



## NCH Leadership Corner

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

Over the past several months, we've kept a close eye on the legislative developments unfolding in Washington, particularly those with the potential to impact how rural health Systems like ours are reimbursed for the care we provide. Many of you have engaged in these conversations, read our updates, and asked thoughtful questions about what these changes could mean for our patients, our communities, and each other.

Today, I'm writing to share that the Big Beautiful Bill—recently passed and signed into law—has confirmed some of the more difficult scenarios we were hoping to avoid. Among its provisions are significant changes to Medicaid reimbursement models that, while intended to reduce federal spending, will result in a substantial reduction in the payments we receive for the care we provide to our most vulnerable populations.

While the full impact of this legislation will unfold in the coming weeks and months, we are closely monitoring developments at both the federal and state levels. There were significant changes to Medicaid coverage and reimbursement, and we are analyzing how these changes may affect our patient population and revenue streams. We will be closely monitoring how NH Medicaid implements these changes and will continue to work to support our Medicaid patients in their efforts to maintain coverage. That said, while we won't know the full impact of the bill on our financial operations, it is certain that the impact will be substantial enough



to warrant proactive and significant changes to our budgeted expenses.

This is not the message any of us wanted to deliver or receive, but it is one NCH is prepared for. Thanks to our ongoing focus on operational efficiency, our commitment to high reliability, and our collective ability to plan proactively, we are not starting from scratch. We are, however, entering a new phase in our organization's evolution—one that will require thoughtful choices, a steady hand, and, most of all, unity in purpose.

Medicaid represents a crucial portion of our payer mix. For many of the individuals and families we serve, it is their only access point to care. As a rural health System, we have long embraced this responsibility—not just as healthcare providers, but as members of our communities. The changes introduced by the Big Beautiful Bill shift some of the funding mechanisms that have historically supported Medicaid in rural areas, narrowing eligibility, adjusting federal match rates, and altering reimbursement formulas that had helped sustain critical access hospitals and community-based services.

For purposes of the FY26 budget, we are going to project reduced Medicaid reimbursement in the range of \$3.5 - \$5 million annually. While that

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number is significant, we view it not as an endpoint but as a starting point for strategic action. Our Mission hasn't changed, and neither has our resolve.

We've talked often—and with purpose—about the concept of **high reliability**: a commitment to delivering consistent, safe, and effective care across every department, every shift, and every patient interaction. High reliability isn't just about clinical performance; it's about building an organizational culture that can adapt to disruption without compromising core values.

This moment is precisely why high reliability matters. Because we've invested in building strong teams, transparent processes, and a culture of continuous improvement, we are better positioned than most to face these headwinds. The coming months will test our resolve, but I believe they will also highlight our strength.

Most importantly, we will not waiver in our commitment to quality or to each other.

## What Happens Next

Our leadership team has already begun working through strategies to close this gap. That work is rooted in three guiding principles:

- 1. Minimize Impact on Direct Patient Care:** We will prioritize preserving frontline services and clinical quality. Our patients must continue to receive the care they need, when and where they need it.
- 2. Ensure Fairness and Transparency:** Difficult decisions will be made. Some of them will involve rethinking programs, consolidating roles, delaying investments, and possibly reducing certain services. These decisions will be made with broad input, data-driven analysis, and a commitment to open communication.
- 3. Engage Our People:** No one knows this organization better than the people who make it work every day. Over the coming weeks, we will be inviting input from across the health System—clinicians, support staff, administrators, and leaders alike—to identify opportunities for savings, innovation, and collaboration. Everyone will be heard.

Some of our initiatives will be immediate, others phased. We are not rushing to conclusions—we are aiming for long-term sustainability.

It's important to acknowledge that the challenges we're facing are not unique to us. Across the country, especially in rural America, health Systems are grappling with the implications of this bill. What makes our situation different, however, is our people. The strength of our workforce, the resilience of our culture, and the trust we have built in our communities set us apart. This won't be easy, but we are not helpless, and we are not alone.

In fact, our advocacy efforts have never been more important. While the bill has passed, implementation will evolve over time. We will continue to work with our state and national partners to make sure North Country voices are heard. We encourage you to stay informed, engaged, and vocal in support of policies that protect access to care.

You've likely heard me say that change is the only constant in healthcare. That doesn't make it easier when the change comes with a financial cost, and potentially personal ones as well. I want you to know that I see the work you do. I see the care you provide, the compassion you offer, and the burdens you carry—both seen and unseen. You have never failed to rise to the challenge, and I have no doubt you will again.

Please take care of yourselves and each other. Be kind. Be thoughtful. Lean into the values that brought you to healthcare in the first place. And know that your voice and your work matter now more than ever.

In the coming weeks/months, we'll share more detail about the steps we'll be taking and how you may be involved in shaping them. In the meantime, I want to leave you with this: **our Mission endures**. Our commitment to our patients, our team, and our communities remains rock solid. Though we must adjust to the realities of this moment, we will do so with integrity, with empathy, and with hope.

Thank you—for your work, your dedication, and your continued belief in what we do together.



# Nursing Leadership Communication

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



**Medication Reconciliation:** As we work to roll out and refine medication reconciliation throughout NCH, I would like to extend my gratitude to all of the staff and providers who have participated in the working groups and pilot programs. The main focus will be ensuring we have a standardized approach to medication review/medication history and medication reconciliation. The MEDITECH 2.2 upgrade has thrown us a few curveballs, but the teams who have piloted the medication reconciliation process are helping us work through them.

**Alzheimer’s and Dementia:** We will be rolling out a comprehensive Alzheimer’s and Dementia plan in September 2025. Gaye Roy has taken lead on this project. Gaye is excited to launch a comprehensive program that will involve in-person education with a focus on delirium and psychosis, to ensure our frontline staff have the tools necessary to keep patients and themselves safe.

**New Graduate Nurses:** We welcomed our new graduate nurses at the Whitefield Education Center on Monday, June 16th. In total, we have welcomed nine new graduate nurses to NCH this summer!

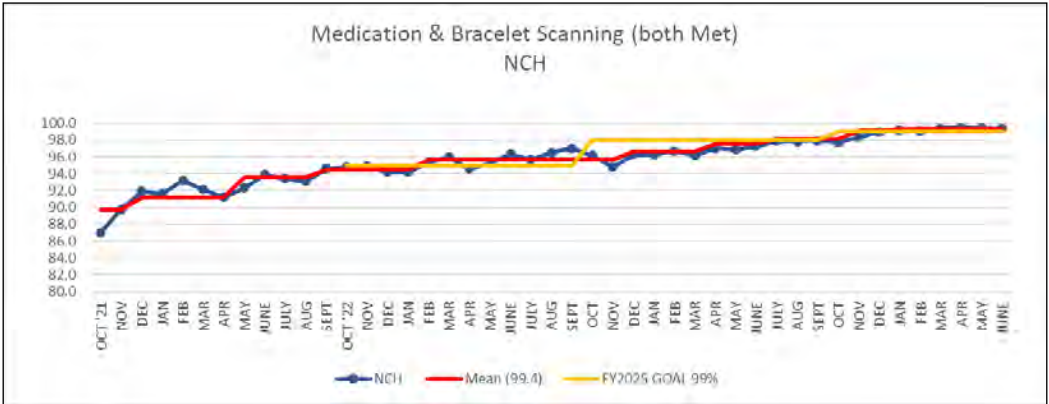
- Erin Amadon – WMC Emergency Department
- Samantha Howe – WMC Med-Surg
- Ava MacNevins – WMC Med-Surg
- Lillian Couture – AVH Med-Surg
- Kerri Paiva – AVH Med-Surg
- Jenny Ferren – AVH Med-Surg
- Eliza Hazen – AVH Intensive Care Unit
- Savannah Gagne – AVH Emergency Department
- Anika Goudreau – UCVH Med-Surg

**Weeks Medical Center Oncology/Infusion:** Effective in June, Susan Reed, RPh., CPHQ, NCH Director of Pharmacy Services, took over the management of the Weeks Medical Center Oncology/Infusion service line. Sue has over 30 years’ experience managing infusion clinics.

Another **GREEN** month! Great job everyone! Due to this we can move the mean line for NCH!

## MEDICATION AND BRACELET SCANNING (BOTH MET)

AFFILIATE - ALL USERS JUNE	Total Medication Admins	Rate Medications	Rate Patients	Rate Combined Verifications	AVG MINUTES ADMIN TO DOC
AVH	12166	99.58%	99.56%	99.37%	9.8
UCVH	3590	99.83%	99.86%	99.83%	9.1
WMC	9119	99.13%	99.79%	99.11%	8.4
<b><u>NCH</u></b> <b><u>(MBCA REPORT)</u></b>	<b><u>25626</u></b>	<b><u>99.46</u></b>	<b><u>99.69</u></b>	<b><u>99.35</u></b>	





# IT System Updates

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



### Current and Completed Projects and Highlights:

## One Team, One Mission

We're excited for our upcoming Leadership Summit on July 16th, where we will continue to advance our One Team, One Mission initiative. The focus of the summit will center around goal setting, a deep dive into our Employee Engagement Survey results, and alignment around our High Reliability Organization (HRO) principles. As always, the day will include interactive discussions and a few fun surprises along the way.

We are also continuing to integrate our NCH SOARS behavioral standards—Navigate, Commitment, High Reliability, Service, Ownership, Attitude, Respect, and Strength—into daily conversations and leadership routines. These values are not just posters or slogans—they're how we lead, serve, and support one another every day. I also want to highlight the need for leaders to round. It is a crucial part of building trust and relationships. Let's keep the momentum going together.

## Infrastructure Updates

Our infrastructure modernization efforts continue at a strong pace, with key projects now well underway across all locations. Notably, we are upgrading core switching infrastructure at Weeks Medical Center, with other locations following suit. These improvements are designed to support greater network resilience, reliability, and future scalability.

In parallel, the rollout of Windows 11 across all NCH locations is progressing smoothly. These upgrades—along with other server and storage enhancements—are essential steps in our ongoing mission to create a stable, secure, and sustainable technology foundation. Thank you to all the teams who continue to support and lead these critical transitions.

## MEDITECH Expanse 2.2 Upgrade

The MEDITECH 2.2 upgrade go-live was completed on Tuesday, June 17th. This launch marks a major leap forward in usability, efficiency, and system performance.

We sincerely thank everyone across NCH who has contributed to this massive undertaking. Your patience, participation, and thorough testing efforts have helped us validate over 18,000 bug fixes, enhancements, and new features—ensuring we are delivering the best possible tools to support our clinical and operational teams. This has been a true team effort, and we appreciate your commitment.

## Security Assessments

We're pleased to report that our annual System-wide security assessments are now complete. Finalized reports are pending, but initial findings show marked improvement in our overall cybersecurity posture. A special highlight this year: in collaboration with Topgallant and the Cybersecurity and Infrastructure Security Agency (CISA), we conducted a phishing simulation involving a quarter of our user base. Out of thousands of users, only one individual clicked the test link—an outstanding result that demonstrates just how far we've come in cybersecurity awareness and training.

Kudos to all NCH employees for your vigilance and attention to cyber threats. Your awareness is a critical defense in our ongoing commitment to cybersecurity resilience.



## Quality Corner

**Bernie Adams, LSSBB, Chief Quality Officer**



### Using Data Better: A System-Wide Shift Is Coming

Across NCH, we are making a real effort to collect and use data every day—from our new departmental dashboards to our QAPI Committee reports, to quality and safety metrics. But if we're being honest with ourselves, we're not yet using that data in the most effective way. And we're certainly not getting the full value out of it.

Too often, we request data without fully understanding what we're trying to uncover. We ask for trend information without a shared understanding of what defines a trend—or how to measure it. As operational experts, you may know the problem well. But do you know how to ask for the kind of data that can help solve it? At times, data analysis happens in a silo—without realizing that support is just around the corner.

Today, our teams in Quality, Performance Improvement, and IT bring deep knowledge and tools that can help us ask sharper questions, get to the “Why” behind the numbers, and use data to drive meaningful decisions.

But we're not stopping there. Soon, you'll see a shift in how our System approaches data. We're moving toward a more structured, collaborative model—one that ensures every leader is supported in making informed, data-driven decisions. This includes a new team we're building: Decision Support. Working closely with Quality, IT and Finance, this team will help guide the interpretation, context, and application of data across the organization.

We want our data to tell a story—not just about where we've been, but where we're going. About how our work is impacting our patients. To do that, we'll need to grow our collective skills, tap into internal expertise, and work more closely across teams. Whether it's a dashboard, a trend line, or a deep dive into variation, help is here—and more is on the way.

Get ready to use it!



## Finance/Accounting

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



### Revenue Cycle Optimization (with Eclipse Insights)

Our revenue cycle improvement efforts, in partnership with Eclipse, continue to advance across multiple fronts. We've now completed several key foundational tasks, including the launch of the Denials Management Task Force and the implementation of automated timely filing task escalations at 60, 90, and 120 days post-discharge—tangible steps that will help reduce denials and avoidable write-offs. We've also developed a phased A/R clean-up plan that aims to address approximately \$4 million in aged, unrecoverable accounts receivable by this fall.

Significant progress is also being made in the pharmacy workstream, with charge methodologies reviewed and the MEDITECH build requirements nearly finalized. Meanwhile, our perioperative and infusion service assessments are underway, and the recently launched Revenue Cycle Steering Committee is now bringing together all workstreams to ensure alignment and oversight. While some areas have encountered minor delays, the overall

project remains on track with key deliverables continuing to move forward.

These efforts are already laying the groundwork for greater financial integrity, better data-driven decision-making, and long-term sustainability across our System. Thank you to all the team members who are contributing to this important work.

### Anita Flagg Joins Finance Team

We are pleased to welcome Anita Flagg to the North Country Healthcare Finance team as our new Director of Financial Planning & Analytics, as of June 23. Anita brings more than two decades of healthcare finance experience, most recently serving as Controller at North Country Hospital in Newport, Vermont. A Certified Healthcare Financial Professional (CHFP), she has led efforts in financial reporting, budgeting, audit preparation, and systems implementation, and is known for driving process improvements and fostering strong cross-functional collaboration. Please join us in welcoming Anita to the team!



# Human Resources Corner

Human Resources Team



## Welcome to the July Edition of Our Newsletter!

As we step into the heart of summer, we want to extend a warm welcome to all our team members, both new and long-standing. July is a vibrant month filled with opportunities for personal and professional growth. Whether you're soaking up the sun with family and friends or diving into new projects at work, we hope you find this month as invigorating as the summer sun.

Remember to take time to appreciate the warm days and recharge yourself. As always, our Human Resources team is here to support you in every step of your journey. Enjoy the summer, and let's make this month a memorable one together!

Stay safe and have a great July!

## Support Resources Available

In light of the recent events impacting our local Berlin community recently, we want to remind everyone that our KGA Employee Assistance Program is here to support you.

Whether you're feeling overwhelmed, need someone to talk to, or just want guidance during a difficult time, this confidential resource is available 24/7. Please don't hesitate to reach out.

You can access support anytime at: [my.kgalifeservices.com](https://my.kgalifeservices.com). This program is a benefit we offer at no cost to you, an employee under North Country Health and affiliates.

Please take care of yourselves and one another.

## Welcome to the NCH Team!

We are excited to welcome the following new members to the team who successfully completed our June Orientation. Give a warm NCH welcome to the following members:

**Angie Schrierer** | President of Ambulatory Operations, Administration - NCH

**Justin Alimandi** | Maintenance Tech, Plant Services - AVH

**Daniel Murphy** | Service Desk Technician, Info. Syst. - NCH

**Katie Rainville** | LNA, Med/Surg - UCVH

**Eliza Hazen** | RN, ICU - AVH

**Madison Cusson** | MA, Specialty Practice - AVH

**Cody Arsenault** | HR Business Partner, HR - NCH

**Melissa Jimenez** | RN Circulator, Operating Room - WMC

**Katryn Cormier** | LNA/ER Tech, ED - AVH

**Roneta Schwind** | Floor Care Tech, Operating Room - AVH

**Shayna Poulton** | RN, Whitefield Office Triage - WMC

**Cameron Morse** | Carpenter, - WMC

**Nataliya Sundina** | PA-C, Family Medicine - WMC

**Shayna Fournier** | LNA - NCHHHA

**Anita Flagg** | Director of Financial Planning & Analysis - NCH

**Louise Owen** | Patient Access Float - NCH

**Penny Odell** | Triage RN - NCHHHA

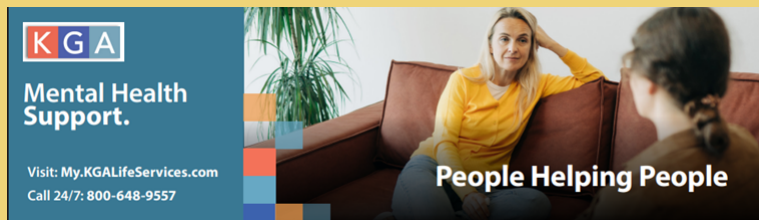
**Brianna Poulin** | Patient Access Representative - NCH

**Cherise Goodall** | Patient Access Representative - NCH

**Jacqueline Giroux** | Rehab Unit Aide - UCVH

**Daniel Moore** | LNA, ED Tech - AVH

**Hannah Chasseur** | RN, Case Management - WMC







# Androscoggin Valley Hospital

Michael Peterson, FACHE, President and CEO



Happy Summer!

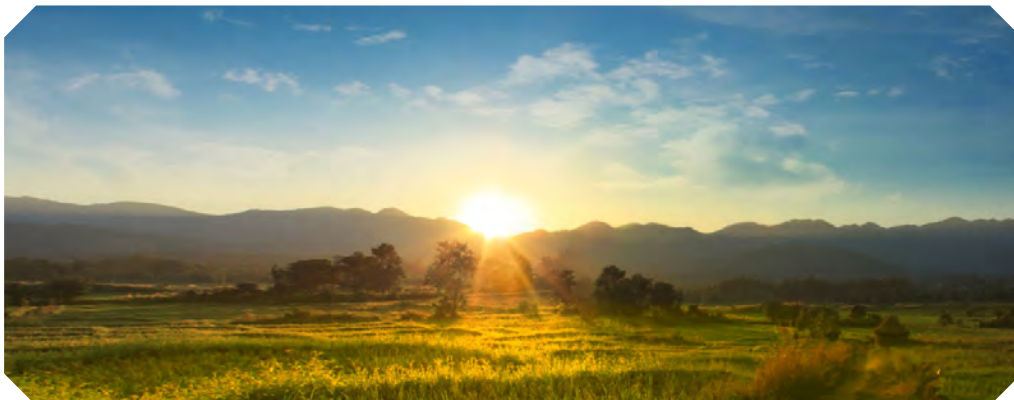
This month, I'd like to first congratulate a couple of AVH team members for well-deserved recognition in their respective areas.

Congratulations to Lisa Derosier, RN, who has been a part of the AVH team for more than 25 years. Last month, Lisa, a member of the Hospital's Surgical Services Department, successfully completed her RN First Assist Certification. There are more than a dozen essential functions of this program including conducting preoperative and postoperative assessments, monitoring the patient's status and documenting observations during surgery and actively participating in surgical site management and wound closure, just to name a few. We are very proud of you, Lisa. Congratulations!

Congratulations also to Natalie Valliere and the entire Valley Birthplace at AVH team. Last month, Natalie presented to the NCH Board of Directors about the importance of maternity care in Northern New Hampshire, as well as the exciting work being done by the North Country Maternity Network which is supported by a federal grant managed by Dartmouth Health. Valley Birthplace nurses are working closely with Dartmouth Health, as well as nonprofits and health workers to ensure that the training delivered to those who are in this important service line, is current and timely. To view a recent online article written for New Hampshire Public Radio, please [click here](#).

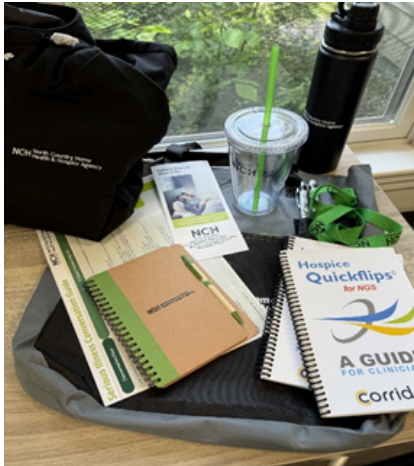
Finally, UV Safety Awareness Month is this month. The observance is held every July, with the intent of raising awareness about the risks of ultraviolet radiation and skin cancer. Individuals are encouraged to wear sunscreen, stay in the shade whenever possible and, if you must be in the sun, to wear a broad-brimmed hat, sunglasses, breathable clothing and apply sunscreen with an S.P.F. of at least 30. But remember, sun protection is not just for summer! It's important to take those steps throughout the year.

Here's wishing you a wonderful and safe month.



# North Country Home Health & Hospice Agency

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



As the home health and hospice landscape continues to evolve, agencies are increasingly challenged to either survive or thrive. At North Country Home Health & Hospice Agency (NCHHA), we remain committed to thriving—through strategic planning, targeted grant procurement, and deepening community engagement.

We are proud to announce the successful completion of the Clinical Liaison Grant initiative, a project that has significantly strengthened our infrastructure and outreach over the past year. This initiative would not have been possible without the exceptional collaboration and dedication of Ren Anderson, Scarlett Moberly, the NCH Marketing Team, Kristin Mosher, and Katie Hartford.

## Key Accomplishments Include:

- Continued education and engagement with both internal and external stakeholders
- Increased awareness of NCHHA program offerings and eligibility criteria through the development of customized marketing materials
- Enhanced focus on Home Medical Supply and its role in supporting patients to remain safely at home and meet health care needs beyond clinical medicine
- Development of targeted provider education tools focused on home health and hospice eligibility
- Procurement of education and documentation platforms to streamline workflows and enhance staff learning
- Completion of advanced education for Clinical Liaisons and Nurse Navigators, including:
  - ◊ Empowering People Coping with a Terminal Condition
  - ◊ Performance and Patient Perception
  - ◊ Seven Pillars of Hospice Growth
  - ◊ Certified Hospice and Palliative Nurse (CHPN) Certification
- Creation of caregiver training binders and educational modules
- Development of supportive materials specific to end-of-life care and bereavement
- Creation of accessible resources for providers, patients, and community members alike

These tools not only enhance our ability to deliver timely, appropriate care, but also expand our reach and impact within the communities we serve.



We are sincerely grateful for the collective effort that brought this initiative to life and are excited to continue building upon this strong foundation.





# Upper Connecticut Valley Hospital

Greg Cook, FACHE, President and CEO



## Prescription Food Program

At UCVH, we know that food is more than fuel—it's medicine. That's the philosophy behind our Prescription Food Program, a powerful initiative that blends nutritional education with access to fresh, health-supportive foods for patients managing chronic health conditions.

While food may not replace traditional medicine, the food we eat plays a major role in preventing and managing conditions like Type 2 Diabetes, Heart Disease, and High Blood Pressure. This program aims to meet patients where they are, empowering them with the knowledge, tools, and resources to take control of their health through nutrition.

Each month, Kelsey McCullough, RD, leads an interactive, supportive educational session designed to explore how nutrition impacts specific health conditions. These sessions often include tips on preparing healthy, affordable meals—complete with take-home recipes that align with the foods being distributed that day.

Following the educational portion, participants receive a curated supply of healthful foods—fresh produce, lean proteins, whole grains, and dairy—generously provided through grant funding and a valued partnership with the New Hampshire Food Bank. While the program supports approximately 25 individuals, we typically welcome an average of 15 participants each month. This program is a success thanks to the dedicated efforts of our volunteers and staff, who generously give their time to support our participants and the ongoing achievement of the program.

Beyond the food, this program creates a sense of community. We've built lasting relationships with our participants, and the environment is one of support, encouragement, and shared success. We're proud of the difference the Prescription Food Program is making throughout our community.

## UCVH Spring Into Action – Step Challenge

Our Spring Into Action Team Step Challenge was a fantastic success! Designed to get us all moving a little more (and maybe add a little friendly competition), the challenge brought out some serious stepping power. A huge congratulations to all the teams who participated—you collectively racked up an incredible 12,268,832 steps!

Here's how the teams stacked up:

- Agony of De Feet – 441,039 avg. steps
- Blister Sisters – 410,022 avg. steps
- Heel Yeah – 380,148 avg. steps
- Happy Trotters – 355,246 avg. steps
- Toe Tally Awesome – 316,507 avg. steps

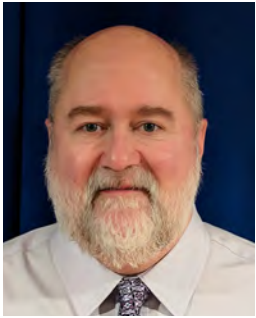
Agony of De Feet takes the win with the highest average step count—well done!

Thank you again to everyone who joined in. We hope this challenge brought some extra energy and fun to your days!



# Weeks Medical Center

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



## Sleep Medicine

Submitted by Irving Smith, DO, Sleep Medicine (pictured at left)

*(I have been asked to write a short article about Sleep Medicine and the Sleep Medicine program at Weeks Medical Center in Lancaster. Because this is a brief overview, pediatric sleep is not covered. It should be noted, however, that we serve patients aged 6 years and up.)*

### What is Sleep?

Sleep lies along a spectrum of states of awareness marked by specific behavioral and physiological phenomena. This runs from wakefulness to drowsiness to nonrapid eye movement sleep, and rapid eye movement (REM) sleep. It is generally performed lying down and is marked by immobility, decreased response to external stimuli, and a reversibly unconscious state of mind.

Brain waves, muscle movements, and eye movements are different when asleep and awake. Recent years have seen an explosion of knowledge about sleep and health, especially regarding the heart and brain.

### Why Do We Want to Know About Sleep?

Sleep is essential to many bodily functions. It conserves energy, restores mind and body, cleans waste from the brain, strengthens the immune system, allows for new nerve connections to be made related to gene expression and protein synthesis, consolidates memory and learning, and more.

Sleep disorders cause reduced productivity, decreased quality of life, increased accidents, reduced mental performance, and increased risk of serious diseases.

Non-restorative sleep also plays a role in poor interpersonal relations. It is associated with mood disorders, such as depression and anxiety and bipolar disorder, as well as various personality disorders.

### Common Sleep Disorders

Among the more than 80 different sleep disorders, the ones most encountered are insomnia; sleep-related breathing disorders; hypersomnia/narcolepsy; restless leg syndrome/periodic limb movements of sleep, and REM behavior disorder. Not all of these require a sleep study for diagnosis and treatment.

Insomnia, whether it be trouble getting to sleep or staying asleep or both, is often linked to anxiety, stress, and lifestyle factors. There are a variety of treatment approaches available. These include sleep hygiene, stimulus control therapy, sleep restriction therapy, and especially cognitive behavioral therapy for insomnia. Occasionally, medicine is needed.

The most common sleep-related breathing disorder is obstructive sleep apnea syndrome (OSAS), often referred to as sleep apnea. Patients with OSAS spend much of their sleep snoring, choking, gasping for breath, and simply not breathing. This raises risk for high blood pressure, heart attack, atrial fibrillation, stroke, weight gain and diabetes, cognitive impairment, and accidents. Diagnosis requires a sleep study.

Narcolepsy and hypersomnia are marked by excessive amounts of sleep that nevertheless is nonrestorative. Manifestations may include sleep attacks, sudden muscle weakness or collapse, sleep paralysis, hallucinations upon going to sleep or awakening, and automatic behaviors. Effective treatments are available. Diagnosis requires an overnight sleep study followed by a next-day study known as a multiple sleep latency test.

Restless leg syndrome is a clinical diagnosis based on patient symptoms and not testing. It is an uncontrollable urge to move the legs accompanied by unpleasant sensations. Movement offers only temporary relief. This disrupts sleep. Periodic limb movements of sleep are repetitive, rhythmic leg movements. They may or may not adversely affect sleep.

REM behavior disorder is far more common among men than women and usually occurs among the middle-aged and elderly. It is characterized by dream enacting behavior during REM sleep, sometimes violently so, and may be confused for a nightmare or even seizure. Often secondary to neurodegenerative diseases, like Parkinson disease and forms of dementia, diagnosis requires a sleep study.

### Conclusion

Sleep is approximately one-third of our lives. We all feel better after a good night of sleep, which we often refer to as having, "Slept like a baby." ***If you or someone you know has a problem such as one of these, you may schedule an appointment with Dr. Smith and our Sleep Medicine team - call (603) 788-5275.***

# Marketing Update

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



Thank you to everyone who, late last year, completed an online survey regarding awareness of services provided by NCH affiliates. As part of my Yellow Belt project, the goal of which is to build more awareness of what NCH offers (and what we don't), the survey was re-issued via email this past July 2. If you completed the original survey, and haven't completed the survey from July 2, please do. It can be accessed at: <https://www.surveymonkey.com/r/GRHXEM5>

the CHNA with implementation plan, will be presented to the Boards of all NCH affiliates and NCH proper, for final approval. As a reminder, all critical access hospitals are required to complete a CHNA every three years.

Finally, I hope that you were able to enjoy a safe Independence Day! North Country Healthcare's float won 1st place at the Gorham 4th of July parade! Thank you to all who helped build the float and walked in the parade with the NCH team! Thank you also to Mark Kelley, NCH Board Member and White Mountain Lumber, for the use of the trailer and to Dennis Therrien, who pulled the trailer with his truck.

Thanks for all that you do for our fellow team members and communities.



Last month, I had the good fortune of being able to present four Mariam Gaynor scholarships to graduating seniors of Berlin and Gorham High Schools. Congratulations to Emma Guilbeault, Lily Kelley and Jaiden Laflamme (all of Berlin High) and Issac Langlois (Gorham High) on each earning a \$3,000 scholarship to pursue health-related



education. These scholarships are funded by a previous bequest to the AVH Foundation, and recipients are determined by the AVH Foundation Board.

Special thanks to Ren Anderson, NCH Philanthropy and Community Relations Director, and Scarlett Moberly, NCH Grant and Community Benefits Coordinator, for their successful presentations of the most recent Community Health Needs Assessment (CHNA). Working

closely with Kylie Lattimore of Ovation Healthcare, Ren and Scarlett presented the Assessment at all NCH affiliates as well as on a Saturday at Littleton Food Co-Op. Feedback from the sessions will help build the upcoming Community Health Improvement Plan (CHIP). To view one of the presentations, please [click here](#). If interested in assisting with the CHIP development, please reach out either to Ren or Scarlett at [lauren.anderson@northcountryhealth.org](mailto:lauren.anderson@northcountryhealth.org) or [scarlett.moberly@northcountryhealth.org](mailto:scarlett.moberly@northcountryhealth.org), respectively. In coming months,



**\$445.75 was raised in June!**