HealthMatters

A bright new future for health care in the Kennebec Valley
A unique time, an extraordinary opportunity

We are at a unique juncture in the more than 100 year history of our health care system. It is a time of extraordinary opportunity and a time of transition.

Designing an innovative health care system from the ground up presents a rare opportunity to implement processes, technologies and workflows to improve how we deliver health care that is more personal, more efficient and based on proven best practices.

Before we began the design of the new hospital and the conversion of our Thayer Campus into a robust outpatient center, we brainstormed ways to make our patient experiences better and to reflect the highest excellence in patient care.

Our transition planning team has been hard at work preparing to move into our new Thayer Campus into a robust outpatient center, we brainstormed some of the duplication we all see today and how we can improve direct communications and reducing wait times.

With the exterior structure of the new hospital complete, work this coming winter will shift to the interior finishes. Planning for Thayer is already under way.

On these pages, you’ll see the names of donors, without whom these changes would not be possible. We are very grateful for your generous support.

It is also a time of personal transition. Before I approached our board of directors last year with my intention of stepping down as chief executive officer (CEO), I thought long and hard about the timing and knew it was right. As we stand on the threshold of these exciting times, it is time to turn over CEO responsibilities to a leader for our future.

I couldn’t be more pleased with the Board’s selection of Chuck Hays as our new chief executive officer. When the leadership transition takes effect January 2013, I know our organization will be in very capable hands.

I look forward to the next chapter and I’m very pleased to continue my involvement as President over the next few years.

The transformation has begun

With the new hospital structure expected to be fully buttoned up by winter and planning under way for the Thayer Comprehensive Outpatient Center, a bright new future for health care in the Kennebec Valley is on the horizon. From the visioning behind the design, the technology that’s focused on making every patient experience the best, to the comprehensive transition planning, much of the work to date is captured on these pages.

From the largest architectural elements to the smallest details, MaineGeneral’s New Regional Hospital is designed with our patients and their families in mind.

Construction started a little more than a year ago, but the design process began long before the first shovel hit dirt.

A visioning group made up of MaineGeneral board members, leaders and staff — 40 members in all — met to brainstorm a set of principles that would guide every design decision. The guiding principles behind the New Regional Hospital are:

- For patients and families we replace fear with confidence; pain with relief; uncertainty with explanation; powerlessness with control; waiting with efficiency; institutional with home-like; isolation with partnership; and inconsistency with best-practice standards to achieve the best possible results.
- The New Regional Hospital is unifying the entire Kennebec Valley community.
- Patients and families feel cared for from the minute they arrive on our campus.
- Patients and families are involved in every step of their care.
- Receiving care at the NRH is a healing, uplifting experience.

“Being part of the New Regional Hospital design and construction project has been a once-in-a-lifetime opportunity that will have an enormous impact on our region,” says Jennifer Riggs, administrative director for Women’s Health, Imaging and Cardiovascular Services.

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Beyond the bricks and mortar: What it takes to transform care

By Joy Leach

The New Regional Hospital is an impressive structure—a very visible sign of MaineGeneral’s promise to improve health care in the Kennebec Valley. But success relies on what is going on behind the scenes to prepare for the hospital’s opening: the transition planning.

“The transition work is the most critical factor for our success,” says Paul Stein, administrative director for Support Services at MaineGeneral and co-chair of the transition. The transition process prepares the staff for the new building, which includes merging staff, training them on new equipment and technology and even changing the way they move through their departments and help patients when they come in for care. More than 500 “critical tasks” are being completed by the health system’s employees. The process began months ago, nearly two years before the new hospital opens.

“The new hospital provides a unique opportunity to improve the already high level of care offered by MaineGeneral,” said Debbie Bowden, director of nursing for Oncology Services and director of transition planning. “Health care changes every day, but normally the staff doesn’t have the time to stop and come together as a team to reflect on the opportunities and ways to change old habits and practice and introduce new, improved and evidence-based ones. The gift of being able to merge two talented and skillful groups of staff from Waterville and Augusta together under one roof will heighten the level of care beyond our community’s expectations.”

Tapped national expertise

MaineGeneral hired HTS, a national leader in transition planning, to guide the work needed to ensure patients will continue to receive the best care. Ann Ahmadi, project manager at HTS, describes the importance of looking beyond the opening day.

“Good transition planning is like a dress rehearsal,” says Ahmadi. “We really tried to look outside the box to find ways to make our patients’ experiences better. I’m very excited about how this new hospital will transform and improve care for patients and families now and well into the future.”

Here are some of the features of the New Regional Hospital designed to move patients and families comfortably through the care journey to wellness:

- A single entrance to make way-finding easier with separate entrances for Emergency Department walk-in services and ambulances.
- Separate corridors for the public and for patient transport for tests, etc., to enhance patient comfort and privacy.
- 192 private patient rooms which:
  - Include patient safety and healing by reducing infection risk
  - Allow confidential communications with doctors and nurses
  - Feature family visiting/sleeping space
  - Have large windows to maximize light and views of nature
- Inpatient rooms are located away from the main entrance to reduce noise and disruption
- Walking paths for patients, families, staff and community use

All patients will have pillow speaker units that will easily allow them to call for nursing help, control their lights and operate their televisions. This system will be modified for patient safety for behavioral health patients.

- Each inpatient room, procedure room and diagnostic treatment room has its own thermostat.
- The inpatient units have 36 beds organized in three 12-bed neighborhoods. Each neighborhood has its own nurses’ station close to the 12 patient rooms, as well as the dictate, supply and medications areas. Shorter travel distances between supplies, patients and workstations means more time caring for patients and making sure their needs are met.

“We value patient and family time and energy, so we want to be as responsive as possible and minimize waiting time,” says Sherri Woodward, chief nursing officer. “We want to treat our patients the way we would want to be treated. Throughout the design process, we put ourselves in the patients’ and family members’ shoes. We shared our own care experiences and those of our loved ones. At the New Regional Hospital, it is about patients and families literally from the ground up. We cannot wait to see the finished facility and share it with our patients and families.”

Groups of employees are touring their new interior spaces.
Planning is already under way for the Thayer Comprehensive Outpatient Center — a critical anchor in MaineGeneral’s plan to continue to bring patients high-quality health care services, right where they want them, close to home.

When the $10 million renovation of the Thayer Campus is finished in 2014, Waterville-area residents will be able to get most of their outpatient health care all in one place.

“Most health care today is delivered on an outpatient basis (without an overnight stay in the hospital),” explains Chuck Hays, CEO of MaineGeneral Medical Center. “Advances in treatment and surgeries have reduced, and in many cases eliminated, the need for overnight stays. The demand for outpatient services will only grow in the future. MaineGeneral’s new Thayer Comprehensive Outpatient Center in Waterville will be ready to meet this demand.”

Thayer will continue to provide the wide array of outpatient clinical services now located in the North Street campus. The outpatient clinical practices now at the Seton Campus and some of MaineGeneral’s physician practices also will move to the Thayer Comprehensive Outpatient Center.

“The Thayer Comprehensive Outpatient Center will remain a key part of MaineGeneral’s family of services, proving our commitment to Waterville remains as strong as ever,” Hays adds.

What does it mean for patients?

Patients and families should only see changes for the better.

“Patients will continue to get most of their care from their same trusted provider,” Hays says. “If people are suddenly ill or injured, they can still go to the Thayer Emergency Department — it will be open 24 hours a day, seven days a week, just as it is today.”

In fact, the only thing that will change is where patients will be if they need to stay overnight. Patients who require an overnight hospital visit will stay at the New Regional Hospital in north Augusta, next to the Harold Alfond Center for Cancer Care. The new hospital will have 192 beds — all in private rooms — with comfortable space for patients and their loved ones.

If people come to Thayer and need to be admitted, MaineGeneral will transport them to the New Regional Hospital at no charge. Low-cost bus service between Thayer and the new hospital will also be available for family members.

Services offered

The Thayer Comprehensive Outpatient Center’s array of clinical services will be just that: comprehensive and designed with patients and families in mind. These services include:

- 24/7 Emergency Department
- Audiology (hearing testing & hearing aids)
- Cardiac & pulmonary rehabilitation
- Cardiac/vascular/pulmonary testing
- Dialysis & kidney care
- Edmund N. Ervin Pediatric Center
- Endoscopy
- Laboratory
- Phototherapy
- Physiatry
- Physical, occupational & speech therapy
- Physician practices
- Radiology (X-ray)
- Sleep studies
- Specialty Center
- Surgery (outpatient)
- Workplace Health (occupational medicine)

Follow our progress

The architects and general contractor are working with department staff to plan and design their space. The goal is to maximize their space and create a patient and family friendly environment, as they did at the New Regional Hospital. Construction will start in January 2014. The Thayer Comprehensive Outpatient Center is scheduled to be complete by August 2014 but will remain open throughout construction.

If you want to know more about the Thayer Comprehensive Outpatient Center or New Regional Hospital, please visit ournewhospital.org and follow our progress as we transform health care for generations to come.
On the fast track, and ready for winter interior work

By Diane Peterson

More than 700 construction workers are scrambling to fully enclose the building and get permanent heat running before cold weather returns. Steve Wiley, senior project manager with Robins and Morton, the national construction firm partnering with local contractor HP Cummings on the state’s largest health care construction project, expects that number of workers onsite to continue through the end of the year, when those numbers will start to taper off as most exterior subcontractors finish up and major mechanical and electrical systems come online. “The work that remains for the finish trades doesn’t require the same number of workers,” he explains.

Because of MaineGeneral’s commitment to keeping things local, 90 percent of construction workers are from Maine and 96 percent are from New England.

Permanent heat critical

Early this fall, permanent power came online and permanent boilers were fired. Providing even heat distribution throughout the building is critical for interior work to continue throughout the winter, Wiley says.

Many filters will be in place to keep the ductwork free of construction dust. “Indoor air quality is key when you open a new building. Special procedures need to be in place to keep all ductwork clean,” Wiley explains.

“Interior finishes, including installing ceiling tile and flooring, require a climate-controlled area and an even, unhurried pace,” he adds. “Unlike structure and steel work, where there are ways to gain time on the schedule, finish work can’t be rushed without sacrificing quality. Finishes have to go up in a certain sequence.”

Outside

Outside, the paving of roadways and parking lots continues. John Milbrand, MaineGeneral construction manager, expects the first layer will be down late this fall which will improve snow removal this winter and eliminate spring thaw runoff problems come spring.

Also on tap this fall is the first of the extensive landscaping that will surround the buildings and dominate the grounds. Although landscaping is typically the last phase of a project, Milbrand explains “We’re taking advantage of the growing season by planting large trees around the outside perimeter where they won’t be damaged by construction. That will give them a full year’s head start on growth.” Another round of planting will take place next spring.

Masons will continue installing brick on the building’s exterior behind tarps with heat pumped from inside.

With most of the work now inside or behind tarps, those watching the construction project won’t see much change in the coming months. That’s because to the casual observer Wiley says the “Wow I can’t believe it went up so fast!” phase is over. With no dramatic changes visible from the outside, he predicts the project will move into the next phase, where people wonder, “What’s taking so long?”

Thayer Project

Meanwhile, planning is under way on the $10 million Thayer renovation to convert the space to a comprehensive outpatient center. Design and engineering teams are working with MaineGeneral staff to determine space needs and where departments will be located. Early this fall, architects began the initial drawings.

Construction is expected to begin January 2014 with a slated completion date of August 2014. Thayer will remain open during construction.
New Regional Hospital

New technology designed to improve patients’ experience
By Diane Peterson

Improved registration, billing process

Frustrated by answering the same litany of personal and insurance questions every time you register for a lab test, an X-ray or any other medical appointment or procedure?
Confused by getting separate bills for each service and physician practice even though they’re all part of MaineGeneral?
Baffled that your doctor doesn’t know you had an X-ray for that foot injury you went to the Emergency Department for last week?
We hear you, and we’re doing something about it.

Next spring, MaineGeneral will launch something about it. We went to the Emergency Department last week?

We hear you, and we’re doing something about it.

Next spring, MaineGeneral will launch a new system to capture all that registration information once and make it easily available to all MaineGeneral inpatient and outpatient departments and providers. It will consolidate charges for all MaineGeneral services into a single bill. And it will give all providers you see easy access to your entire medical record.

Imagine a hospital where there are no shrill alarms or overhead pages to disturb your rest.

Or the comfort of knowing a surgeon will call you directly with a report on how your loved one’s surgery went, no matter where you are in the hospital.

And the relief that comes from having your nurse immediately and directly alerted when you press your call bell.

When the new hospital opens next year, those scenarios will be a reality. This state-of-the-art communication is designed to boost real-time, direct communication between patients and staff, says Sherri Woodward, chief nursing officer and senior vice president of patient services.

Different colors of locator badges will be used to indicate different types of caregivers, i.e., nurses, CNAs, etc.

The technology, which all works together, includes:

- Wireless, voice-activated, internal phone system for all caregivers
- A wireless location system that tracks patients and staff wherever they are in the hospital
- A link to the nurse call system

Faster response times, quieter

“Currently, when a patient rings for help, an alarm sounds in the room and at the nurse’s station,” explains Woodward. “With the new system, instead of going to the nurses’ station and being broadcast overhead, the alarm will go directly to the appropriate nurse or Certified Nursing Assistant (CNA). This allows our nurses to respond faster. It also saves time and eliminates noise which translates into better rest and faster healing,” she says.

The patient handsets, which also include a TV remote, will be programmed for specific requests such as water, help with going to the restroom or pain meds, or, patients can simply press the red button.

Direct communication

Through the internal phones, patients can communicate directly with their nurses and other bedside caregivers. Family members can also have direct access to the nurse caring for their loved one.

Other hospital services and departments are also tied into the system. One touch of a button will direct a call immediately to hospital personnel in all departments. Staff can also alert departments when patients are arriving or being transferred for tests or other procedures so the receiving department knows in advance and is prepared and ready, significantly reducing waiting times.

Better communication = better response, quieter, less waiting

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Less anxiety for families waiting in surgery

Families of patients having surgery will be given the internal phones. Surgical staff will call families directly with updates of where the patient is in each step of the process — from prep, through surgery and into recovery.

Families won’t be tied to the waiting room. When the surgery is over, the physician will call, review how the surgery went and plan to meet them for a full report, helping to reduce a family’s anxiety.

A tracking board in the waiting room will also track the patient’s progress through the locator badge.

Nurse selected, nurse approved

Before the systems were adopted, a team of nurses and nurse leaders visited other hospitals to see them working first-hand. Those teams were involved in the selection process.

“Our nurses are very excited and look forward to technology that is designed to improve response times and communications,” Woodward adds.

Cameras in the new operating rooms will connect directly with cameras in pathology, cancer specialists at the Harold Alfond Center for Cancer Care and with doctors’ counterparts at Massachusetts General Hospital and Maine Medical Center.

“The advantage is significant,” says Randy Corkum, administrative director of surgical services.

“If one of our surgeons is in the middle of a procedure and needs to consult real-time with another specialist, he or she can look right into the surgical field and have a conversation with the surgeon.”

The new camera system is focused on delivering better patient care,“ adds Corkum. “All this technology is related to patient safety. Our patients will get unbelievable care; they’ll be safer and we’ll be able to communicate so much better with our patients and their families.”

A second set of eyes in the OR

Above is an example of the locator device our patients and staff will wear. Knowing where our patients are, enabling them to call for assistance from any location and monitoring contributes to safety.
There are six new reasons why MaineGeneral should be your first choice for surgery.

Advanced surgical care at MaineGeneral Medical Center (MGMC) has taken another leap forward with the addition of six highly trained surgeons who bring a wealth of reassuring experience to its team of surgeons. General surgeons Carlo Gammaitoni, MD, FACS, Ian Reight, MD, Anita Praba-Egge, MD, PhD and Kevin Price, MD, recently joined the MaineGeneral team as part of Kennebec Valley Surgical Partners, located at 25 FirstPark Drive in Oakland.

They were followed in September by orthopaedic surgeon James Johnston, MD, who practices at Augusta Orthopaedic Associates’ main site in Augusta, and William Weiss, MD, who practices at MaineGeneral Surgery in Augusta.

All six are exciting new additions to a team of more than 50 exceptional surgeons who offer the following types of surgery at MGMC’s Augusta and Thayer campuses:

• Advanced laparoscopic
• Bariatric (weight loss)
• General, gastrointestinal and oncologic
• General orthopaedic, spine and joint replacement
• Obstetrical and gynecologic
• Ophthalmologic
• Orthopaedic
• Otolaryngologic (ear, nose and throat)
• Plastic
• Podiatric
• Proctologic
• Robotic
• Thoracic
• Urologic
• Vascular

Laura Tracy, practice administrator for several of MaineGeneral’s surgical practices, says the addition of six new surgeons comes in response to a concerted effort by the organization to expand its Surgical Services program.

“Surgery is one of MaineGeneral’s growth areas and we’ve worked diligently in recent years to expand our access to surgical care, increase the number of services we can provide and increase the collective skill set of our surgical team,” she says. “The addition of these new surgeons really helps us accomplish these goals.”

Tracy notes that the four general surgeons who came to MaineGeneral as a group over the spring and summer have extensive experience in a trauma center setting and bring a specific expertise that augments MaineGeneral’s already comprehensive and wide-ranging surgical options.

“What I’ve noticed the most is that patients’ more complex surgical needs are being met close to home because of their backgrounds as critical care, fellowship-trained surgeons,” she says.

Ongoing efforts to educate MaineGeneral’s primary and specialty care providers about what the six new surgeons offer for services will benefit patients across the region, says Dr. Cameron McKee, medical director of MaineGeneral Surgical Services and a long-time general surgeon in the greater-Augusta area.

“In addition to advanced laparoscopic and expanded cancer surgery, the addition of Dr. Johnston greatly expands our capabilities in total joint replacement,” he says.

McKee says the design and construction of a state-of-the-art regional hospital has helped bring surgeons, specialists, primary care providers and other medical professionals to the area and will continue to do so.

“With the building of the new hospital, we’ve been very fortunate to attract the six new surgeons, and three new ob/gyn surgeons before them,” he says. “From a surgery perspective, this has allowed us to increase what we do in terms of minimally invasive surgery, cancer surgery, total joint replacement and the newest minimally invasive hip replacement surgery.

“From an organizational perspective, the new hospital’s support of our physician recruitment efforts means that MaineGeneral can continue to provide the depth and breadth of health care services that residents throughout the Kennebec Valley and beyond expect and deserve,” McKee adds. “They can get the best care from compassionate, knowledgeable and highly skilled providers, without having to leave the area.”

To learn more about MaineGeneral Surgical Services, visit www.mainegeneral.org/surgery.
MaineGeneral Earns Top Scores for Quality & Safety

Leapfrog: MaineGeneral received an A — the top rating — from the national nonprofit group that tracks hospital safety, quality and affordability. The Hospital Safety Score is based on data from Leapfrog’s annual survey of US hospitals and publicly available data on medical and medication errors, patient injuries and infections. Only 26 percent of the 2,651 US hospitals rated received an A, including 14 in Maine.

Among the factors used in the scoring are: complication rates from surgery; infection rates; success in preventing bed sores, falls and medication errors; central line infection rates; and the success in preventing infections; quality in preventing complications from surgery; and our commitment to reducing accidents and medical mistakes.

Anthem Quality: For the second year in a row, MaineGeneral has ranked number one in the region on quality and patient safety according to the final 2011 Anthem Quality (Insights) Report. The average score for all participating hospitals was 86; MaineGeneral received 107.

Survey Quality: Shel Sherman, RN, MSHSA, Surgical Quality Specialist at MaineGeneral Medical Center, recently presented at the American College of Surgeons’ Annual Surgical Quality Improvement Program Conference in Salt Lake City, Utah. She outlined MaineGeneral’s multidisciplinary approach to decreasing wound class discrepancies to 200 surgeons and Surgical Quality Specialists from around the country. MaineGeneral’s surgeons and nurses work together to make sure information about surgical wounds is documented clearly and consistently.

Survey Excellence: Glenridge Living Community, part of MaineGeneral Rehabilitation and Nursing Care, passed its annual state and federal survey with flying colors. The surveyors, who completed what is usually a five-day survey in just three and a half days, found no deficiencies. Administrator Conmie McDonald said the surveyors noted Glenridge’s efforts to provide resident-centered care. They were especially impressed that the staff knew each resident’s preferences. Glenridge is a 125-bed facility in Augusta for people with dementia.

MaineGeneral cancer physician named national chair of prestigious committee

▲ Ambreen Ijaz, MD, a medical oncologist at MaineGeneral’s Harold Alfond Center for Cancer Care (HACCC), has been named one of two national chairs of the bladder disease committee for Via Pathways. Via Pathways, a product of Via Oncology, helps oncologists around the country, including Dr. Ijaz and her colleagues at MaineGeneral’s HACCC, make real-time decisions about a patient’s cancer treatment.

Dr. Ijaz is grateful for the opportunity to take a leadership role in developing advanced treatments for bladder cancer. “Via Oncology Pathways and the HACCC have the same goal: to use the most advanced information available to make sure each patient receives the best possible treatment for his or her cancer,” Dr. Ijaz said. “I look forward to using my expertise in treating patients suffering from this disease to help define ways that offer patients a single-best treatment option for their bladder cancer.”

MaineGeneral’s Harold Alfond Center for Cancer Care is one of more than 500 facilities in 11 states and three countries that are part of the Via Pathways network.

Employees earn national certifications

▲ Compliance Specialists

Jennifer Hall, Health Information Systems (HIS) compliance specialist, Sherry Sirois, revenue cycle compliance specialist, Genevieve Hall, senior ethics and compliance specialist, and Jeanette Sprogis-Lajoy, HIS compliance auditor and educator have earned their national Certified Professional Medical Auditor (CPMA) credential through American Academy of Professional Coders (AAPC).

To earn this designation, participants must have extensive knowledge of medical documentation, medical record fraud and abuse, penalties for documentation and coding violations based on governmental guidelines, coding concepts, scope and statistical sampling methodologies and much more. They must also pass a national exam given by the AAPC.

Local service recognized

Scott Kemmerer, MD, medical director, Emergency Services, has been named to the MaineCare Redesign Task Force. He is the only physician serving on the nine-member panel. The task force, created by Maine lawmakers, is charged with finding ways to maintain high-quality, cost-effective medical services. The redesign must comply with requirements of the federal Protection and Affordable Care Act for Medicaid and result in Maine General Fund savings of $5.25 million.

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The opening of the new hospital will bear the names of those who helped build it, leaving a lasting legacy and transforming care for generations to come. Gifts to the Capital Campaign will be matched dollar-for-dollar by the Harold Alfond Foundation.

Community support for the New Regional Hospital and Thayer Comprehensive Outpatient Center has been rolling in as quickly as the walls have been going up! In late August our Capital Campaign reached a wonderful milestone on our way to raising $12 million; with 4002 donors contributing, we hit the $10 million mark!* Family and friends across the region are pitching in toward the promising future for local health care with gifts of every size.

When the doors open in the fall of 2013, our new hospital will bear the names of those who helped build it, leaving a legacy of caring for generations to come. Gifts to the Capital Campaign will be matched dollar-for-dollar by the Harold Alfond Foundation.

listed here are gifts to the capital campaign received from January 1, 2010 through September 7, 2012.

To make a gift or learn more about donor recognition opportunities, please visit give.mainegeneral.org.

*Cash received by December 31, 2016, up to a total of $10 million, will be matched dollar-for-dollar by the Harold Alfond Foundation.
We consider it a privilege, and will continue to serve Lapointe Lumber Co. Inc. parents, ourselves, our children and our grandchildren.

Jennifer Baldwin

Kam and Sharon Bajpai

Michelle Ayotte

Mr. and Mrs. Paul Arbour

Stephanie Allen-Perry

Vaikko and Nicky Allen

The Peter Alfond Foundation

William and Joan Alfond

$500 to $4,999

Daniel E. Wathen and Richard Tory

Standard Distributors

Lisa Simm and John Mazzeo

Jim and Ellie Schneid

Drs. Edward and Eileen Ringel

Nancy and Brian Rines

Hannah Dahlgren

Tom and Beverly Daggett

D	&	D	Realty

Jacquelyn Cyr

Susan Cross and Kenneth Russell

Ellen Fuller

Edwin Frye

Bonnie Fuller

Evelyn Webb

Winthrop Commercial Center, LLC

9500 to 5,999

Annette M. Albis

Troy, Erin and Iris Alexander

William and Joann Foundation

The Peter Alfond Foundation

Hannah Dahlger

Tina and Chris Darrin

Christy L. Godfrey

Brenda Greenwood

The David Atton Gr bear Family

Glenn and Mary Giswood

Jean Girouard

Maria Guarante

Andrew Guppy

Steve and Nancy Hake

Brant and Kimberly Haligian

Genevieve Hall

Michael and Mary Hammond

Mr. and Mrs. Clifton K. Hammond

David and Amy Hammond

Dr. Allyson Handley

Tammy Harmon and Hubert Clary

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