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Watch Exposure to the Summer Sun To Help Avoid Skin Cancer

Your skin is your largest organ, adding up to about 20 square feet for most adults—roughly the size of a blanket. And it comes in direct contact with virtually everything in your environment—sun, wind, rain, and all kinds of microscopic organisms. So it should be no surprise that skin cancer is the most common form of cancer.

During these summer months, it is important to protect yourself from too much sun, a main cause of all skin cancers.

There are several types of skin cancer, but one type, malignant melanoma, is significantly more threatening than the others. As a result, medical professionals often make the distinction between “melanoma” and “nonmelanoma” skin cancer.

The number of nonmelanoma skin cancers increased by about 76 percent during the period from 1992 to 2006, according to one recent study leading the authors to declare an epidemic—“a disease process that affects a large proportion of the population and that keeps on increasing.”

Most of these skin cancers were either *basal cell* or *squamous cell carcinoma* or *squamous cell carcinoma in situ*. All are highly associated with exposure to ultraviolet radiation, and the study authors had no trouble linking the epidemic they identified to the coming of age of a generation of sun worshippers.

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New Pediatrician Joins BMH Medical Staff

Pediatrician Katya Petrova, MD, has joined the Brattleboro Memorial Hospital medical staff. She is in practice with Just So Pediatrics, located at 16 Belmont Avenue, across the street from the hospital.

Dr. Petrova received her master’s degree in biomedical sciences at Albany Medical College, Center for Immunology and Microbial Diseases, having received her medical degree at the Russian State Medical University in Moscow earlier.

Dr. Petrova, who was born in Russia and is fluent in both English and Russian, was named Outstanding Medical Student (having the equivalency to a 4.0 average) while at the Russian State Medical University. Dr. Petrova made a number of presentations in the medical community on various subjects while at Albany Medical College. Also while at the College, she taught undergraduate students and technicians laboratory skills in molecular cell biology.

Dr. Petrova is active in church-related activities and served as a pediatrician assistant and English language interpreter for medical missions to the Ukraine and Russia. Her interests and hobbies include sewing, reading, and ice skating.

Dr. Petrova comes to Just So Pediatrics after having recently completed a pediatric residency at State University of New York (SUNY) Downstate Medical Center. She has moved to the area, and looks forward to working with Drs. Valerie Rooney and Jane Katz Field at Just So Pediatrics, and getting to know the patients in the practice.

Appointments with Dr. Petrova can be made by calling the office of Just So Pediatrics at 802-254-2253.



Katya Petrova, MD

Watch Exposure To Sun To Avoid Skin Cancer *continued from page 1*

With increased prosperity and leisure, the post-World War II generation discovered an attraction for beaches and baking their bodies in the sun. It was often considered embarrassing to appear on the beach, or even the office, until a certain degree of tanning had taken place.

Those attitudes are still rather firmly entrenched, and dermatologists would like to change them. They are particularly concerned about an increased incidence of skin cancers among young persons, even teenagers.

In normal skin, new cells push older ones upward toward the skin surface where they die and are sloughed off. Cancer occurs when this orderly pattern of death and renewal is disrupted because of damage to DNA, the body's genetic material. Most of this damage occurs as a result of exposure to UV radiation from the sun or a tanning booth, although chemical toxins and therapeutic radiation can also be involved. The greater the exposure, the higher the risk.

The mortality rate for these nonmelanoma skin cancers is very low, and most can be treated with simple outpatient surgical procedures. They rarely spread to other parts of the body, but, if they are not detected and treated early, they can damage nearby tissue and cause substantial disfigurement.

Nonmelanoma skin cancers are slow growing and usually spring up in the midst of a sea of harmless skin lesions—freckles, warts, lumps and bumps. As one dermatologist put it, it's important to monitor your little family of skin lesions. When a new lesion appears which looks and behaves differently than the rest, have your doctor evaluate it.

By far the most life threatening of skin cancers is melanoma. Although the incidence of melanoma has also increased, it is much less common than nonmelanoma skin cancers. And, although UV radiation is the major risk factor, the link between melanoma and cumulative sun exposure is less direct.

Melanoma develops in the pigment-producing cells of the skin (melanocytes). It may be a new growth or it may develop from an existing mole. Melanoma may also develop in places that are rarely if ever exposed to the sun such as the sole of the foot, between the toes, under a nail or on the mucus membranes lining the mouth, nose, vagina, or anus. At least for these cancers, cumulative sun exposure is not the sole villain. Other factors may include heredity, exposure to carcinogens, a weakened immune system, and a history of severe sunburns. For melanoma and, to a lesser degree, squamous cell carcinoma, one or more severe sunburns before the age of 18 is a risk factor.

Unlike other skin cancers, only the smallest melanomas can be cured by surgery alone, and the cancer can rapidly spread to other parts of the body, at which time it becomes life threatening.



Early detection of melanoma is crucial. That's good reason to check your skin regularly and to have your doctor do a complete skin exam regularly if you're over 40, and particularly if you have risk factors.

What you're looking for are growths that qualify for the acronym ABCDE: ***assymetrical*** in shape; ***border*** that is irregular or notched; ***changes in color*** (many colors or uneven distribution of colors); ***diameter*** larger than a quarter of an inch; and ***evolving*** in size, color, and shape.

Lately, attention has been given to the importance of Vitamin D which, if you happened to attend a seminar on the subject presented by Nicholas Bartenhagen, MD, you would have learned is not actually a vitamin, but an ancient hormone. Dr. Bartenhagen talked about ways to get Vitamin D which included, in addition to taking a supplement, exposing our bodies to the sun. However, he said we really only need 10-15 minutes of summer sun a day at the northeast latitude to help us get the benefit of Vitamin D, and that more than that could contribute to skin cancer. For preventing skin cancer of any type, the best approach is to limit our sun exposure, and simply to avoid tanning parlors. It is also important to put on sunscreen (SPF of 15 or higher) when you venture out any time of year, including winter sports such as skiing which so many of us in New England do. *Source: Healthwire June 2010*

Healthwise is published for our patients and their families, our friends, and our community three times a year by Brattleboro Memorial Hospital.

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Healthwise articles are written by the editor unless other attributed. Please call the editor at 802-257-8316, if you have comments about this newsletter and/or suggestions for future articles.

Don't Let a Hernia Put a Strain on Your Life *by Thomas H. Lewis, M.D.*

Hernias happen. They happen to overweight, out-of-shape smokers, and they happen to highly trained athletes. They happen to persons who strain too much while lifting, and they happen to those who merely sit in a chair. While they are more common in men, they also occur frequently in pregnant women.

A hernia happens when a small portion of tissue from inside pushes through a weak spot in the abdominal wall. In about 75 percent of cases, this occurs in the inguinal canal, the area where the abdomen meets the thigh. Men are 25 times more likely than women to develop an inguinal hernia, and the bulge sometimes protrudes into the scrotum.

Other abdominal hernias likely to affect women as well as men include femoral (also in the groin, nearer the thigh), umbilical (around the naval) and epigastria (above the stomach).

It was once believed that hernias were caused by heavy lifting, straining, coughing or sneezing. Such activities may well bring on a hernia if a weakness already exists in the abdominal tissue, but the current belief is that the weakness is usually caused by impairment in collagen metabolism.

When the predisposition exists, smoking, infection and obesity—as well as straining—can increase the risk. But even fit, muscular individuals develop hernias.

If you have a hernia, you may not know it until a doctor detects it on a routine examination. When you're asked during a physical to turn your head and cough, the goal is to feel for a hernia.

A hernia can be seen or felt as a tender bulge or round lump that becomes more prominent when you cough, strain or stand up. In the early stages, it's possible to push the protruding tissue back in place temporarily. In medical terms, a bulge that can be pushed back in place is known as a "reducible" hernia. When the condition worsens, the lump can no longer be pushed back.

The hard part about dealing with a hernia is the uncertainty about what to do. A break in the abdominal wall will not get better on its own and is likely to get worse. Various trusses, belts and other devices to hold the hernia in have had mixed success. And a serious problem could occur if fatty tissue or an organ gets trapped inside the hernia (known as "incarceration") and deprived of blood flow ("strangulation"). Because of the risk of gangrene and tissue death, strangulation is a life-threatening condition requiring emergency surgery.

Surgery Now or Later?

Sooner or later, most persons with a hernia have it surgically repaired. This involves re-positioning the internal tissue and repairing the defect in the abdominal wall.

About a million procedures are performed each year; it's one of the most common types of surgery and one of the safest. Complications include pain, discomfort and recurrence of the hernia.

Because of the risk of strangulation, many persons undergo surgery right away, even if the hernia is not causing

pain or other symptoms. A study published in the *Journal of the American Medical Association* [January 18, 2006] found, however, that immediate action may not always be necessary.

More than 700 men with hernias causing only minimal symptoms were recruited over a five-year period at five academic and community hospitals and randomly assigned either to watchful waiting or traditional surgery. Over a two to three year follow-up period, researchers found that the overall rate of pain and other complications was similar in the two groups and concluded that "watchful waiting is an acceptable option for men with minimally symptomatic inguinal hernias. Delaying surgical repair until symptoms increase is safe because acute hernia incarcerations occur rarely."

Of the men assigned to watchful waiting, 23 percent crossed over to the surgery group—primarily because their pain had gotten worse and the hernia was protruding more.

Infants and children are more likely than adults to have tissue become trapped (or incarcerated) in a hernia; as a result, they may be advised to have surgery sooner rather than later.

Adults choosing to delay surgery might need to wear a truss, belt or other device in order to handle every day activities without pain or discomfort. It's important, however, to be instructed in the use of a truss since an improperly worn device could actually increase the risk of incarceration.

While hernia surgery is usually worry-free, recurrence has been a problem. The traditional repair involves suturing together the ends of the defect in the abdominal wall. With the resulting increased tension on the abdominal muscle tissue, another tear is eventually likely to happen.

Newer surgical approaches aim to reduce tension by stitching a mesh patch made of synthetic material into the defect. The recurrence rate has been shown to be dramatically improved over the traditional method of suturing the tissue together. Laparoscopic repair of some hernias is also an option in some patients and should be discussed with your doctor.

As far as the patient is concerned, the best procedure is usually the one with which the surgeon has had the most experience.

If you have a small hernia that doesn't cause symptoms, there's no need to let it worry you. When it becomes large enough to cause you pain, the surgeons at Brattleboro General Surgery practice would be glad to consult with you.

Thomas H. Lewis, MD, is a general surgeon on the BMH Medical Staff. He is in the Brattleboro General Surgery practice with Gregory Gadowski, MD, and Joseph Rosen, MD.



BMH Set To Offer Aquatic Therapy Program

The Brattleboro Memorial Hospital Rehab and Sports Medicine Services Department announces the launch of its new aquatic therapy program this summer. As of June, the Physical Therapy Department is able to provide individual, hands-on aquatic therapy at the Colonial Motel pool on Putney Road.

BMH registered physical therapists, Carol Bailey, PT, and Gail Roberts, PTA, have taken advanced, intensive training from the internationally-known speaker and owner of Aquatic Therapy Innovations, Peggy Schoedinger, PT. In taking this workshop, Carol and Gail learned

to safely apply aquatic therapy principles and techniques for patients to help improve balance, improve trunk stability, decrease pain, increase mobility, and improve function on land. Along with this new knowledge



Carol Bailey, PT, and Gail Roberts, PTA (l. to r.) sport their pool therapy shirts

regarding pool therapy, Carol and Gail each has over 20 years of experience as a therapist that they will bring to the aquatic program.

For centuries, people have used water for healing purposes. Our bodies are primarily composed of water. Thus, for many, water is a natural place for healing, rehabilitation, and exercise. In general, those patients who do well with an aquatic program are those who require the physical properties of water to increase function. The buoyancy of water can help take the weight off of a painful joint and allow someone to exercise with relative ease compared to doing the exercise on land. Exercise in water can also provide a challenging exercise environment for those who have weight-bearing limits after an injury or surgery.

To qualify for the aquatic therapy program, a patient must have a doctor's referral, and some insurances require prior authorization for aquatic therapy. To ensure patient safety, the Brattleboro Memorial Hospital Rehab Department has set criteria that must be met before starting the aquatic program. All patients will be evaluated on land at the BMH Rehab Unit in the Richards Building on the hospital campus prior to starting the Aquatic Therapy Program. This is to ensure their appropriateness for this type of exercise. If you feel this program may benefit you during a rehab session, please speak with your doctor or therapist.

If you wish more information about the new Aquatic Therapy Program at Brattleboro Memorial Hospital, call the Rehab Department at 802-257-8255.

Off-site Parking Lot Created to Relieve Parking Problems For Patients and Visitors

Parking for patients on the BMH campus continues to improve with the opening of the off-site lot for employees in May. The hospital recently created a lot for 46 cars on leased land behind Millennium Pizza on Canal Street. The new lot is a five-minute walk to the hospital front door. All nursing students doing rotations at BMH are required to park in the offsite lot. Employees are being assigned to use the lot on a rotating basis.

The new off-site parking is designed to ensure that the hospital is able to offer more convenient parking spaces to our patients and visitors.

Rehab Services Welcomes New Physical Therapist

The Rehab Services Department at Brattleboro Memorial Hospital is pleased to announce that Kim Niedbala, DPT, has joined the Physical Therapy staff.



Kim Niedbala, DPT

Kim was born and raised in Turners Falls, Massachusetts. She attended Sacred Heart University in Fairfield, Connecticut, where she obtained a bachelor of science degree in Human Movement and Exercise Science in 2005. Kim then earned her Doctorate of Physical Therapy in 2007.

During her schooling, Kim had internships in Connecticut, Massachusetts, Texas, and California. After graduation, Kim worked at Franklin Medical Center where she gained experience in the outpatient physical therapy setting before joining the staff at BMH. Kim's professional interests include manual therapies, orthopedics, and sports injuries.

Outside of work Kim enjoys playing golf and softball and spending time with her dog, Lucy. We welcome her to BMH!

BMH 2010 Employee of the Year Announced

Deborah Partrick, RNC, BSN, MSM, was announced as the 2010 Employee of the Year at the recent annual Employee Recognition Dinner. Partrick, nurse manager of the BMH Birthing Center, was nominated by Birthing Center nurses Evie Tustin, RN, and Linda Bedard, RN. Many others among her staff were in accord with the nomination.

Although Debbie has been on staff at BMH for just a little more than three years, she has made a very good impression, not only in the Birthing Center but throughout the hospital. Her nominators say Debbie consistently looks for ways to upgrade the department and equipment so the Birthing Center can give the best possible care. They further say, "Everything Debbie does is ultimately with the patient in mind."

In addition to Debbie's interest in her own department, she is also involved in many hospital activities and committees. It is fairly well known at BMH that if you want something done, ask Debbie Partrick. She is chair of the BMH Joint Committee, Program Director of the Nurse Mentoring Program, co-chairman and treasurer of the Employee Activities Committee, and she started line dancing classes at BMH. Debbie is also active with community efforts such as Women's Crisis Center (she's on the board), Bowl for Kids Sake, and the Winter Carnival (she is 4th vice-president).

In addition to all this, Debbie recently earned her master's degree in Healthcare Management. She is also certified in Maternal / Newborn Nursing, Bereavement Counseling for Fetal Loss, and as a Pharmacy Tech. Debbie has a family consisting of (pharmacist) husband Nick, children and grandchildren, and is also a published author of a children's book.

Her nominators say Debbie is committed to life and the hospital. She instantly disarmed her staff, gained their confidence, and became involved...something she expects them to also do. In addition to being directly involved in the well-being of Birthing Center patients, and being supportive of the education of her staff, Debbie has made a positive impression throughout the whole of Brattleboro Memorial Hospital, a good reason for her selection as 2010 Employee of the Year. We congratulate her.



Debbie Partrick is overcome with emotion as she learns of her Employee of the Year award.

BMH Building Improvements

Hammers are swinging again at BMH as we renovate three areas of the hospital. The activity over the summer focuses on the ground floor of the main building in the former space of the Rehab Services Department and the contiguous Medical Laboratory (where tests are performed, not where blood is drawn). The histology department will move into the space vacated by the phlebotomy (blood drawing) area which moved into the Richards Building. These changes will result in a more efficient space for histology, tissue processing, and microbiology. The lab's heating, ventilation, and air conditioning system will be replaced. This is a very necessary upgrade to support a critical patient service at BMH.

The old Rehab Unit has been used as a makeshift conference and exercise area for the last one-and-a-half years. A proper conference center and exercise room will be created in this space to accommodate our community education programs, Birthing Center programs, medical staff education, board meetings, and many committee meetings that help the hospital run in a collaborative fashion. This area will be called the New Brew Barry Conference Center and will replace the existing Brew Barry Conference Room.

The new conference center was made necessary due to the fact that we must upgrade our information technology (IT) infrastructure by creating a new data center in the current Brew Barry Conference Room location. Our Information Services (IS) offices and the IS training room will also be in this area on the ground floor of the main hospital. We expect to complete the IT part of the project by January 2011.

Another upgrade related to the project is a ventilation system for our Wound Care, Diabetes Education, and Nutrition Counseling offices. These are currently located one floor above the new IT area on the first floor of the main hospital. We must temporarily move these offices during construction to the second floor of the Gannett Building. If you have an appointment with Joan Punt, Houghton Smith, Peg Canal-Wittler, or Carrie Quimby you will receive instructions about how to get to their temporary location in the Gannett Building on the BMH campus. The building is fully handicapped accessible.

*Prudence MacKinney
VP Planning/Professional Services*

Women's Resource Room Uses

The Women's Resource Room at Brattleboro Memorial Hospital, which is contiguous with the office of the Comprehensive Breast Care Program, is a quiet, safe, and accessible haven for women seeking health education resources. It is available, free of charge, to all women, and is especially important for underserved women who do not have their own resources to learn about breast cancer.

The room features a computer for patients to browse the web for information, and a library, funded in part by a grant from the Susan G. Komen Foundation, both of which help to contribute to the education and support at various phases of breast cancer treatment. Services provided by the BMH Breast Comprehensive Care Program and in the Resource Room also extend into survivorship.

The BMH Resource Room now has capabilities for meetings, including the breast cancer support group and women's network of strength. The space is also used for the breast steering committee meetings and the twice-monthly clinical care meetings. The room features a high definition monitor to project digital radiology films and pathology slides in addition to internet capability for patients to do research on their disease.

Benefits of educational programming in the BMH Resource Room include:



- Free educational tools/support for computer and internet
- Access to information on educational DVDs
- Lending library with many books on the subject
- Materials available on menopause and osteoporosis
- Immediate access to the BMH breast care nurse navigator

Events such as a short presentation the evening of the BMH Oncology Tech Tour in June (shown above) have been held there, and presentations and demonstrations (such as a day-long therapeutic massage session also held in June) have been scheduled in the room. This cozy, yet professional, room is used for classes for patients. The nurse navigator of the BMH Comprehensive Breast Care Program, Kelly McCue, RN, OCN, CHPN, MCertOnc, also uses the Resource Room for teaching patients one-on-one. For more information about the Resource Room or the Comprehensive Breast Care Program, call Kelly at 802-251-8437.

BMH Receives Accreditation from College of American Pathologists

The Medical Laboratory at Brattleboro Memorial Hospital was recently awarded accreditation by the College of American Pathologists (CAP) based on results of a recent onsite inspection.

The BMH Laboratory medical director, Christopher D. Appleton, DO, was advised of this national recognition and subsequently congratulated for the excellence of laboratory services being provided to the greater Brattleboro community.

During the process, inspectors of the CAP Accreditation Committee examine the laboratory's records and quality control of procedures for the preceding two years. CAP inspectors also examine laboratory staff qualifications, as well as the laboratory's equipment, facilities, safety program and record, in addition to the overall management of the laboratory. The stringent inspection program is specifically designed to ensure the highest standard of care for all laboratory patients.

The BMH Medical Laboratory is one of more than 7,000 CAP-accredited laboratories worldwide. The CAP accreditation program, begun in the early 1960s, is recognized by the federal government as being equal to or more stringent than the government's own inspection program. BMH is proud to once again receive this certification.

Validation Of BMH Radiology Images Checked By ACR

The American College of Radiology (ACR), which formally accredits the Brattleboro Memorial Hospital Radiology Department every three years, randomly chose BMH to submit images and quality control from an earlier specific date chosen by the ACR. The hospital also had to include the radiation dose to the patient for the exam. We are very pleased to announce that both sets of images and quality control met or exceeded the recommend allowances. The average radiation dose was less than half of the allowed dose.

In conjunction with the Mammography Quality Standards Act (MQSA), the ACR is required to conduct "random clinical image reviews of a sample of facilities to monitor and assess their compliance with standards established by the body for accreditation." The ACR uses this review as an opportunity to provide facilities with mid-cycle educational feedback on image quality. The review is conducted by means of a mailed validation film check of approximately 300 randomly selected facilities each year. The ACR validation image check evaluates the following: clinical image quality, phantom image quality, dose, and quality control.

With this recent validation, BMH is able to assure patients the reasonable safety of the radiation dose received when they have diagnostic testing done at our hospital.

BMH Oncology Department Offers Expert Cancer Care and New Treatment Options

The Brattleboro Memorial Hospital Oncology Unit for cancer care currently manages 600 patients and performs more than 3000 chemotherapy infusions per year. Cancer care at BMH is headed by oncology nurse practitioner Agnes Mikijaniec, ARNP. The oncologists on the BMH Medical Staff, James Nickerson, MD, and Letha Mills, MD, are also associated with Dartmouth-Hitchcock or are associate professors of the medical school. Chemotherapy infusions for cancer patients are initiated and monitored by three highly-trained and certified oncology registered nurses including Barbara Evans, RN, OCN; Barbara Philbrick, RN, BSN, OCN; and Gloria Solar, RN, OCN. Together, this group of exceptional caregivers has a combined 76 years of oncology experience.

Treatments for cancer in the last decade have significantly increased in number, complexity, and cost. Previously, chemotherapy along with surgery and radiation has been the mainstay of cancer treatments. Now, new classes of drugs are emerging, some with very promising results. These new classes of drugs are called biotherapy and targeted therapy. Biotherapy uses the body's immune system, directly or indirectly, to fight cancer or lessen the side effects of treatments for cancer. Targeted therapies are drugs or substances that attack specific cancer cells without harming normal cells. Often these therapies have fewer side effects than traditional chemotherapy. These new classes of drugs which are offered at BMH have revolutionized the way oncologists and researchers fight cancer, but there is a long way to go before we can say we are winning the war.

The hospital's Oncology Department moved into the top floor of the Richards Building in August, 2008. It offers a serene space to help in the healing and care of cancer patients. Recently, the Brattleboro Memorial

Oncology department was named an affiliate of the Norris Cotton Cancer Center (NCCC) at Dartmouth Hitchcock Medical Center. BMH traditionally has had a close relationship with NCCC. The affiliation with NCCC helps improve data sharing and strengthens the relationships with specialty physicians in oncology.

Truly personal cancer care from dedicated oncology nurse specialists and outstanding doctors is available right here in our community in a vibrant,

medically-advanced setting. According to our doctors, one key to cancer care is respect. Dr. Mills says, "When I meet patients I very much like to know what's important to them so that treatment decisions can be made in concert with who they are as a person." BMH provides a full spectrum of caring, offering the latest in new drugs and approved treatments, while tending to the whole human being. For more information, you can call 802-257-8221 and Maureen will direct your call.

Agnes Mikijaniec, ARNP

 I was in shock.
This can't be true,
I thought. Not breast cancer.
Not me. I'm so grateful for
Brattleboro Memorial Hospital. 

— Orly Munzing, Dummerston



When Orly Munzing found a lump in her breast, at first she was scared. Then she resolved to fight. Her physician referred her to Brattleboro Memorial Hospital, where she received a sonogram and mammogram. The results confirmed Orly's fears—it was cancer. She met with oncologist Dr. Letha Mills and surgeon Dr. Joseph Rosen. "They made me feel comfortable from the start."

Clinical Excellence in Cancer Care

If cancer touches your life, BMH has the expertise and advanced technology to diagnose your condition, and provide treatment options from surgery to chemotherapy in our Oncology Department. We're also affiliated with the Norris Cotton Cancer Center at Dartmouth-Hitchcock.

Orly received specialized care from our expert Oncology staff and our Comprehensive Breast Care Program. "I've been to other cancer centers and BMH is simply better. The care is excellent—and it's close to home." In fact, since starting her treatment, Orly has marched in two Strolling of the Heifers parades, an event she founded. "And I didn't miss a beat," says Orly.

Early detection saves lives. Conduct regular breast self-exams. And if you're over 40, talk to your doctor about mammograms.



Brattleboro Memorial Hospital
EXCEPTIONAL CARE FOR OUR COMMUNITY

List of Basic Charges

We strive to provide the best patient care experience for every patient, every time. We are providing this information to help answer some of your questions about our charges. Those listed represent a small number of the most common charges asked for by our patients. These estimated charges represent the average for a given inpatient or outpatient case. Because every patient receives treatment based on their individual clinical needs, the specific charges to each patient will vary. Actual charges vary based on services delivered and medical condition. Additional tests or services not listed in the estimate may be ordered by your doctor or provider in order to treat, diagnose, or care for individual needs. Your out-of-pocket expense will depend upon your individual insurance coverage terms.

With the exception of the Emergency Room and a few diagnostics tests, all of the charges listed here are from Brattleboro Memorial Hospital only. Your doctor, surgeon, radiologist, anesthesiologist, and other specialists are independent practitioners and will provide separate bills for their services.

These estimates of charges are valid through September 30, 2010.

The following table provides average overall charge information for the types of inpatient care provided most often at BMH.

Diagnosis Related Grouping	Description	Estimated Hospital Charge 2010
775 & 795	Vaginal delivery without complications (includes normal newborn care)	\$7,200
766 & 795	C-section without complications (includes normal newborn care)	\$11,620
470	Hip or knee replacement *	\$26,200
291, 292, 293	Heart failure & shock	\$15,700
195	Pneumonia (adult)	\$7,900
194	Pneumonia with complicating diagnosis (adult)	\$13,600
742, 743	Surgical procedures of the uterus or ovaries (not cancer)	\$14,200
190, 191, 192	Chronic lung disease (emphysema)	\$11,400
371, 372, 373	Major gastrointestinal disorders & peritoneal infections	\$22,400
377, 378, 379	Bleeding from the stomach or intestine	\$10,400
310, 311, 312, 313	Chest pain and heart rhythm disturbances	\$8,400
64, 65, 66	Specific cerebrovascular disorders except TIA	\$16,600
481, 482, 493, 494	Hip & leg fractures	\$19,000

* The type of prosthesis or device used contributes significantly to the total charge. The charge for these items can vary widely.

The following table provides average charge information for some procedures commonly performed as outpatient procedures at BMH.

ICD9 code	Outpatient Procedure Description	Estimated Hospital Charge 2010
04.43	Carpal tunnel release	\$3,200
13.41	Cataract extraction w/lens implant (one eye)	\$4,300
20.01	Ear tubes (myringotomy)	\$3,300
45.23	Colonoscopy (flexible screening of large colon)	\$2,190
45.24	Sigmoidoscopy (flexible screening of descending colon)	\$682
51.23	Gall bladder surgery (laparoscopic)	\$7,300
53	Hernia repair	\$5,310
80.2	Arthroscopy (wrist, shoulder, elbow, or knee)	\$4,470
80.6	Excise knee cartilage	\$3,760

CPT codes in the first column of the chart on the next page are five digit codes that are recognized by all insurance companies, hospitals, physicians, and other providers to identify the type of care you receive. CPT stands for Current Procedural Terminology. The charges listed on page 9 are the current actual charge for the specific tests or scans. Additional tests or supplies not listed may be ordered by your doctor or provider in order to treat, diagnose, or care for individual needs.

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CPT code	Lab Tests	Hospital Charge 2010
80061	Lipid profile	\$67
81003	Urinalysis - screen	\$11
82947	Glucose	\$24
G0103	Prostate specific antigen (PSA) Screening	\$117
85025	Complete blood count with auto diff (CBC)	\$49
86850	Antibody detection	\$61
86900	ABO group only (blood)	\$34
87430	Strep test - group A antigen	\$50
87491	Chlamydia test, amplified probe	\$90
88142	PAP screen, thin layer	\$75
84443	TSH	\$102
82652	Vitamin D, 1,25-Dihydroxy	\$244
36415	Blood draw - venipuncture	\$13

CPT code	Radiology	Hospital Charge 2010
71010	Chest X-ray (single view)	\$170
71020	Chest X-ray (two views)	\$227
71030	Chest X-ray (multiple views)	\$378
72020	Spine X-ray	\$189
77080 & 72020	Bone density scan with an inter-vertebral assessment scan	\$493
76856	Ultrasound, pelvis - complete	\$414
76830	Ultrasound, transvaginal (usually in combination with ultrasound, pelvis complete)	\$414
76645	Ultrasound, breast	\$265

CPT code	MRI Scans	Hospital Charge 2010
70551	Brain & stem without contrast	\$1,473
70552	Brain & stem with contrast	\$1,809
70553	Brain & stem with and without contrast	\$2,280
72141	Cervical spine & canal without contrast	\$1,473
73721	Major joint of lower extremity without contrast	\$1,473
72148	Lumbar spine without contrast	\$1,473

CPT code	CT Scans	Hospital Charge 2010
70450	Head without contrast	\$823
71250	Chest without contrast	\$823
71260	Chest with contrast *	\$1,303
72192	Pelvis limited without contrast	\$823
72193	Pelvis limited with contrast	\$1,303
74160	Abdominal with contrast *	\$1,303
96374	Inject contrast IV push	\$153
76377	Multi planar reformatting (additional charge with most CT scans)	\$372

* Additional charge for contrast medium varies with type and amount.

CPT code	Mammography	Hospital Charge 2010
G0202 & 770523	Digital bilateral screening with computer aided diagnosis	\$280
G0204 & 77051	Digital bilateral diagnostic with computer aided diagnosis	\$295

CPT code	Cardiology	Hospital Charge 2010
93005	EKG - tracing only	\$74
93010	EKG - interpretation and report (physician fee)	\$26
93017	Cardiac stress test	\$482
93231 & 93232	Holter monitor recording & report	\$371
93306	Echocardiogram - complete	\$1,826
93350	Echo card stress	\$1,826
74582	Myocardial perfusion imaging *	\$3,000

* Additional charge for contrast medium varies with type and amount

CPT code	Emergency Department	Physician Fee 2010	Hospital Charge 2010
99282	ER visit level 1	\$96	\$203
99283	ER visit level 2	\$149	\$321
99284	ER visit level 3	\$279	\$512
99285	ER visit level 4	\$414	\$762
99291	ER critical care	\$519	\$1,141

The hospital's policy is to provide charity care for patients whose application documents an income level below 300% of the federal poverty guideline. BMH will also discount 3% of patient balances for the uninsured, if payment is made in full within 30 days of receipt from the first statement. For both of these programs, please call BMH Financial Counseling at 802-257-8240.

If you would like additional information or have a specific question, please contact our Patient Liaison at 802-257-8244.

BMH President Announces Plans to Retire Next Year

Barry Beeman, who came to Brattleboro Memorial Hospital in 2005, has announced that he will retire as President and Chief Executive Officer in March of 2011. He informed the Southern Vermont Health Services Corporation/BMH Board of Directors earlier this year in order to give them ample time to find the suitable replacement. They have begun the recruitment process for selection of the new BMH President/CEO to ensure continuity for the hospital and the community.

BMH Board Chair James Baker says, "I would like to commend Barry on the superb job he has done on leading the organization. The hospital is in a strong financial position, and is firmly focused on our strategic objectives. BMH has built significant momentum during Barry's tenure."

During his five years as leader of the Southern Vermont Health Services Corporation and BMH, Barry has overseen the first additional new space at the hospital in 23 years with the completion last year of construction of the 34,000 square-foot sun-lit Richards Building for outpatient care. He also oversaw the renovation of the hospital's same-day surgery (Ambulatory Care Unit) and the peri-operative suites. Barry was responsible for guiding the successful capital campaign which raised more than \$2.8 million to help defray the 12 million dollar construction and renovation project costs.

In addition to the construction projects, Barry has added appropriate technology and needed programs to augment the exceptional services BMH offers to the community. Throughout the President/CEO's time at the hospital, it has ranked as one of the lowest cost, most efficient healthcare institutions in Vermont, and BMH has seen rising patient satisfaction scores in many areas.

In commenting on his announcement, Barry says, "I have truly enjoyed working with such an exemplary

staff, and am pleased to have had the opportunity to help lead Brattleboro Memorial Hospital in a positive direction. While health care is going through some dramatic changes, I'm also pleased to be able to say that BMH remains a viable institution and is an asset to the greater Brattleboro community. After much thought and reflection, however, I am confident that this decision is the right one for me at this time. It is my and my wife Kathy's intention to relocate to North Carolina next year where we plan to live and possibly consider some new potential career opportunities."

During his tenure at BMH, Barry has been serving on the board of the Vermont Association for Hospitals

and Health Systems. Community-wise, he is active in the Brattleboro Rotary Club, is on the board of the Brattleboro Development Credit Corporation, and serves as president of the Brattleboro Country Club.

At a recent SVHSC Board of Directors' meeting, board chair James Baker thanked Barry for his excellent leadership here at Brattleboro Memorial Hospital during his five-years of service to date. Baker says, "I anticipate a smooth and orderly transition over the next 12 months. With Barry and the talented leadership team we have in place, the hospital is well-positioned to undertake our search process for a new CEO."

Search for a New CEO Has Started

By James F. Baker, II, Chair, BMH/SVHSC Board of Directors

The Brattleboro Memorial Hospital Board of Directors has kicked off the process for hiring a new CEO to replace Barry Beeman. As you know, Barry who has been our hospital president since 2005, announced his retirement a few months ago. The first step in the process is complete, with the Board having selected the executive search firm of Witt/Kieffer to assist in the nationwide search process. Witt/Kieffer is a well-respected search and consulting firm based in Burlington, Massachusetts. They have extensive experience in healthcare searches across New England.

The Board has appointed a search committee to guide the process of identifying and interviewing candidates. Most importantly, the committee is charged with making a recommendation to the full hospital board on the best leader to continue to move BMH forward in the challenging environment of healthcare delivery. The internal search committee is comprised of members of the hospital board including Kirsten Beske, John M. Meyer, Ben Taggard, Carl Lynde, and me. The committee also includes Medical Staff officers, Dr. George Idelkope and Dr. Elizabeth McLarney.

The process, which we anticipate will take about six months, will be participatory and will involve input from a broad range of constituencies. Gathering input from a cross-section of the hospital community will be important to the search committee in order to best represent the goals and aspirations of this organization for the future. I will continue to update the community on our progress through articles in the future issues of HealthWise.



James F. Baker, II

Prudence MacKinney Recertified as a Fellow in National Organization

Already a Fellow in the American College of Healthcare Executives (ACHE), the BMH VP for Professional Services and Planning, Prudence MacKinney, FACHE, recently went through the recertification process to retain the honor.

In order to qualify for recertification, she had to present evidence of professional growth and competence in the field to the organization's Credentials Committee, which Prudence did earlier this year. Those factors are demonstrated by an individual's leadership in health and community affairs at the local, state, or national level, and also by participation in programs of continuing professional education.

The American College of Healthcare Executives, organized in 1933, is a professional society dedicated to ensuring competence and leadership among healthcare executives.

Hospital President Barry Beeman received a letter from the College in April announcing Prudence's successful recertification. Barry and the rest of the staff congratulate Prudence in her accomplishment.



Prudence MacKinney

BMH Diabetes Program Meets All ADA Quality Measures

At the start of this year, the Brattleboro Memorial Hospital Diabetes Self-Management Program underwent its first American Diabetes Association (ADA) on-site survey. The BMH Diabetes program has always been certified by the ADA through an application process that occurs every three years. This, however, was the first time they came for an on-site visit.

The day-long survey, conducted by two members of the National ADA office in Alexandria, Virginia, included a review of our compliance with the ADA's ten standards for quality diabetes education for self-management. Compliance was scrutinized by the review of patient records for proper documentation of required interventions, by assessment of the program's quality measures and performance improvement, and through interviews with the staff and hospital management.

On March 26, 2010, we received a letter from the ADA stating that all provisions had been met.

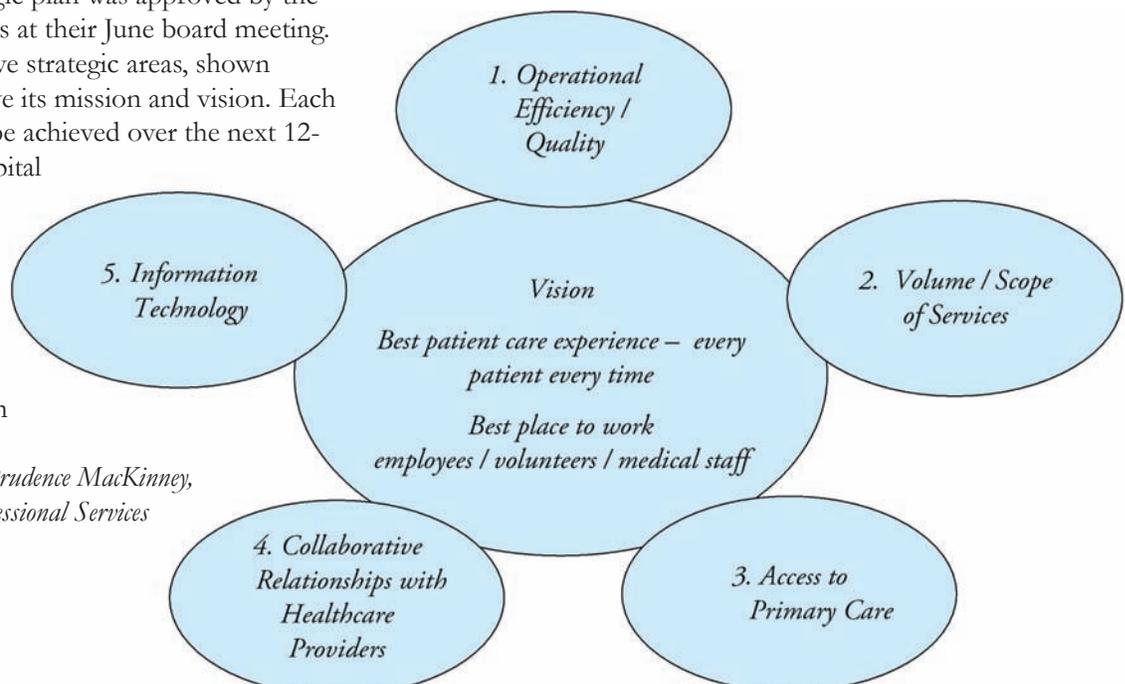
The Brattleboro Memorial Hospital's Diabetes Self-Management Program is overseen by Joan Punt, RN, WOCN, who is a certified wound care specialist. Houghton Smith, RN, CDE, is the program's certified diabetes educator, and Margaret Canal-Wittler, RD, CDE, is the program's registered dietician and diabetes educator. Together, they manage approximately 900 patient visits annually, providing diabetes and nutrition education, wound prevention and care, community and assistance resource information, insulin management, blood testing materials, and other services to those in our community in need of diabetes care.



BMH Updates Strategic Plan

An updated BMH strategic plan was approved by the hospital Board of Directors at their June board meeting. The plan consists of the five strategic areas, shown below, to help BMH achieve its mission and vision. Each strategic area has goals to be achieved over the next 12-14 months to help the hospital continue to provide high quality services to the community while we prepare for federal and state legislative and regulatory changes and respond to market forces in the health care industry.

Prudence MacKinney,
VP Planning & Professional Services



BMH Moving Toward Full Time Hospitalist Program

Hospital Medicine, a relatively new field, is the fastest growing medical specialty in the United States. With an estimated 28,000 hospitalists in practice in the U.S. today, the specialty focuses on the treatment of hospitalized patients. Hospitalists are physicians whose primary professional focus is the general medical care of hospitalized patients. Most hospitalists (84%) are trained as internal medicine physicians. Many patients are referred to the hospitalist by their primary care physicians (PCP) during the duration of their hospitalization and return to their PCPs after discharge. Hospitalists can also consult on hospital patients referred to them by surgeons and specialists. In addition, hospitalists often care for patients who are hospitalized, but who do not have a primary care physician.

BMH instituted a night Hospitalist Program in early 2008. Dr. Carolyn Taylor-Olsen took the reins as program administrator and received guidance in the establishment of the program from Winthrop Whitcomb, MD, the Hospitalist Program Director at Mercy Hospital in Springfield, Massachusetts. Dr. Whitcomb is also co-founder of the Society of Hospital Medicine.

BMH is now working toward expanding the Hospitalist Program to make it available 24 hours a day, seven days a week for the care of hospital patients.



Carolyn Taylor-Olsen, MD

Physician recruitment has begun and the hope is to have the program up and running by the end of the year. BMH primary care physicians will be able to refer their patients to the care of the hospitalist for admission evaluation, care of the acute condition, patient teaching, family conferencing, and discharge planning. The hospitalist will also provide all these services to patients admitted to the hospital who do not have a local PCP.

Once the program is available 24/7, the day and night hospitalists will communicate the patients' needs directly with each other which will then provide constant, coordinated, and continuous physician oversight to hospital inpatients.

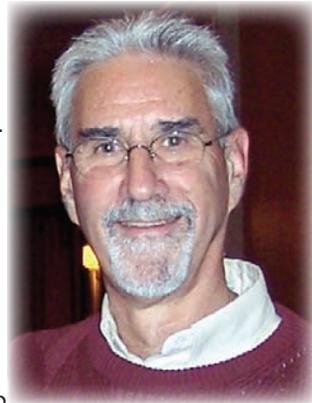
*Mary Urquhart,
VP Patient Care Services*

Training Camp for New Dads



Where does a first time father go for a prenatal class tailored specifically to his needs and concerns? In Brattleboro, he can attend "Training Camp for New Dads", a four-hour workshop exclusively for first-time fathers. Robert Nassau, MD, a retired BMH pediatrician, has facilitated these classes since 2001. His current co-leader is Josh Miller, the director of Men's Programs at Early Education Services (EES) in Brattleboro.

These sessions bring together "Rookie Dads", men who are expecting their first baby, and "Veteran Dads" who come to class with their 2-3 month old infants. The Veterans talk about what they've learned in the past few months. They show the Rookies how to hold and feed an infant and change diapers. "It's peer education at its best," according to Dr. Nassau. "The Rookies get their questions answered by men who, just a few months ago, felt as unsure of their new role as they do now. It's great to watch everyone gather around as one of the Veterans shows the class how he changes his baby's diaper!", Dr. Nassau further says. The Veterans realize how much they have learned in the last few months, and are excited to pass on their knowledge and experience to the next group of dads.



Robert Nassau, MD

At the beginning of the class, the men talk about their relationship with their father, what they learned from their father, and what they want to do better. According to Josh, "Many men grew up with absent, extremely busy, or disinterested fathers and consequently do not have a good role model for the kind of dad they want to be."

The session covers issues the "Rookie Dads" are most concerned about, such as the financial obligations of having a family, how to find time for themselves, their baby, and partner, basics of newborn baby care, and how to function as a team with the mother.

This program compliments the other prenatal classes at BMH and has had financial support from the BMH Auxiliary. For more information about Training Camp for New Dads, contact Josh Miller at EES, 802-254-7913, or at <josh_miller@wsesu.org>.

Drs. Peter J. and Janine Lynn Foote To Join Windham Family Practice

Thomas O. Evans, MD, and Barbara Evans, NP, announce that they will be joined by two new physicians in their offices at Windham Family Practice on the BMH campus. Peter J. Foote, DO, and his wife Janine Lynn Foote, DO, will be moving to Vermont from a practice in North Carolina this fall.

Both doctors of osteopathy, Dr. Peter Foote will join Dr. Evans on October 1st, and Dr. Janine Foote will begin seeing patients after the first of the New Year in 2011.

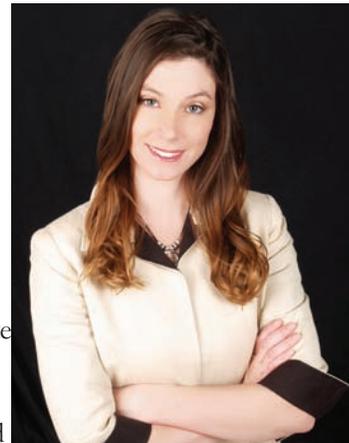
Dr. Peter Foote most recently practiced at Duke Medicine in Raleigh, North Carolina, after having been associated with Hunterdon Medical Center in Flemington, New Jersey, where Dr. Janine Foote was also on staff as a family physician. Prior to that, Dr. Peter Foote served as a family physician at other health and medical centers in New Jersey. He is a graduate of Pennsylvania State University, and received his Doctor of Osteopathic Medicine at the Philadelphia College of Osteopathic Medicine in Philadelphia, Pennsylvania, in 2002.



Peter Foote, DO

Dr. Foote served his residency at Hunterdon Medical Center where he was Chief Resident from July 2003 to July 2004. Dr. Foote is certified by the American Board of Family Medicine. In addition to being an active member of the American Medical Association, Dr. Foote belongs to several family physician associations and the American Osteopathic Association.

Dr. Janine Lynn Foote was also on staff at Hunterdon Medical Center before moving to North Carolina with her husband. She graduated magna cum laude from Stevens Institute of Technology (NJ) with a bachelor of science in chemical biology, after which she received her Doctor of Osteopathy from the Philadelphia College of Osteopathic Medicine in Philadelphia, Pennsylvania, where she also served her internship.



Janine Lynn Foote, DO

The Foote family includes two children, six-year-old Evelyn and three-year-old Christopher. BMH is pleased Drs. Peter and Janine Foote will be joining our Medical Staff.

Appointments for early October with Dr. Peter Foote can be made by calling Windham Family Practice at 802-257-7792.

BMH Physician Presents at National Breast Conference

This past April, BMH general surgeon Joseph E. Rosen, MD, presented the hospital's experience of developing the breast care program in Brattleboro at the 20th National Consortium of Breast Centers (NCBC) annual conference held in Las Vegas, Nevada. Dr. Rosen's talk, "The Delivery of Modern Breast Care in Small Town America", focused on the start-up and early years of the BMH Comprehensive Breast Care Program.

The presentation of the Brattleboro Memorial Hospital breast program experience was at the request of national breast care consultant, C.Z. Lee & Associates, who reviewed our program in 2008. The BMH Breast Care Program has been cited as a quality, comprehensive breast care service delivered by a small, rural community hospital. Dr. Rosen's presentation to administrators from across the nation outlined the special challenges as well as the advantages of providing quality breast care in our small New England town. It was well received with favorable reviews.

The NCBC is a national organization dedicated to the development of integrating the many healthcare systems required to provide quality breast care for our patients. The core philosophy of the NCBC is that all of the various medical specialties leave their personal interests at the door and work together for the benefit of our patients. As a member of the National Consortium of Breast Centers, the BMH

Program has access to measurements of quality of care, outcome tracking software, and other networking, all of which help bolster the strength of the services the hospital is able to provide to our patients with breast disease.

The BMH Comprehensive Breast Care Program includes the radiology team of highly skilled radiologists and certified mammographers. It was developed, in part, with funds from the Susan G. Komen Foundation to help women with breast concerns navigate the healthcare system. The program supports physical, emotional, and spiritual recovery on an individualized, multi-discipline basis.

Dr. Rosen, serves as the Medical Director of the Brattleboro Comprehensive Breast Care Program. He works with the Breast Care Program Navigator, Kelly McCue, RN, OCN, CHPN, MCertOnc, and BMH oncology nurse practitioner Agnes Mikijaniec, ARNP, program administrator. For more information about this program, you can contact either Dr. Rosen at 802-257-3751, or Kelly McCue at 802-251-8437.



Joseph E. Rosen, MD

BMH Health Fair Saturday, September 25th

The annual BMH Health Fair is Saturday, September 25th, 11:00 AM – 2:00 PM. Once again called “Launch Into Motion”, the fair will be held under the tents on hospital grounds, showers or shine.

This year we’ll have groups showing us how to get up and move including jump rope teams, dancing schools, yoga teachers, Zumba instructors, and more. New this year will be the Dance of the Hoop, performed by Shenandoah. Experience a joyful, healthy and centering practice that gets you moving like you never thought you could! Hoops of all kinds are provided for people of all ages to try out and learn some moves for exercise, dance and inspiration.

The fair will feature free blood pressure and lung function tests. Something new at this year’s Health Fair will be vouchers for people to get more accurate cholesterol and blood glucose screenings during the week following the Health Fair right in the hospital laboratory, but still for free. The days people can come back to BMH with their voucher for free lab tests are Tuesday through Friday, September 28 to October 1, from 7:00 – 11:00 AM, and Saturday, October 2, 8:00 AM to 12:00 noon.

Providing these important lab tests on the top quality equipment in the BMH Medical Laboratory, particularly after patients have fasted (gone without eating or drinking anything other than water for 12 hours before the test), will provide the most accurate and best results. Remember, the vouchers, not the blood tests themselves, will be available at this year’s BMH Health Fair.

Blue Cross / Blue Shield will offer dental health information, body mass index tests, and healthy snacks.



Cheshiremen try out Zumba

(donated at cost this year by Brattleboro Bicycle Shop). BMH is also planning entertainment including a clown and the Cheshiremen.

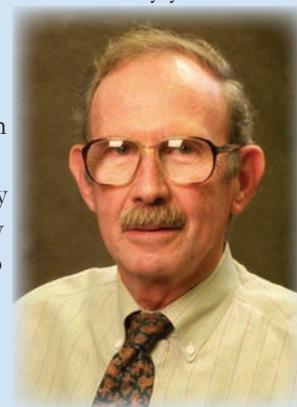
Children’s activities include craft activities, face painting, an inflatable Moonwalk, and other activities under the children’s tent. Just So Pediatrics and the YMCA are planning activities for children and families, so come one, come all!



Alotta Hoopla will be at this year’s BMH Health Fair to show us how to get up and moving with hula hoops!

Richard Burtis, MD, Joins Windham Internal Medicine Practice on Limited Basis

Dr. Richard Burtis, a name familiar to many at BMH – as he was in practice in Brattleboro for many years – is joining Richard Orlan, MD, in the Windham Internal Medicine offices on a limited basis. Dr. Burtis agreed to come back from semi-retirement for one day a week to help address the primary care physician shortage currently being experienced at Brattleboro Memorial Hospital and most other hospitals.



Richard Burtis, MD

Dr. Burtis will see new patients who do not currently have a physician only. Since his retirement from private practice, Dr. Burtis has been serving as a part-time physician at the School for International Training.

Board-certified in internal medicine, Dr. Burtis will focus on managing outpatient problems along with encouraging health maintenance in the patients coming to Windham Internal Medicine offices. The office is located on the upper level of the BMH Medical Office Building. The telephone number to call Drs. Orlan and Burtis is 802-257-3640, or you can check out the practice website at www.windhaminternalmedicine.com.

BMH Donor Profiles - Toni Franke

Toni Franke sits in her formal dining room and sips coffee from ornately-patterned china. Under five feet tall, her purple sweater clasped with a sparkling silver brooch in the classic fashion, one wouldn't necessarily anticipate the lifetime of adventures this 92 year old woman could relate with a still-discernible Bronx accent and sharp New York sensibility.

Her Christian name is Antoinette, but she was always Toni; so named after her grandfather, Anthony, a peasant farmer in the Italian village of Piamonte. Her father died when she was five, and her mother took her from the Bronx to Italian Alps to be with her family for a year; just long enough for Toni to develop a treasure trove of memories and forget English.

Back in New York, Toni's mother remarried a police officer whose beat in the theater district afforded opportunities to catch the best Broadway acts. ("He would allow chauffeurs a place to park their limos, and in exchange he would get tickets to all the shows for his wife and daughter," Toni recalls.) Her mother, a factory seamstress, would copy swatches from the clothing lines at New York department stores and sew dresses for her. ("I never wore store-bought clothes in my life, but I was always very finely dressed.")

She met her husband, Jack, at age sixteen while vacationing in Packanack Lake, New Jersey. On one of their first dates they danced to the sounds of the Tommy Dorsey Orchestra, accompanied by a very young Frank Sinatra. ("He was just a skinny little kid then...you know...wasn't anything.") It was love from the beginning, and Jack, a college graduate working for his father, would drive into the city on weekends to continue the courtship.

World War II broke out shortly after they were married, and Uncle Sam honored Jack's status as a conscientious objector provided he did something else for the country. For some reason that still escapes Toni to this day, she suggested farming. ("Jack said he didn't know a thing about farming and I said neither do I. So that's what we went into.")

They spent 15 years building a dairy farm in Wayne Township, New Jersey. Toni says the other farmers raised a skeptical eyebrow at the two "city-slickers" but they were fortunate enough to have the money to invest in good stock. Every month they were one of the county's top milkfat producers. They also began raising a family, adopting a son and a daughter, Richard and JoAnn. Just as they were selling the farm, Toni became pregnant with their youngest daughter, Beverly.

Beverly attended Vermont's Goddard College, where one summer her studies included touring the art museums of Western Europe. Toni seized the opportunity to accompany



her daughter on this three-week trip that still makes her eyes light up with wonder at having seen the great masterpieces. Beverly and her husband settled in Guilford and had a daughter, Melissa and a son Nolan. JoAnn and Richard, also graduates of New England colleges, settled on the west coast. JoAnn and her husband, Dale have a daughter Erica. Toni convinced Jack to move to Brattleboro so they could be closer to their east coast grandchildren.

The Franke's became generous supporters of BMH from the onset, and over time they experienced the quality of care it provides. "Jack was in the hospital for quite a while before he died and Dr. Tepfer, the heart specialist, was the most wonderful, wonderful man," says Toni. "My son-in-law, Dale, is a neurologist and he too has been very impressed with the doctors here."

For Toni, the hospital also offers a social life after Jack's passing. She meets for lunch every couple of months with other women she has met through BMH's Director of Development, Ellen Smith. Toni regularly contributes to the annual fund, and made a gift to the capital campaign in Jack's name. She also purchased a tree outside the new hospital building in memory of her mother, who began Toni on her lifetime of adventures back when she was five years old.

Annual Giving Update... Summer, 2010

BMH nears giving goal for 2010!! Thanks so much for your support! We are only 18% shy of reaching our goal of \$175,000 this year*. Gift totals break out as follows:

\$121,335 in Unrestricted gifts
 \$12,533 for Uncompensated Medical Care
 \$6,810 for Electronic Medical Records
 \$2,870 for other needs

Total community giving thus far: \$143,548.

We appreciate your heartfelt desire to make a difference in your community hospital. All gifts, whether unrestricted or for a defined need, are investments in building a strong and healthy community.

Please help us top our goal this summer! If you have not yet given a gift to support BMH or would like to make additional donation, we invite you to do so using the tear-off reply form on the next page.

* The BMH fiscal year runs from October 1st to September 30th.



Brattleboro Memorial Hospital
EXCEPTIONAL CARE FOR OUR COMMUNITY

17 Belmont Avenue
Brattleboro, VT 05301

Nonprofit
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ECRWSS

Mission

Brattleboro Memorial Hospital will provide community-based health services delivered with compassion and respect.

Vision

Best patient care experience- every patient; every time
Best place to work- employees / volunteers / medical staff

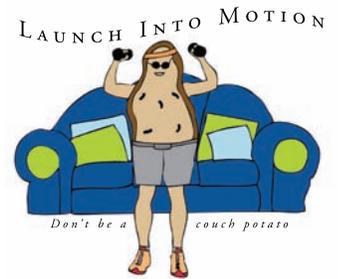
POSTAL CUSTOMER

In order to save the hospital money, we distribute the Healthwise by sending to POSTAL CUSTOMER. Hence, there is no mailing list (other than specifically to our donors). If you have received more than one copy of Healthwise, we request that you consider passing it on to a friend or neighbor. Thank you.



Save the Date
Touch-a-Truck
Saturday,
September 11th
10:00 a.m. - 2:00 p.m.
Brattleboro
Memorial Hospital

BMH Annual
Health Fair
Saturday,
September 25th
11:00 a.m. - 2:00 p.m.
Showers or Shine



<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Stewards Up to \$2,500	<input type="checkbox"/> Donors Up to \$1,000	<input type="checkbox"/> Associates Up to \$550	<input type="checkbox"/> Supporters Up to \$250	<input type="checkbox"/> Friends Up to \$100
I would like my gift to support: <input type="checkbox"/> Electronic Medical Records <input type="checkbox"/> Uncompensated Care <input type="checkbox"/> Area of Greatest Need					
Name(s) _____ <i>Please print name(s) as you would like to be listed in acknowledgements.</i>					
Address _____					
I prefer to make my contribution by credit card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover					
Card Number _____	Exp. date _____	VTC # (3 digit # on back) _____			
Print name on card _____	Signature _____	My phone number _____			
<input type="checkbox"/> I prefer my gift to be anonymous					
This gift is made <input type="checkbox"/> in memory of <input type="checkbox"/> in honor of _____					
Please send a commemorative gift announcement to _____					
Address _____					

*Your gift is tax-deductible to the extent of the law. Please make your check payable to: **Brattleboro Memorial Hospital.***
Mail contribution to: BMH Development Office, 17 Belmont Avenue, Brattleboro, VT 05301

