home did. Employee screening protocols were implemented. Masks were mandatory. Temperatures were taken daily, first with handheld thermometers by entrance screeners, then with automated thermal detectors.

Everyone learned to do their jobs in new ways: wearing protective gear, by virtual meetings, and changing workflows to stay 6 feet apart.

In early summer, in-person medical office visits, physical therapy, cardiac and pulmonary rehab, and also elective surgeries resumed under strict COVID-19 guidelines. There were screeners at the doors, limited seating in waiting rooms, and intensive cleaning regimes in common areas and exam rooms. Some patients, reassured by the safety measures, quickly returned to see their care givers face to face. Others, still worried about the virus, preferred

telehealth options.

A COVID-19 hotline fielded calls, explaining how and where to get a COVID-19 test, and where to get the latest information about traveling in and out of Vermont. NVRH Marketing took the lead in getting messages out to the public, providing a steady stream of social media posts, print and radio ads, and links to reliable information on the website. Occupational Health and Infection Prevention fielded employee concerns, and offered technical assistance to local businesses also scrambling to keep their employees healthy and safe.

We stayed active and informed with our

hospital peers and the Vermont Department of Health. The Incident Command team met regularly, always ready to respond to whatever this pandemic threw at us.

The Health Crisis Becomes a Financial Crisis

By March 20, just weeks after opening Incident Command, while we were figuring out how to safely continue operations despite limited supplies of PPE and concerns of contagion, Governor Scott declared a state of emergency and ordered hospitals to cease all elective surgeries and non-essential medical appointments.

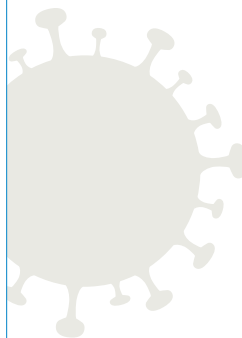
Instantly, millions of dollars per month in patient revenue was gone.

The request went out to all departments to cut 10% of costs. Immediately NVRH employees and medical staff delivered on that request. People took voluntary cuts in hours, pay, and offered to go out on furlough to help NVRH ride out the dramatic reduction in patient revenue.

Despite the financial crisis, our goal was always to limit the effect on employees. Fortunately, years of sound fiscal management



Celebrating when a patient in the RICU was discharged on her birthday.
photo > Laural Ruggles



VT National Guard F35 salute to essential workers. | photo > Dana Gray, Caledonian Record



Veggie Van Go went outdoors, serving 300 plus families each month.
photo > Laural Ruggles

made NVRH better positioned than other rural hospitals to ride out the devastating financial consequences of the pandemic.

Financial relief came in the form of Federal money, coming directly from the Feds or through the State of Vermont. The Federal funds subsidized the loss from operations and the additional costs — staff, equipment, supplies, renovations and upgrades — associated with the pandemic. These funds, and the eventual resumption of services, allowed us to roll back wage and hour cuts and preserve years of successful recruitment and retention strategies.

Tents, Testing, and PPE

The science of pandemic control is clear: with a positive test, contact trace, quarantine — repeat. Vermont was a leader in the country with this strategy and it paid off with the lowest rate of infection in the US. NVRH was an important partner in Vermont's successful containment of the virus.

We were one of the first hospitals in the country to set up a drive-through COVID-19 testing site.

Initially testing took place in the little red tent near the ED. Then it moved to a large military tent, and by the end of the fiscal year, testing was set up in a semi-permanent trailer in the lower parking lot. Each location change required an army of logistical changes: recruiting staff, scheduling and training staff, new infection prevention protocols, reconfiguring patient and traffic flow, moving tents and equipment, building structures, and installing computer and phone connections.

Nurses from all over NVRH, including Cardiac Rehab, the outpatient medical practices, Day Surgery, ICU, Pain Clinic, Operating Room, Emergency Department, and also Northern Counties Health Care, immediately pitched in to work in testing operations. Other employees offered to be “runners,” delivering the test specimen to the Laboratory for processing.



Employees volunteered to be randomly tested for COVID. | photo > Lyndi Medico

Over the course of months, staff in the drive-through testing site endured bitter cold, drenching down pours, scorching sun, and high humidity — all while donned in layers of protective equipment to keep them safe from potential infection as they literally interacted face to face with people potentially carrying the virus.

Testing volume grew when asymptomatic people traveling in and out of Vermont wanted tests to avoid quarantine, and we required a negative COVID-19 test for patients having elective surgeries at NVRH.

Testing operations took on a life of its own. Testing policies and procedures were written, frequently changing to accommodate shortages in testing supplies or changes in protocols at the secondary labs analyzing the tests. Information Services created a real time dashboard to track COVID-19 test results.

All laboratory tests need an “order” and all specimens need to be registered. COVID-19 tests are no exception. Primary Care Provid-



The military tent was first secured as an isolation or medical overflow site. | photo > Laural Ruggles

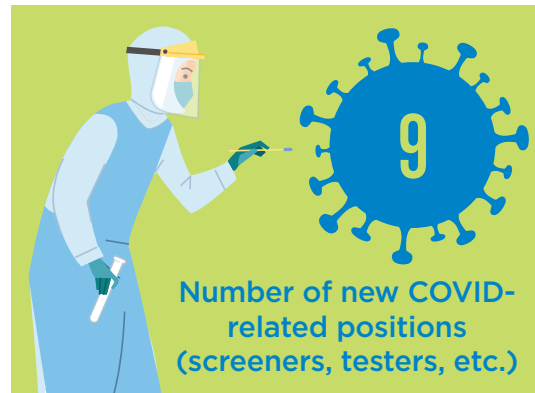
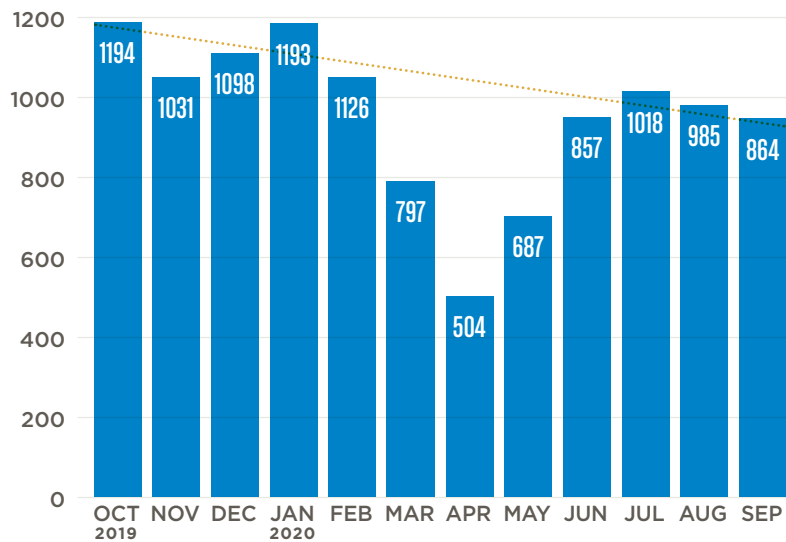
ers in our region ordered the tests, the Access department handled the registration, and the NVRH Laboratory assigned a full time phlebotomist to process the specimens and prepare them for transport to UVM Medical Center. As the volume grew, transporting the specimens — by Plant Operations staff or private courier —

story continued on page 10

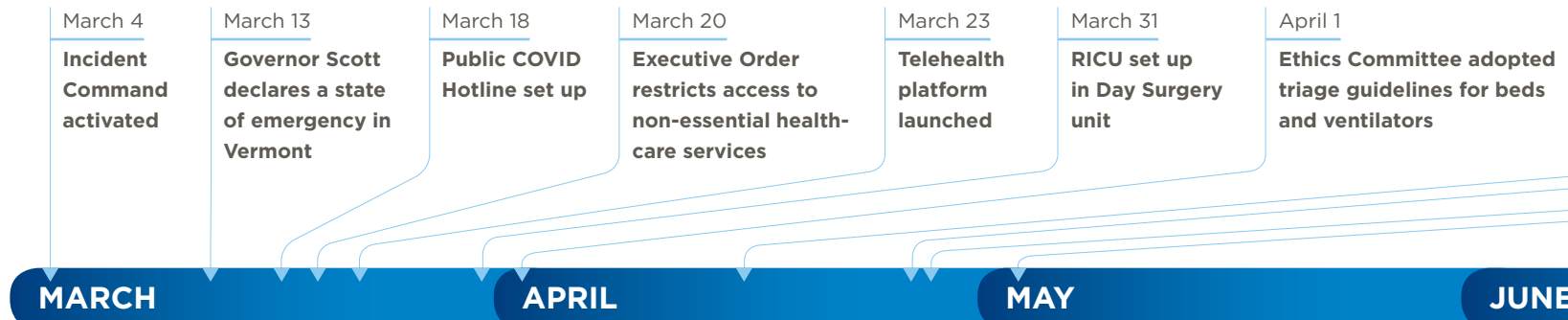
The Pandemic by the Numbers

Emergency Department Visits

Total Emergency Department patient visits by month, FY 2020.



Pandemic Milestones



**NORTHEASTERN VERMONT
REGIONAL CORP AND SUBSIDIARY**

Operating Statement

UNAUDITED

For the fiscal years ended
September 30, 2020 & 2019

As a result of curtailing services when the pandemic struck, NVRH and most hospitals experienced a significant drop in volume and resulting loss of patient revenue. Hospitals also incurred new expenses related to COVID including costs to test for the virus. NVRH received \$2,184,200 in federal and state support that offset some of the lost revenue and COVID related expenses.

For a copy of the audited financial statements, contact NVRH CFO Bob Hersey at r.hersey@nvrh.org or 802-748-7520.

WHERE THE MONEY COMES FROM

We billed for services to inpatients	40,801,400	46,516,900
We billed for services to outpatients	128,434,300	131,277,400
Total patient revenue billed	169,235,700	177,794,300

BECAUSE WE DID NOT RECEIVE FULL PAYMENT FOR AMOUNT BILLED

From those unable to pay (charity care based on charges)	2,621,000	3,141,600
For those patients who are unwilling to pay (bad debts)	2,570,500	3,270,200
From Medicare and Medicaid	65,824,300	66,005,200
From other contracted payors	13,404,700	20,677,900
Therefore we wrote off	84,420,500	93,094,900

OUR NET PATIENT REVENUE WAS

We had other operating revenue of	6,934,000	5,744,000
We received COVID-19 related government support of	2,184,200	—

OUR TOTAL OPERATING REVENUE WAS

	93,933,400	90,443,400
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WHERE THE MONEY GOES

To pay salaries and benefits to our 616 employees	54,442,600	52,581,700
To purchase supplies and services	26,733,800	26,576,400
To pay for supplies and salaries related to COVID-19	1,400,000	—
To pay the VT Health Care Provider Tax Assessment	4,968,800	4,582,000
To allow for wear and tear on buildings and equipment	3,546,700	3,667,700
To pay for utilities	1,116,200	1,125,500
To pay interest on our outstanding debt	232,000	264,400

OUR TOTAL EXPENSE WAS

	92,440,100	88,797,700
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THIS PROVIDES A NET OPERATING REVENUE OF

	1,493,300	1,645,700
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We had income (losses) from investments and non-operating revenue of

	2,116,400	(56,100)
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**FUNDS REMAINING TO PAY ON OUTSTANDING DEBT AND
TO INVEST IN THE HOSPITAL'S FUTURE (New and replacement
equipment, new technology, new services, etc.)**

	\$ 3,609,700	\$ 1,589,600
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April 16

Receipt of first
Federal financial
support

April 27

Additional negative
pressure rooms on
Med/Surg ready

April 28

RICU in Day Surgery
unit closed

May 4

Executive order
amended to allow
elective surgeries and
routine healthcare

July 8

Laboratory and
Diagnostic Imaging
entrance opens
with screener

August 1

Statewide
mandatory
mask order

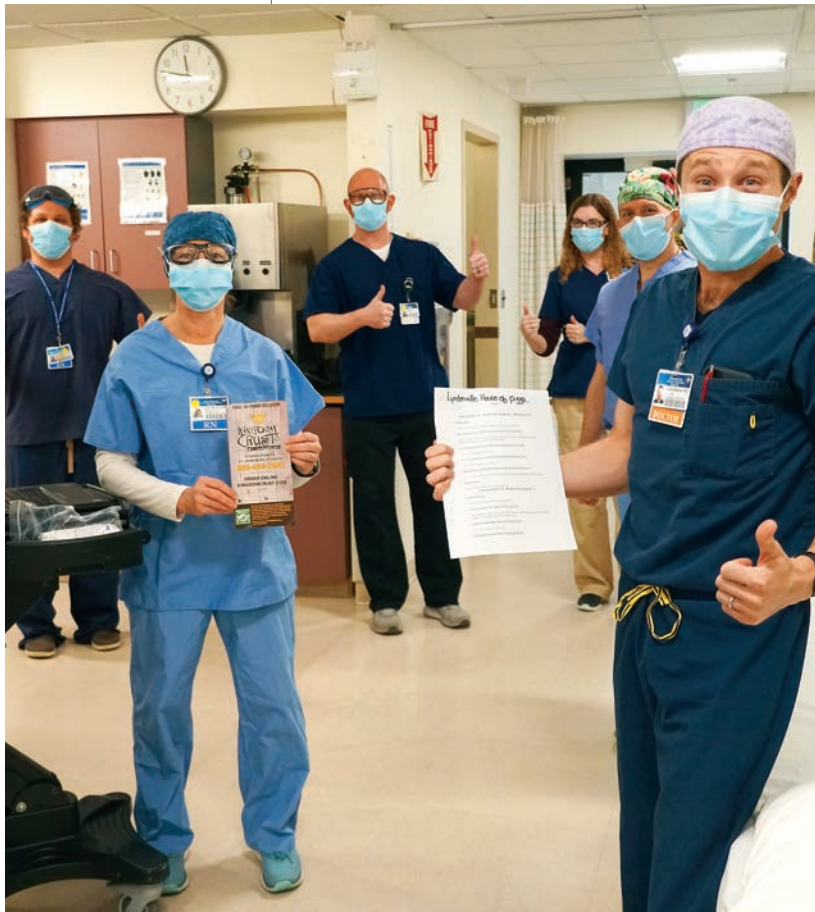
September 10

Winterized trailer
ready for drive through
COVID testing

JULY

AUGUST

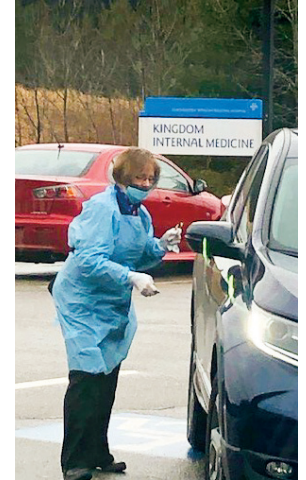
SEPTEMBER



ED staff thankful for local restaurants dropping off food. | photo > Laural Ruggles



Elbow bumps for Elaine Jewell RN, retiring after 50 years at NVRH.
photo > Laural Ruggles



NVRH medical offices offered telehealth visits and curbside services.
photo > Reinette Hutchins



Physical distancing and masks required in the NVRH Courtyard Café. | photo > Betty Ann Gwatkin

Right from the start, and month after month, community support poured in.

story continued from page 7

UVM increased from once a day to up to three times a day as well as on Saturdays.

Shortages of personal protection equipment (PPE) started our COVID story and shortages of PPE persisted, causing extreme stress and anxiety. Healthcare workers are simply not safe during an infectious disease outbreak without adequate PPE.

Each week brought news of a new shortage: first N95 masks, then disinfecting wipes, then gloves. Our ever vigilant Supply Chain Management and Environment Services staff monitored inventory and found new sources for essential supplies. We stockpiled what we could,

and rationed when we had to.

Adding to the financial crisis, common protection supplies use and costs soared. Our use of surgical masks went up ten-fold during the pandemic, and a surgical mask that cost 21 cents at the start of the pandemic, cost 56 cents by fiscal year end.

We are all in this together.

Right from the start, and month after month, community support poured in. From honking street parades and red hearts hanging from trees to thank you cards and food (glorious food!), our community was generous in ways both small and large.

It truly lifted our spirits.

We were also able to support our community partners and residents. When others in the community lost jobs and food insecurity rose, Veggie Van Go — our once a month produce distribution with the Vermont Foodbank — went outdoors and served almost 300 families each month. Thanks to generous donors of non-medical PPE and an abundance of face shields, we supplied many community partners with the personal protection they needed to provide essential services around mental health, housing, food delivery, and transportation.

We all worried about being infected at work and bringing the virus home to infect our loved ones. Fears about working in healthcare

during a pandemic were offset with being grateful to have a job while others did not.

We washed our hands.

Things were changing fast at work, but also at home. When schools closed, some of us became teachers overnight. Even simple routine tasks like going to the grocery store became an exercise in risk management. We wondered: is it safe?

We canceled vacation plans. We missed hugging our families and friends. We grieved when loved ones passed away in other states and we could not be there for comfort and to say good-bye.

We wore a mask.

NVRH has always worked hard to be a warm and welcoming and healing place. Now we have locked entrances and screeners at the doors. People work in healthcare because they care and want to care for others. Now care givers wear masks, and sometimes goggles or face shields. But we are smiling under those layers of PPE. We mask up to keep you safe.

Throughout the pandemic, Incident Command and Senior Leadership were a consistent, on-site, presence. They stayed up to date on best practices in clinical treatments, infection prevention, and federal aid to ease the financial consequences of the pandemic. They participated and led daily meetings, trainings, and sought out opportunities to learn and collaborate with state and regional response teams. As the months of the pandemic passed, the heavy burden to keep staff and patients and residents safe was on them. They remained calm and confident under pressure.

We got this.

The New Normal

As fiscal year 2020 ended, the pace of changes started to resemble more of the steady stride of a marathon rather than the all-out speed of a sprint.

Clinical departments adapted to new infec-

tion prevention and PPE protocols and settled in to do what they do best: care for patients.

Some things during the pandemic were reliably and reassuringly consistent:

Human Resources continued to recruit for open positions, on-boarded new hires, and processed payroll every two weeks.

With Health Information Management coding patient charges, and Patient Accounting sending bills to third-party payers, Finance successfully managed cash flow. Patient revenue, supplemented with federal aid, came in so we could pay our vendors for supplies, and our employees for their essential work. Philanthropy processed donations and promptly thanked donors for their generous support.

Delivery trucks continued to drop off medical and office supplies; Supply Chain Management delivered these items daily. Laundry was washed and dried, and shelves restocked. Patient rooms and common areas were cleaned. Medical equipment sterilized. Food Service made sure inpatients and staff were well-nourished.

Care managers in the hospital, care coordinators in the medical homes, and our community health workers never stopped making sure patients were connected with services they needed to maintain their health at home.

Diagnostic Imaging remained open, ever ready to use the latest technology and equipment to provide images to quickly diagnose and treat illness and injuries.

Proving that life literally goes on despite a global pandemic, 207 new babies were born in the NVRH Birth Center in fiscal year 2020.

Some at NVRH joined COVID-19 community response teams to find innovative solutions for housing, food, and mental health. These teams are optimistically planning for a strong community resurgence after COVID-19.

NVRH received new prevention grants, ensuring our work in substance use prevention (including tobacco) continues in our region. Despite the pandemic, the NVRH Emergency Department went ahead with plans to offer

medication assisted treatment to people with opioid use disorder, thus increasing access to treatment and reducing the impact of this disease on our community.

As we look ahead to fiscal year 2021, we are setting up flu shot clinics using COVID-19 protection protocols. Good practice for us when a coronavirus vaccine is available.

The NVRH Board of Trustees and hospital senior leadership met virtually to make strategic decisions about things like our participation in the statewide ACO (Accountable Care Organization), and plan for the future of this strong rural hospital and health system.

This pandemic tested us, and we passed. Throughout it all, NVRH staff was resilient. We found small and safe ways to celebrate birthdays, retirements, every day accomplishments and major milestones, and just to enjoy being together.

NVRH Strong!

Proving that life literally goes on despite a global pandemic, 207 new babies were born in the NVRH Birth Center in FY 2020.

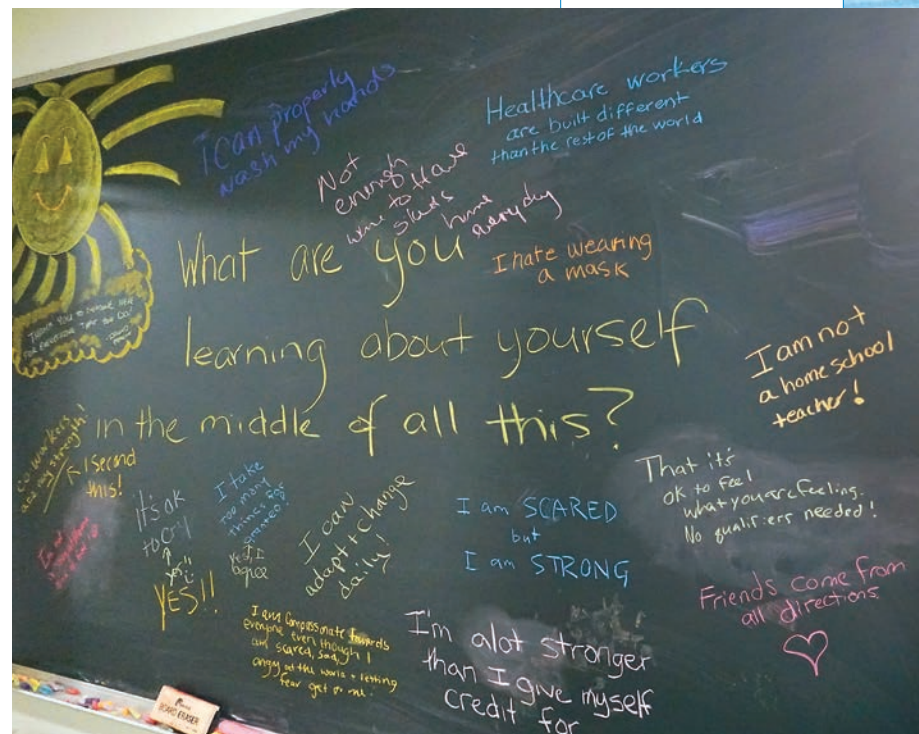


photo > Laural Ruggles

Community Support

Comfort Items

As the pandemic wore on, individuals and businesses in the community repeatedly showed their support. They donated items that brought a bit of comfort to our hard working staff, letting them know just how much they appreciated all of their efforts to help the community remain safe and healthy.

Comfort items included socks and leggings, gift certificates to local restaurants and coffee shops, locally roasted bags of coffee (lots and lots of coffee!), and even flowers from someone's garden. All of these gifts, large and small, helped maintain morale.

Surgical Associates enjoying peonies from a grateful patient's garden



St. J. Pediatrics sporting their new socks



Birth Center staff happy to receive coffee certificates



Staff choosing new leggings



Food is Love

Food is symbolic of love when words are inadequate. ALAN D. WOLFELT

Throughout the pandemic, community members wanted to show their support for our staff who remained committed to providing health-care to our region regardless of the challenges and risks.

The solution? Food poured in from regional food producers, local restaurants and stores, community groups, and individuals. All to ensure that those working long hours were well-nourished, body and soul.

NVRH Meal Train by the Numbers



APRIL 4 - JUNE 7

525 MEALS PROVIDED

32 MEAL SPONSORS

21 DAYS OF MEALS

\$3,175 DONATED BY 33 PEOPLE



Surgical staff enjoy some yummy treats



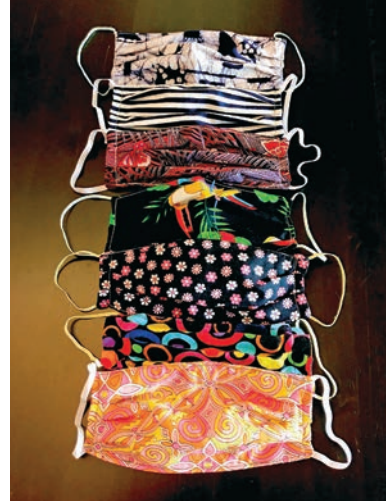
Anesthesia staff happy with donated eggs



Staff enjoy a free pizza dinner



ICU staff excited for their popcorn



Community groups and individuals sewed masks for patients and staff

Emergency Department staff modeling homemade caps, gowns and headbands



Weidmann helped secure masks through their overseas sources



St. J. Academy helped secure PPEs through their connections

photo > Amy Ash Nixon, Caledonian Record

Life Saving Supplies and Equipment

Individually, we are one drop. Together, we are an ocean.

RYUNOSUKE SATO

NVRH has always maintained sufficient quantities of equipment and supplies needed to care for our community. But no one could have anticipated just how much personal protective equipment (PPE) the COVID-19 pandemic would require.

As we competed nationally to secure sufficient quantities of these supplies, the community stepped up in amazing ways: local businesses donated surplus PPEs, or worked their connections to secure us items that were in short supply; community members donated unused PPEs from their personal stashes; and a veritable army of sewers made masks, gowns, and head coverings.



Handmade with Love

5,567 MASKS

200 GOWNS

125 CAPS

Gifts of Gratitude

Gratitude is the best medicine. It heals your mind, your body, and your spirit. And attracts more things to be grateful for.



Emergency Department staff with new trauma stretcher

A gift from the Graham Foundation allowed us to purchase a top-notch trauma stretcher for the Emergency Department. Among other improvements, this stretcher allows for 360 degree x-rays without moving the patient off the stretcher.

Sensory blankets for use with stroke and dementia patients



A gift from Dr. Clement Dussault and his family's Denise Angel Dussault Caron Fund provided new furniture and comfort items to help create even more welcoming spaces for our patients in the Chapel and the chaplain's office. The gift also provided items for our Care Management Program, such as sensory blankets to improve the hospital experience for our patients with dementia.

Surgical staff with new Neoprobe



Lab staff with new analyzer

A gift from Barbara and Chick Allen allowed us to purchase a Cepheid Analyzer for the lab. Now, rather than sending tests out and waiting for results to come back in two or three days, our lab can complete a variety of tests and receive those results within an hour. Eventually, NVRH will be able to analyze COVID-19 tests in-house as well. The Allen's gift also allowed for the purchased of a Neoprobe, which surgeons use to evaluate breast tumors.

Your generosity made a difference.

**TOTAL
GIVING**

\$504,103

Total cash giving,
FY 2019-2020

524

Number
of donors

4,823

Number
of gifts

157

In-kind
gifts

84

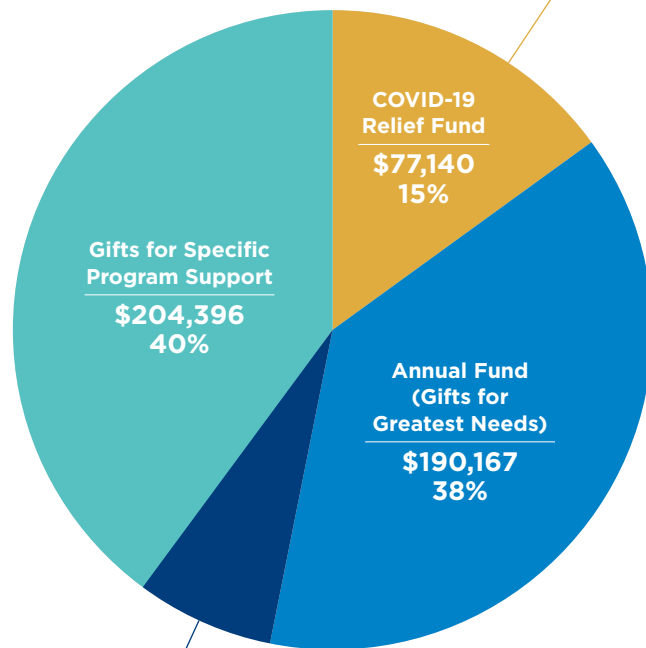
First time
gifts

For a complete
listing of donor names,
please visit
nvrh.org/support.

Generosity
consists not
the sum given,
but the manner
in which it is
bestowed.

MAHATMA GANDHI

*Your gifts supported
the following...*



West Wing/Emergency Department Expansion Project

\$32,400 | 6%

NVRH COVID-19 Relief Fund

While the community has always valued the vital role that NVRH plays in meeting the healthcare needs of our region, the COVID pandemic pushed this appreciation to a new level.

Wanting to ensure that NVRH was able to meet unexpected expenses during this challenging time, gifts flowed in to the NVRH COVID-19 Relief Fund. Loyal donors and first time donors alike, of all ages, sent gifts large and small to ensure NVRH would remain strong during this time.

\$77,140

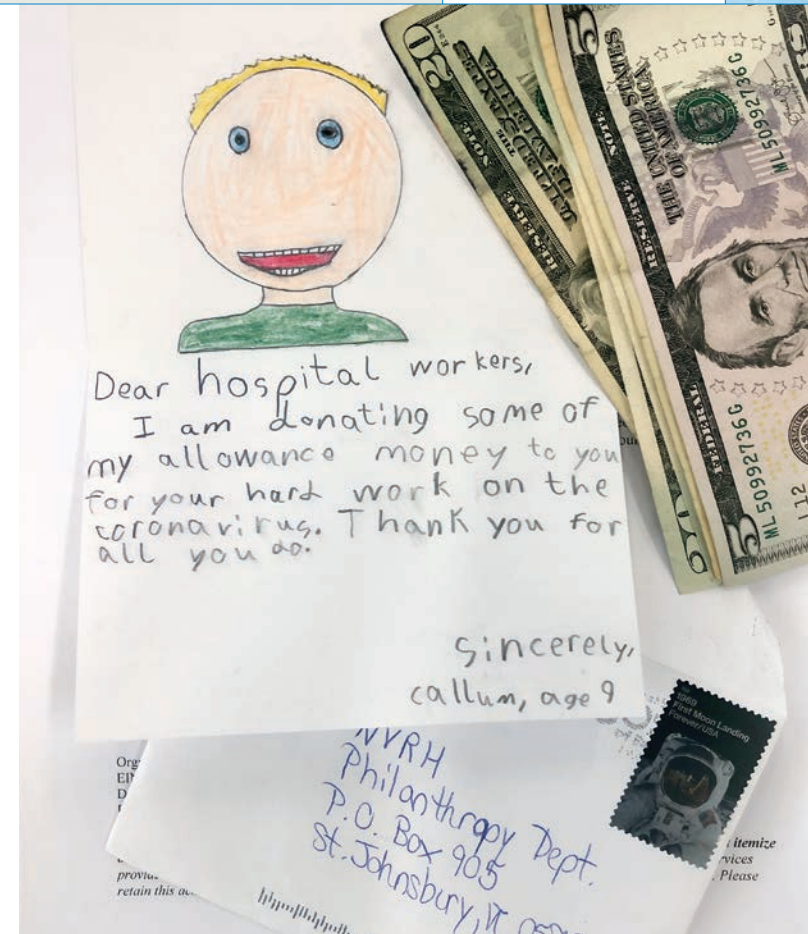
Gifts to the
NVRH
COVID-19
Relief Fund

183

Number
of donors
to the
NVRH
COVID-19
Relief
Fund

146

Number
of in-kind
gifts to
the NVRH
COVID-19
Relief
Fund



A young philanthropist sent his allowance money to show his support.



Choosing Health

**NORTHEASTERN VERMONT
REGIONAL HOSPITAL**

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