





BUILDING ON OUR STRENGTHS

2022 ANNUAL REPORT



Mt. Ascutney Hospital and Health Center



FROM THE CEO

- 44 —

Our commitment to providing the best possible patient experience that we maintained in 2022 continued to yield results into 2023, as MAHHC recently received the Press-**Ganey Guardian of Excellence Award** for scoring about the 95th percentile in patient satisfaction on our Acute **Rehabilitation Unit!**

- Joe Perras, CEO. Chief Medical Officer

We had a strong 2022, both financially and clinically. MAHHC outperformed budget and we continue to have excellent employee engagement and quality metrics in our facilities. The communities we serve are better for it. As I write. this in June of 2023, we are celebrating awards for our commitment to improving patient experience as I am about to transition to Cheshire Medical Center in Keene. NH where I will serve as CEO. I have greatly enjoyed my 10 years at MAHHC and I have no doubt that our leadership teams and frontline providers will continue to provide the highest quality care in the safest possible environment for our staff and patients.









FINANCIAL UPDATE

Measured in numbers, it was a year marked by general stability across many metrics. We met our breakeven budget, even on Hospital operations, in an environment where many Vermont hospitals suffered significant losses. Meanwhile, our total margin was affected by multiple factors: Our labor costs exceeded budget by \$2.7 million due to an increased reliance on traveler staff in multiple departments and we were not immune to the stock market's poor performance.

| BALANCE SHEET (AUDITED) | 2022 | 2021 |
|---|--------------|--------------|
| ASSETS | | |
| Cash | \$ 4,823,030 | \$ 9,274,389 |
| Short Term Investments | 5,838,799 | 7,521,023 |
| Accounts Receivable, Net | 4,987,406 | 5,597,266 |
| Supplies, Prepaids, Other Current | 1,859,415 | 1,714,739 |
| Current Assets | \$17,508,650 | \$24,107,417 |
| Assets Limited as to Use | 32,924,084 | 32,512,399 |
| Property and Equipment, Net | 21,864,947 | 21,081,993 |
| Other Assets | 3,102,188 | 3,382,314 |
| ASSETS | \$75,399,869 | \$81,084,123 |
| LIABILITIES AND NET ASS | ETS | |
| Accounts Payable & Accrued Expenses | \$ 3,186,063 | \$ 2,586,832 |
| Current Portion of Long Term Debt | 472,589 | 542,543 |
| Accrued Salaries and Wages | 5,109,381 | 5,011,747 |
| Other Current Liabilities | 513,424 | 486,787 |
| Deferred Revenue | 4,379,034 | 2,960,754 |
| Third Party Settlements | (13,714) | 5,007,826 |
| Current Liabilities | \$13,646,777 | \$16,596,489 |
| Long Term Debt | 22,216,289 | 22,668,942 |
| Retirement Liability | 367,685 | 481,315 |
| Other Non Current Liabilities | 282,553 | 251,461 |
| Total Liabilities | \$36,513,304 | \$39,998,207 |
| Without Donor Restrictions | 31,181,983 | 31,751,944 |
| With Donor Restriction - Time or Purpose | 1,954,017 | 3,144,090 |
| With Donor Restrictions - Perpetual | 5,750,566 | 6,189,882 |
| Net Assets | \$38,886,566 | \$41,085,916 |
| LIABILITIES AND NET ASSETS | \$75,399,870 | \$81,084,123 |

| OPERATING STATEMENT (AUDITED) | 2022 | 2021 |
|--|---------------|---------------|
| AMOUNT BILLED & EARNE | D | |
| Services Billed for Inpatients | \$ 31,103,009 | \$ 30,087,869 |
| Services Billed for Outpatients | 72,634,656 | 71,159,93 |
| Services Billed for Providers | 22,026,595 | 22,575,714 |
| Other Operating Revenues | 3,895,819 | 5,710,779 |
| Total Gross Operating Revenue | \$129,660,079 | \$129,534,293 |
| AMOUNT NOT FULLY PAID | FOR OUR SERV | ICES |
| Not Paid by Those Unable to Pay | 562,795 | 607,209 |
| Not Paid by Those Unwilling to Pay | 2,069,077 | 2,351,746 |
| Not Paid by Medicare and Medicaid | 52,119,194 | 49,105,042 |
| Not Paid by Other Payers | 12,444,968 | 12,613,452 |
| Total Deductions from Revenue | \$67,196,033 | \$64,677,449 |
| Payments received for patients in Healthcare Reform system | 2,748,809 | 1,987,077 |
| Payments received for COVID relief | - | - |
| Total Net Operating Revenue | \$65,212,855 | \$66,843,921 |
| AMOUNT WE PAID TO PRO | VIDE SERVICES | |
| Salaries and Benefits for Our 414 Employees | 36,943,221 | 37,308,077 |
| Supplies and Services We Purchase | 18,635,960 | 14,830,157 |
| Utilities, Leases, and Rentals | 6,584,283 | 5,471,050 |
| Interest on Outstanding Debt | 484,633 | 514,635 |
| Wear and Tear on Building and Equipment | 2,316,502 | 2,576,158 |
| Total Expenses Paid | \$64,964,599 | \$60,700,077 |
| INCOME (LOSS) OPERATIONS | \$ 248,256 | \$ 6,143,844 |

SERVICE TO THE COMMUNITY STATS

Hospital admissions, surgical procedures, and primary care, specialty care, and inpatient visits saw slight declines. At the same time, radiology procedures increased, and our Emergency Department visits, imaging, and testing volumes remain high.

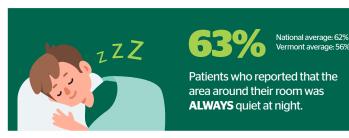
58,245 58,486

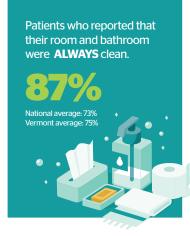
PHYSICIAN VISITS

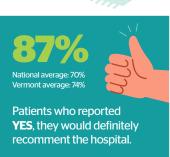


PATIENT SATISFACTION

MAH is proud of our HCAHPS (Hospital Consumer **Assessment of Healthcare Providers** and Systems) scores. As you can see in the graphic elsewhere in this report, our staff scored well above the national average in every category and MAHHC was the highest performing hospital in Vermont in 7 of the 10 categories surveyed These questions measure patient comfort, confidence in our care, and the clarity of our communication with them. Consistent excellence in these measures is vitally important, and we are achieving it every day.







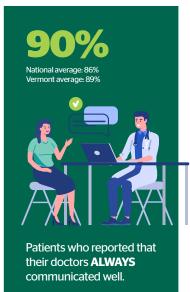
Patients who reported the the staff ALWAYS explained about medicines before giving it to them.

National average: 62% Vermont average: 67%

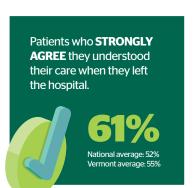
Patients who reported that **YES**, they

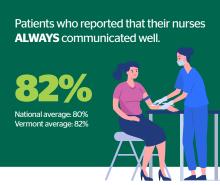
were given information about what to

do during their recovery at home.









Current Walk-In volumes are consistently above "break-even" levels and creating better utilization and efficiency in costs related to staffing. We are currently working on plans to support a future expansion in Walk-In Clinic hours from the current 1 PM — 5 PM to 9 AM — 5 PM.

WALK-IN SERVICES

2022 saw the first full year of operation for the Hospital's Walk-In Services, which started in November 2021 in response to increased demand on Emergency Department and Primary Care resources.

Walk-In Services have successfully been operationalized to relieve

demand on the ED, creating space and quicker access for the most critically ill or injured, while the excellent service provided by Primary Care Clinic staff, key clinicians, and ED physician assistants in Walk-in Services increased much needed access to high-quality care for urgent, but not life-threatening cases.





MENTAL HEALTH

America is facing a behavioral health crisis and we are feeling it acutely in Vermont. Our state has seen increasing suicide rates and in 2022,142 Vermonters died by suicide, our highest per capita rate of suicide death in 15 years. The Covid-19 pandemic did not cause the rise in depression, anxiety, and substance abuse, but it did amplify trends that we as healthcare providers were seeing for years.

44

At Mt. Ascutney Hospital and Health Center, we have invested in behavioral health resources in our primary care and pediatrics clinics, but access to services remains a critical issue across Windsor County.

77

- Joe Perras, CEO, Chief Medical Officer

COMMUNITY HEALTH

This year's Community
Benefits report, sceduled to
release in May, was dedicated
to Jill Lord, RN, MS. Jill worked
at MAHHC for over 30 years
in administrative nursing
roles and as the Director of
Community Health. We are
pleased to welcome Melanie
Sheehan who steps in the role
after over 20 years of working
along side Jill.



CONTINUOUS IMPROVEMENT

44 —

These improvements help us keep pace with advances in technology and prepare for future growth.

77 —

- Joe Perras, CEO, Chief Medical Officer Across our facilities, 2022 saw continuous improvements, from upgraded Radiology Rooms to extensive rewiring throughout our Windsor campus to accommodate enhanced security, and a new phone system. We renovated our Telcom rooms, and made improvements to waiting rooms and common areas, as we installed computer stations at bedsides for real-time documentation of patient care. Ottauquechee Health Center received a new generator, and we are preparing to make significant

upgrades on the Windsor campus to the chiller plant, bulk oxygen, lab air handler unit, and other systems. These improvements help us keep pace with advances in technology and prepare for future growth.

Today, our biggest challenge is one faced by healthcare providers large and small, near and far—ensuring that staffing levels remain high enough to ensure comprehensive, high-quality care. I'm happy to say that we have had some success over the past year in

recruiting nursing and other staff positions, our turnover is low, and our financial performance lets us respond rapidly to labor market changes. As we work within the Dartmouth Health system to develop programs and policies that help us attract and develop staff, we are aware that the lack of affordable housing for all workers is a challenge requiring a coordinated response from business and civic leaders, and that staffing for businesses of all types is affected by larger migration trends.







IN DEDICATION...

I was honored to be part of the celebration of the newly named Richard I. Slusky Outpatient Therapies wing, paying tribute to his many achievements as MAHHC's CEO along-side his family and friends.

77

- Joe Perras, CEO. Chief Medical Officer

___ 44 ___

Richard was a man who honored his commitments and demonstrated integrity throughout the time I worked with him. He enjoyed people and demonstrated his care and compassion to all he interacted with.

77

- Belinda Needham-Shropshire, Director of Rehabilitation Services



A transformative figure in MAHHC's history, Slusky was responsible for numerous expansions and improvements to the hospital's outpatient therapies program as CEO for 28 years from 1982 to 2010.





HOSPITAL MAP





