

NCH News

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2/15/25



NCH Leadership Corner

Tom Mee, RN, BSN, MBA, Chief Executive Officer



I'd prefer not be political in these columns, but we find ourselves in very uncertain times. As of this writing, RFK has been confirmed as the new Secretary of Health and Human Services, and Elon Musk has been further empowered to lead the Department of Government Efficiency (DOGE). While eliminating fraud, corruption and waste are admirable initiatives, please keep in mind that these things are largely subjective, and what we view today as legitimate subsidies, (like cost-based reimbursement) to support healthcare delivery in rural America may someday be categorized as "waste." Put simply, I'm not looking forward to the day President Trump tells DOGE "Do healthcare now."

The Department of Government Efficiency has initiated efforts to streamline federal spending, with a particular focus on programs like Medicare and Medicaid. These initiatives aim to identify and eliminate waste, fraud, and abuse within these programs. For rural healthcare delivery, which heavily relies on Medicare and Medicaid funding, DOGE's actions could have significant implications:

- 1. Potential Reduction in Services:** Efforts to cut costs might lead to reduced funding for certain services, potentially limiting healthcare access for rural populations.
- 2. Administrative Changes:** Streamlining processes could alter how rural healthcare providers interact with federal programs, possibly affecting reimbursement procedures and service delivery.

- 3. Focus on Efficiency:** While the goal is to enhance efficiency, there's a risk that aggressive cost-cutting measures could inadvertently impact essential services in rural areas.

It's crucial for NCH stakeholders to stay informed about DOGE's initiatives, assess potential impacts, and engage in discussions to ensure that essential services remain accessible to our communities. Moreover, the message is clear that, under such a potential paradigm, health systems that have taken proactive steps to improve efficiency and reduce waste will be those that survive into the future.

In light of these initiatives, we are beginning an assessment of our inpatient services to determine how we can best allocate resources while maintaining our commitment to patient care. As part of this evaluation, it's possible that we may need to consider consolidating inpatient admissions to one or two of our hospitals rather than continuing to maintain full inpatient services at all three locations.

This is not a conversation to be taken lightly. Our goal is to ensure that we continue to provide the highest standard of care while being fiscally responsible and positioning NCH for long-term success. To be very clear, no immediate changes are being considered, and any future decisions will be made with thoughtful consideration and transparency amongst all NCH stakeholders.

IT System Updates

Darrell Bodnar, BS, CPM, CPHIMS,
Chief Information Officer



Current and Completed Projects and Highlights

Southern NH Radiology Consultants Go Live - Part 2

Southern NH Radiology Consultants (SNHRC) is our radiology reading partner. We transitioned to them in earlier this year. Unfortunately, one of their partners decided to terminate their agreement. This means that we had to rebuild a significant portion of that build. That has been completed and we have gone live on the new platform with relatively minimal disruption, but a lot of anxiety.

Traverse Exchange

Meditech's Traverse Exchange is a platform that allows healthcare organizations to securely share patient information, even if they use different EHR systems. It connects providers in real time, ensuring they have up-to-date records to improve care coordination and decision-making. By reducing data gaps and streamlining information flow, Traverse Exchange helps healthcare teams work more efficiently and enhance patient outcomes.

Butterfly POCUS

We have been working closely with NCH providers to test and optimize the Butterfly POCUS system, successfully completing an end-to-end test. This integration will provide a seamless platform for providers to enhance their proficiency with point-of-care ultrasounds while ensuring that documented results flow directly into our Meditech Expanse system, improving efficiency and patient care.

Dartmouth Pathology Interface

We are making steady progress on our pathology interface between Meditech Expanse with Dartmouth Health. This connection will enable real-time, discrete result sharing from Dartmouth Health's newly implemented Epic Beaker System. Once completed, this integration will enhance efficiency, streamline workflows, and ensure seamless access to pathology results, ultimately improving patient care coordination across both systems.

Meditech Expanse 2.2

The Meditech 2.2 upgrade is progressing smoothly, bringing significant enhancements for scalability and improved health information management workflows. With a targeted go-live date of June 2025, this project requires extensive testing and parallel runs, which, while time-consuming, will ensure we are equipped with the most advanced Meditech capabilities. Your engagement and cooperation are greatly valued as we move forward.

Software and Hardware Lifecycle

This fiscal year, we are prioritizing deferred software and

hardware lifecycle initiatives, focusing on replacing outdated legacy systems that have reached the end of support. Additionally, we are proactively addressing critical software updates as vendors like Microsoft phase out support for widely used platforms such as Windows 10, Windows Server 2016, and various SQL Server versions. These upgrades are vital for maintaining operational efficiency, data security, and regulatory compliance across the organization.

Ambient Voice Technology

We have expanded our Augmedix ambient voice solution pilot, which leverages advanced technology for real-time transcription and clinical documentation. Early provider feedback has been overwhelmingly positive, emphasizing its potential to reduce administrative burdens. However, we recognize certain limitations and are carefully evaluating its suitability across multiple service lines. Behavioral Health has presented unique challenges due to the complexities of the service line and the product's current maturity level in this area. This ongoing initiative underscores our commitment to innovative tools that enhance provider efficiency while maintaining high-quality patient care.

Upcoming Project Highlights

UniteUs

The UniteUs platform is a groundbreaking initiative aimed at building a statewide, closed-loop referral network to enhance resource sharing and care coordination. By eliminating barriers to access for underserved populations, it empowers healthcare providers, community organizations, and stakeholders to deliver timely and appropriate care. With its ability to leverage real-time data exchange, UniteUs is set to make a profound impact on vulnerable communities, fostering collaboration and driving measurable improvements in population health outcomes.

Netsmart Care Quality Interface

We have initiated the development and implementation of an interoperability solution to facilitate the integration between Meditech Expanse and Netsmart systems for Home Health and Hospice services. While the initial integration is limited, it is expected to enhance the documentation process for patients transitioning into Home Health and Hospice programs, improving efficiency and continuity of care.



Finance/Accounting

Matthew Streeter, MBA, FACHE, FHFMA,
Chief Financial Officer



Revenue Cycle Optimization

We continue our work to improve our revenue cycle operations and have seen improvement in our accounts receivable balances. Additionally, our new extended business office (EBO) arrangement (sometimes called a first party or early out program) and our collections agency are now up and running. You may recall from previous communication that our previous vendors in these areas were not performing to expectations and providing a disservice to our patients. The new vendor, AmeriEBO and Americollect, have already provided a better service at a better price, and we anticipate further benefits in the coming week and months.

FY24 Financial Statement Quality Assurance Audit

The annual Financial Statement Quality Assurance Audit, or what we often simply call “the audit,” was completed and presented

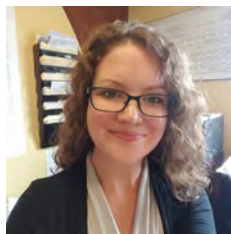
to the Boards of Directors in January. The audit is a requirement of the Medicare program as well as the State of New Hampshire and began with early testing in July and September. This year’s audit, for the first time in several years, revealed substantial improvements in our accounting accuracy and functions, and there were no audit findings this year. This is the result of an intense year of scrutiny, planning, and effort by the entire accounting team. My thanks and kudos to the team for making this a priority and delivering an outstanding result.

Distribution Center Impacts

Since the opening of the Distribution Center in Littleton, we have seen several enhancements to our Supply Chain operations across the system. One example of the incredible benefit of having a centralized function was recently demonstrated with the shortage of IV solutions across the country. Centralized inventory, careful management, useful reporting, and same day distribution allowed NCH to make it through without cancelling any patient care. Another example of the benefit of the Distribution Center has come in recent weeks as we have seen the reinstatement of mandatory masking across the system. Our team was able to verify our inventory, check for proper deployment, and ensure our needs will be met for months to come.

Quality Corner

Millie O'Neill, CPHQ, CAPM
Quality Manager, AVH



The Importance of Near-Miss Reporting: A Key to Preventing Harm

In healthcare, patient safety is always a top priority, but the path to ensuring may not always be straightforward. While we often hear about accidents and adverse events, there’s another crucial part of the safety equation that too often goes unnoticed: near misses.

A near miss is an event that could have led to harm but didn’t, either due to timely intervention or sheer chance. These events offer valuable insights into potential hazards in our system, making them an essential tool for preventing future incidents. Here’s why near-miss reporting should be a cornerstone of our safety efforts:

1. Prevention Starts with Awareness

Near misses are early warning signs. By identifying and analyzing near-miss events, we can uncover patterns, or system flaws that, if left unchecked, could lead to actual harm. Recognizing these weak spots early on allows for corrective action before the situation escalates.

2. A Culture of Safety

Encouraging near-miss reporting fosters a culture where everyone feels empowered to speak up about safety concerns without fear of punishment, allowing for an open and transparent environment for all. This culture of

safety can also lead to greater collaboration among teams and the identification of new ways to improve patient care.

3. Learning Opportunities

Near misses are a chance for continuous improvement. When reported, these events provide valuable learning opportunities for us. Rather than simply relying on formal incidents, near misses allow us to learn from smaller errors before they escalate. This can involve revisiting protocols, utilizing targeted training, or adjusting workflows to mitigate risks.

4. Improved Systems and Processes

One of the most significant benefits of near-miss reporting is the ability to improve our systems and processes. When a near miss is reported, we can perform a root cause analysis to determine the underlying factors at play. This leads to changes in systems, processes, or policies that can help prevent similar incidents in the future. By improving workflows, enhancing technology, and refining communication, we can make meaningful strides toward preventing harm.

Conclusion

Near-miss reporting is one of the most effective, proactive tools we have to identify risks, improve systems, and prevent future harm. By encouraging reporting, fostering a culture of transparency, and learning from mistakes before they cause real harm, we can take significant steps toward improving patient safety and quality of care.

Thank you for all you do to ensure our patients have the best, safest, and quality care!

Nursing Leadership Communication

Tiffany Haynes, MSN, RN,
Chief Nursing Officer, NCH



Tom Mee, RN BSN MBA, Chief Executive Officer Jen Bach-Guss, RN, MSN, FACHE and I had the chance to round at AVH, NCHHHA and WMC during the last week of January. Thank you to the nurses and staff that were willing to speak with us and share opportunities they identified within our affiliates. We were very impressed with the level of engagement we encountered, and we thank you for your openness. Also, thank you to Jessica Foster-Hebert, Interim President & CEO, NCHHHA, for taking Tom on a Home Health visit to share with him how we provide care in the home setting. We have started working on many of the items brought to our attention and we look forward to rounding at UCVH on February 20th.

Barcode Scanning for NCH was at 99.1% for the month of January! As we continue to work on opportunities, I thank you all for your diligence on this goal.

MEDICATION & BRACELT SCANNING (BOTH MET)						
MONTH	AVH	UCVH	WMC	NCH	Mean (98.1)	FY2025 GOAL 99%
NOV	98.6	99.3	98.3	98.4	98.1	99.0
DEC	99.2	99.7	98.7	99.0	98.1	99.0
JAN	99.3	99.5	98.7	99.1	98.1	99.0

Welcome to Stephanie Farnsworth, BSN, RN, our new NCH Employee Health Nurse! Stephanie will report to Human Resources and Nursing, and will work closely to develop a System-wide process for Employee Health throughout NCH. Stephanie grew up in Canaan, VT, and has had a passion for nursing from a young age. She graduated from high school with 56 college credits and attended UMaine Augusta, where she was enrolled in a Holistic Nursing Program and obtained her BSN in three years. Stephanie has worked as an LNA and Med/Surg RN. She is a member of the Sigma Theta Tau International and the American Holistic Nurses Association (AHNA). Her passion for holistic care has driven her determination to improve the overall health and wellbeing of the patients, community members, and healthcare employees. This determination and passion drove her to apply for the

Employee Health RN position. Stephanie has identified a lot of potential for improved overall wellness of NCH as a whole with holistic-driven care and holistic resources for all affiliates. As the new NCH Employee Health RN, she would love to incorporate a holistic care program for NCH employees to help decrease burnout rates, stress, anxiety, depression, and so much more. Her long-term goal for NCH employees involves seeing an improvement in overall health and wellness (not just physical health, but mental health as well). Stephanie is excited to be a part of such an amazing team through NCH.



Stephanie Farnsworth, BSN, RN,
NCH Employee Health Nurse

Please enjoy us in welcoming Stephanie to our team!

Message from Julie Bolton, BSN, RN Infection Prevention RN

We have seen an increase in positivity rates for Flu A and B, COVID-19 and RSV as well as norovirus. Please be vigilant as the Infection Prevention team monitors and assesses the situations throughout our communities. As we implement mandatory masking on certain campuses and departments, it is important that if you travel between affiliates, that you apprise yourself of the masking requirements at that affiliate and comply with them regardless of where your home base is located.

If you are ill, please make sure you call out to your manager and follow the quarantine guidelines based on your illness and established by the CDC.

COVID: Requires you to be out of work for 5 days from the day of symptom onset followed by masking for days 6-10 or until symptoms have resolved.

Flu A or B: Staff can return once symptoms are improving, and they are fever free for 24-hrs without antipyretics.

GI upset / Diarrhea: Staff should be out for 48-hrs from their last loose stool episode.

Human Resources Corner

Human Resources Team



As we welcome February, we're excited to embrace new opportunities for personal and professional growth. This month, we're focusing on heart-centered initiatives—enhancing employee wellness, fostering a supportive work environment, and celebrating the diverse talents within our team. Let's make February a month full of warmth and connection!

Understanding Carpal Tunnel Syndrome: Causes, Symptoms, and Prevention Tips

What is Carpal Tunnel Syndrome? Carpal Tunnel Syndrome is compression of the median nerve at the wrist level, underneath the transverse carpal ligament. It is most commonly caused by a chronic tenosynovitis of the flexor tendons in the carpal tunnel, but may also be attributed to trauma, systemic disease, tumor or ganglion.

Common symptoms are pain and numbness and tingling along the median nerve distribution, which includes the thumb, index, long and radial side of the ring finger. In addition, when left untreated, progressive Carpal Tunnel Syndrome can result in motor weakness of the median nerve innervated intrinsic muscles of the hand.

Tips for body mechanics:

- Avoid prolonged positioning of your wrist in positions of extreme wrist flexion and extension (e.g., forward and backward) while typing, sleeping, etc.
- Avoid activities that require repetitive or tight grasping.
- Take frequent breaks to gently stretch your wrist, particularly when using equipment that

vibrates or that requires repetitive gripping.

Available resources for you (See page 5):

- Nerve Glides: Median Nerve Home Therapy Program Exercises
- Tendon Glides: Wrists & Hands

The Knead to Know at White Mountain Community College!

Did you know White Mountain Community College offers massages that won't leave you dishing out the big dough? Get your stress kneaded out every Tuesday and Thursday at 2:00 pm! [Click here to book your appointment!](#)

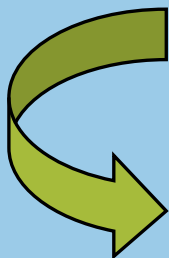
***Disclaimer: The Knead to Know at White Mountain Community College is for informational purposes only and is not associated with NCH or its affiliations.*

Welcome to the NCH Team!

We are excited to welcome the following new members to the team that had successfully been through our January Orientation. Give a warm NCH welcome to the following members:

Michael Bates	Patient Access Representative, NCH at AVH
Joyce Caldwell	Senior Clinical Manager, NCHHHA
Amy Tessier	Patient Access Representative, WMC
Lynn Warren	Registered Nurse, Patient Svcs. Coord., WMC
Lisa Ward	Certified Medical Assistant, WMC
Laura Heiser	Diet Technician, WMC
Cora Huter	Registered Nurse, AVH
Erica Perkins	Senior Accountant, NCH
Falon Sweeny	Health Information Management Clerk, NCH
Brandy Davis	Patient Access Manager, NCH at AVH
Ginny Bellacqua	Hospice Coordinator, NCHHHA

Nerve Glides - Median Nerve Home Therapy Program Exercises



Prepared By: Cathleen Daniels



Wrist Tendon Gliding

REPS: 3-5

SETS: 1

DAILY: 3

WEEKLY: 7



Setup

Begin sitting with your elbow resting on a table and your fingers straight.

Movement

Bend at your bottom knuckles so your fingers are in a table top position, straighten them, then bend your bottom and middle knuckles, straighten your hand, make a claw fist, straighten your hand, then make a half fist, and straighten your hand again. Repeat these movements.

Tip

Make sure to keep your wrist straight during the exercise.

Hand AROM FDS Glide

REPS: 5-10

SETS: 1

DAILY: 3



Setup

Begin sitting upright with your forearms resting on a table and your involved hand palm up.

Movement

With your other hand, hold three of your fingers straight. Bend the free finger towards your palm, keeping the end joint of your finger straight. Relax, then repeat with the next finger.

Tip

Make sure to move slowly during the exercise.

Hand AROM DIP Blocking

REPS: 5-10

SETS: 1

DAILY: 3



Setup

Begin sitting upright with your forearms resting on a table and your involved hand palm up. Use your other hand to hold your bottom and middle finger joints straight.

Movement

Bend the end joint of your finger. Hold briefly, then relax and repeat.

Tip

Make sure to move slowly and try to only bend your finger at the end joint.

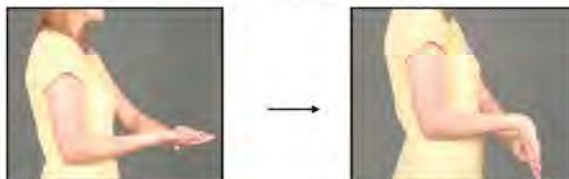


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1.800.888.HAND

NERVE GLIDES – MEDIAN NERVE Home Therapy Program

Nerve glides improve the ability of the nerve to move freely among the other structures in your arm. The goal is to reduce pain, numbness, and tingling. Nerve glides are to be done in a slow and rhythmic fashion. Avoid reproducing your symptoms during the exercises. If you are experiencing increased numbness or tingling, the nerve is being tensioned and this will delay the healing process.

- Perform the circled exercises 3 times a day, 5 repetitions. Hold each position to a slow count of 5.



- Stand with your elbow bent by your side with your palm facing up. With your opposite hand, gently bend your wrist and fingers backward.



- Tilt your neck towards the affected side, keeping your elbow straight, palm down, wrist bent backward, and fingers fully straight. Then gently bring your arm away from your side.
 - For an additional stretch, you can tilt your neck towards the unaffected side.

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Tendon Glides - Wrists & Hands





Androscoggin Valley Hospital

Michael Peterson, FACHE, President and CEO



Last month, I was honored to present, along with Bernie Adams, North Country Healthcare (NCH) Chief Quality Officer (seen in photo at-right), on the topic of High Reliability Organizations (HRO). We presented to leadership of all four NCH affiliates, as well as NCH proper at our second NCH-wide Leadership Summit. HRO is an abbreviation you will hear a lot about in coming weeks, as it is central to one of NCH's Fiscal Year 2025 goals as well as the current NCH Strategic Plan. Thanks to everyone who was able to attend. You can learn more about NCH's journey to High Reliability by [clicking here](#).



I'd also like to thank everyone who attended one of the AVH Employee Forums, held earlier this month. I always look forward to the opportunity to interact with our providers and team members face-to-face. If you have a pressing matter or question, please don't wait until the Forum. I'd love to hear from you at michael.peterson@northcountryhealth.org.

Our Facilities Department always does such a great job with the numerous projects that take place inside and outside of our building. Last month, there was a need to cease hot water within AVH for a short period of time to allow us to replace a mixing valve that had reached its end of useful life. While this temporary shutdown was necessary to ensure we have a critical resource in place to run a hospital (hot water), I want to thank all the Department members and all those within the facility at the time for working collaboratively to minimize and patient and staff inconvenience. It's a testament to the success of working together.

Thank you to the AVH Ambassadors and Employee Engagement Committee members who conducted a Bake Sale on National Donor Day (February 14). National Donor Day, celebrated on Valentine's Day each year, recognizes the 120,000 Americans currently waiting for an organ transplant. If you haven't already, please consider registering for your state's organ donor registry. You can make a difference in the life of another.

Finally, I'd like to thank everyone in our AVH Emergency Department. Recently, a patient who had multiple heart attacks last year approached an NCH team member to tell his story which included mention of how excellent the care was from those in that Department. The patient commented on how he was stabilized and able to be transferred for further care. Open heart surgery followed the emergent care he received at AVH. Now, he is doing well and back out in the community, as opposed to being in the Hospital! It's yet another example of positive outcomes that happen as a result of your collaboration, high quality care and excellent service. THANK YOU.



North Country Home Health & Hospice Agency

Jessica Foster-Hebert, RN, CHHCM, CHCM, Interim President and CEO



We continue to monitor volumes for both our Home Health and Hospice programs. Patients transitioning from our home health program to hospice, as well as self-referrals, remain the primary sources of hospice admissions. These cases often involve advanced illnesses and complex symptoms, making them particularly challenging for both patients, caregivers, and agency staff.

Preparing for death within a matter of days or weeks often involves intense efforts: end-of-life planning, coordinating family visits, teaching caregivers how to provide care to their loved one, and supporting medication management. This process should not feel rushed or crammed into mere hours—our patients deserve better.

If I were to draw a comparison between death and birth: over nine months, providers support expecting parents through prenatal care, connect them with resources like birthing classes and lactation consultants, and prepare them for the experience of childbirth and parenting. Similarly, patients nearing the end-of-life deserve a thoughtfully guided journey, supported by specialty providers trained in end-of-life care, such as our hospice team. I will continue meeting with key stakeholders within the NCH organization and community partners to share the impactful stories of late referrals and advocate for earlier hospice interventions. I am deeply committed to supporting any efforts necessary to ensure patients receive the highest quality care for their end-of-life journey.





Upper Connecticut Valley Hospital

Greg Cook, FACHE, President and CEO



Congratulations to Marci Ducret (pictured at left) for obtaining her Certification in Burn Care! The Certified Burn Registered Nurse (CBRN) validates advanced knowledge and expertise across the burn care continuum—including pre-hospital and initial management, critical and acute care, patient and family support, rehabilitation and reintegration, and injury prevention education. Marci has obtained all emergency certifications available to the field.

Also, Marci has been voted in by the NH Emergency Nursing Association as the President-Elect for the year 2025. This honor means that Marci will spend the entire year shadowing and learning from the current President. In the year 2026, she will then be the President of the NH Emergency Nurses Association. This is the first time NH will have a President from the North Country and we are honored to be her home hospital as she works to improve legislature, develop educational opportunities, and devote improvements to the best clinical practice. Thank you, Marci for your dedication!

Join UCVH's New Lobby Greeter Program!




UCVH is launching a **Lobby Greeter Program**, and we're looking for volunteers to help create a warm and welcoming experience for patients and visitors! Volunteers are needed **Monday–Friday from 8:00 AM to 12:00 PM** to greet guests and assist with directions—training provided!

Know someone who might be interested? **Spread the word!** Even volunteering **one shift per week** would make a big difference.

We're also excited to announce our **FIRST NCH Volunteer Orientation** at UCVH on **Monday, February 24th, from 10:30 AM – 1:30 PM (lunch included!)**. It's a great opportunity to learn more about NCH, refresh important training, and connect with fellow volunteers.

Interested in the greeter role or attending orientation? **Contact Ren Anderson at lauren.anderson@northcountryhealth.org or 603.444.8399.**



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Visit RedCrossBlood.org and enter: **"ucvh"** to schedule an appointment.

NCH | Upper Connecticut Valley Hospital



Weeks Medical Center

Matt Streeter, MBA, FACHE, FHFMA, Interim President, Weeks Medical Center



Dear Readers,

Lately, the question I hear more than any other is, **“What’s happening with the clinic in Littleton?”** So, for this month’s article, I’d like to take some time to share our plans.

First, it may come as a surprise to some that Weeks Medical Center (WMC) already operates a clinic in Littleton. Thanks to a valuable partnership with North Country Home Health and Hospice Agency (NCHHHA), we have been providing primary care services from their building on Cottage Street. In fact, we successfully achieved certification as a Rural Health Clinic (RHC) at this location, which allows us to receive higher reimbursement rates than non-RHC-certified clinics.

While we are grateful for our collaboration with NCHHHA, this was always intended as a temporary solution. The space simply does not accommodate the needs of a fully integrated primary care clinic. Despite these limitations, demand for our services in Littleton continues to grow.

This increasing demand—along with a decline in market share among other primary care providers in the area—presents a significant opportunity for WMC to expand its presence in Littleton. While our current clinic has allowed us to provide limited services, an expanded facility would increase access to care, generate new revenue, and better serve the residents of the North Country.

To that end, WMC previously purchased a property on Meadow Street in Littleton, across from Tractor Supply, with plans to renovate it into a fully integrated RHC offering family medicine and behavioral health services. This proposed clinic would also include a Doorway program—part of the state’s initiative to create entry points for substance use treatment. Additionally, there is potential for visiting specialists from across the NCH System to see patients in Littleton, bringing even more resources to the community.

However, like many construction projects in today’s economy, we have faced significant challenges due to rising and volatile construction costs. Originally approved at approximately \$3 million, the estimated cost has now doubled to around \$6 million. Despite these hurdles, we remain committed to securing the necessary funding to complete this project and open the new clinic in 2026.

I hope this update provides a clearer picture of what has come to be known as the “Littleton Clinic Project.” Thank you for your ongoing support as we work toward expanding access to quality healthcare in the North Country.

Marketing Update

James Patry, FACHE, Vice President, NCH
Marketing & Community Relations



Happy February!

In the Marketing portion of last month's newsletter, I showcased the lowest five service lines, correctly identified by employees and providers who completed a 2024 survey, as existing within one or more NCH affiliates: PET scan; Rheumatology (previously offered via Telehealth); Dermatology; Addiction Recovery; and Neurology. The second-lowest group of five service lines, in terms of correct identification within our System:

**Palliative Care | Ear, Nose, Throat
Obstetrics & Gynecology | Pulmonology | Wound Care**



Palliative Care is a very important service which provides a specialized approach to medical care that benefits individuals and families living with a serious illness. Michelle Lovell, DNP, APRN, FNP-C, (seen at left) of Weeks Medical Center, works

closely with patients, families and health care team members to provide a crucial layer of support. For more information, please visit <https://weeksmedical.org/department/palliative-care-services/> or call (603) 788-5762.

I will continue to feature other departments within NCH, in future issues of this newsletter. In the meantime, a list of departments can be viewed here: [Services - North Country Healthcare](#)

I'd like to offer immense thanks to everyone who completed this year's Community Health Needs Assessment survey. More than 1,164 individuals took the survey which will help us in a number of ways, not the least of which is to determine what our

community members see as the most critical health needs in our service area. The report detailing all of the important information obtained will be developed in coming months. I'll be glad to share the end product via a link to our NCH website once the report is complete.

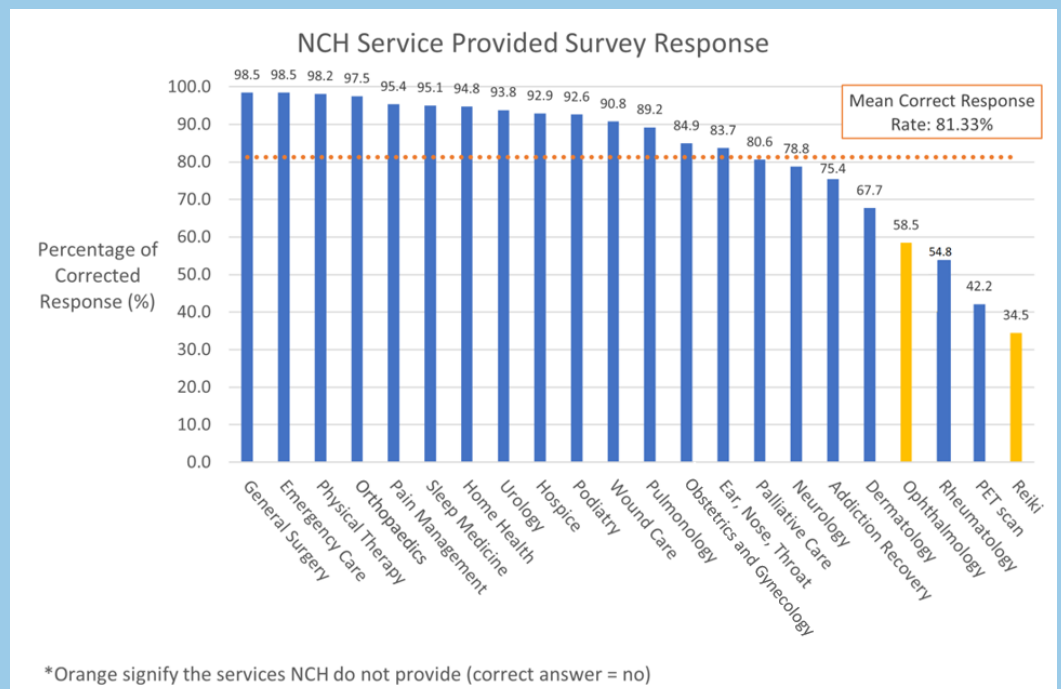
I am proud to serve as an Executive Sponsor, along with Jen Guss, RN, MSN, FACHE, North Country Healthcare, of the NCH One Team, One Mission's Education & Communication Team. Lead by Team Co-Leads Leah Milligan, BSN, RN, and Ren Anderson, MAOL, the team has begun meeting and will work closely on how it can develop high quality training, campaigns and communication. Thank you to the many team members playing an integral role as we continue to advance the culture of our organization:

Nancy Blankenship, Jennifer Fuller, Melanie Gelinas, Karen Ramsey, Gaye Roy, Sarah Sterling, Jill Gregoire, Jade Marquis-Kelsea and Beverly Charron.

One of the NCH Marketing Department's 2025 goals pertains to an increase in the number of individuals enrolled in the NCH Patient Portal. If you receive care at any of our facilities and have not signed up for the Portal, I encourage you to do so and enjoy the many benefits that it offers. You can get started by [clicking here](#).

PS. Check out this [awesome new item](#) in the NCH logostore! As a reminder, NCH doesn't receive any proceeds from any logowear sales.

Have a wonderful month!





NCH

north country healthcare

North Country Healthcare

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