

## **1. Why have Valley Regional Hospital and Dartmouth Health decided to affiliate?**

*A: Dartmouth Health and Valley Regional Hospital (VRH) have enjoyed a close collaborative working relationship for many years across many services, including:*

- *Cardiology*
- *Oncology*
- *Pathology*
- *Radiology*
- *Other services*

*Having VRH join Dartmouth Health will build upon this close relationship and enable the integration of its clinical, administrative and financial resources to sustain efficient, high-quality care for the rural communities served by both VRH and Mt. Ascutney Hospital and Health Center (MAHHC), which is an existing Dartmouth Health member.*

*Both Dartmouth Health and VRH share a deep commitment to expanding access to care throughout Claremont and Sullivan County, and believe that combining our resources will allow us to better meet the needs of patients in the region - now and in the future.*

## **2. Is this a merger?**

*A: No. This is not a merger. Valley Regional Hospital will become a part of the Dartmouth Health system, but it will maintain its own Board of Trustees for local decision making around healthcare delivery. We envision VRH will be a well-integrated member of Dartmouth Health system, which includes combining some administrative staff from Mt. Ascutney Hospital and Health Center to help oversee VRH. However, VRH will maintain its own Chief Medical Officer.*

## **3. How much control will Dartmouth Health have over Valley Regional Hospital?**

*A: As proposed in the Letter of Intent (LOI), the Valley Regional Hospital Board of Trustees will retain authority on matters traditionally within the purview of a non-profit healthcare organization, such as identifying the health needs of its community and overseeing its delivery of care.*

*Dartmouth Health's Board of Trustees would hold certain oversight powers, including but not limited to appointment and ratification of VRH board members, approval of*

*operational and capital budgets and other strategic decisions, pending the outcome of further discussions.*

**4. Who would be the Valley Regional Hospital's CEO and other administrators?**

*A: The administration of VRH would undergo an alignment with the leadership of Mt. Ascutney Hospital and Health Center (MAHHC), which is already a Dartmouth Health member. As proposed in the Letter of Intent, MAHHC Chief Executive Officer Joseph Perras, MD would serve as CEO of both hospitals. MAHHC Chief Financial Officer David Sanville will be appointed as CFO of both hospitals. It is envisioned that staff supervisors for both Mt. Ascutney and Valley Regional would regularly split their time at both campuses.*

**5. Will Valley Regional Hospital be changing its name?**

*A: Both Valley Regional Hospital and Dartmouth Health will develop a branding strategy that will continue to respect the historic and unique identity of Valley Regional Hospital, and the quality that name represents, as well as reflect the value of its affiliation with Dartmouth Health. Long-term we envision that the same signpost brand adopted by the other Dartmouth Health members will be implemented, but Valley Regional Hospital's name will be maintained.*

**6. Will Valley Regional Hospital retain its tax-exempt status?**

*A: Yes. Neither Valley Regional Hospital nor Mt. Ascutney Hospital and Health Center will be required to take any action that would jeopardize its tax-exempt status or public charity status under state or federal law. All parties affirm their commitment to comply with all applicable laws and regulations that govern charitable organizations in New Hampshire.*

**7. How will this affiliation affect the employees of Valley Regional Hospital?**

*A: Valley Regional Hospital employees will be supported by the resources available to Dartmouth Health system members. We don't anticipate any changes to the daily workflow of staff.*

**8. Will there be layoffs?**

*A: All healthcare organizations are struggling with problems of adequate staffing and workforce development. Rather than eliminating positions, we are hopeful to lower costs*

*through better delivery and coordination of care and more efficient procurement of resources. The affiliation is also aiming to help meet capacity needs which should result in more jobs, not less. We do not intend for there to be layoffs. We hope that, by working together, we can develop effective ways to address the workforce challenges of health care in NH and better recruit and retain highly-skilled providers.*

**9. How much is the competition for healthcare workforce driving the affiliation?**

*A: Valley Regional Hospital and Dartmouth Health have a long history of working together to provide care for the people of Claremont and Sullivan County. Dartmouth Health has provided access to specialty care providers that Valley Regional, in some cases, would not be able to provide on our own. Dartmouth Health is proud of its ability to provide its employees with a wide range of opportunities to grow their entire careers here. Health Care workers who want to work in a larger academic setting can work at Dartmouth Hitchcock Medical Center and those that prefer a critical access, homecare, or a community hospital have those as options.*

**10. What will an affiliation mean for Valley Regional Hospital patients?**

*A: By enabling greater access to Dartmouth Health resources, VRH patients will benefit from easy access to high-quality, sub-specialty*

*Day to day operations at the local level will be largely unaffected by the affiliation.*

**11. What is the process for affiliation, moving forward?**

*A: The process began with a Letter of Intent signed by the chief executives of Dartmouth Health, Valley Regional Hospital and Mt. Ascutney Hospital and Health Center. A public listening session was held on September. 8, 2022.*

*A Joint Affiliation Committee (JAC) comprised of approximately equal numbers of representatives from both VRH and Dartmouth Health will convene to create an integration plan for VRH and MAHHC, and resolve any differences between the parties before closing the deal.*

*Each party will share information to engage in a good faith due diligence review of the business, operations, assets, liabilities, financial condition and prospects of the other party.*

**12. How long does the affiliation process take?**

*A: Both parties are working to complete their due diligence, negotiations and integration plan and close the agreement. There is also a process of regulatory review and approval required. .*

**13. Could one of the parties back out of a potential affiliation?**

*A: Yes. However, the likelihood of this is minimal given the strong, longstanding relationship between DH and MAHHC. Both parties understand that various events might cause the termination of the Letter of Intent, including a significant finding made during the due diligence process, or other significant or adverse changes to the performance of either party.*

**14. What was the process that ultimately resulted in the signing of a Letter of Intent (LOI)?**

*A: Our organizations already collaborate in many clinical areas. The strong relationship between our respective leadership teams led to discussions about the other ways we could collaborate beyond our existing clinical partnerships to better serve patients of the region. That quickly evolved into the discussions about forming an affiliation so we could effectively help each other reach our shared goals.*

**16. What approvals are needed for the affiliation to move forward (AG, NH Charitable Trusts, FTC, Justice Department, others)?**

*A: Both organizations will conduct due diligence and continue discussions about the affiliation. After a definitive agreement is filed, it will be subject to review and approval by the NH Attorney General's office and its Charitable Trusts Unit, and the Federal Trade Commission.*

*Future public meetings will be held later this fall, following the filing of our agreement.*

**17. What will happen to donations and philanthropic support?**

*A: It's important that donations made to our member hospitals for specific purposes remain in those communities under local controls. Our member organizations have always honored their respective donor restrictions. In addition, the development arms of*

*each organization will remain separate. Unrestricted funds will only be used for the benefit of the intended hospital communities or groups.*