




caring for the community

Our commitment since 1888



we
are intensely
proud of
who we are
and what
we do.

This past year will be remembered as a significant one in the history of Northeast Health System. It was a year in which we faced great challenges, but we met those challenges head on through an extraordinarily collaborative effort by all while continuing to succeed as an organization. It is with that backdrop that I present this report to you today.

Late in 2008, our chief executive officer resigned his position. The Board of Trustees came together and unanimously asked Henry J. Ramini, MD, to assume the role of interim CEO while we searched for a permanent replacement, and we were grateful that he agreed. Hank served as CEO in the same way he had practiced medicine: with compassion and dignity, building bridges, seeking consensus and solving problems through collaboration. Hank devoted 50 years of his life to this organization and he should be commended for his dedication and service.



At the same time, the Board established a search committee composed of physician and non-physician trustees and began a nationwide search for a new leader. Throughout the process, we received input from the medical staff, the nurses and senior management as well as members of the community. After many months, this collaborative process concluded with the selection of Ken Hanover as our new CEO of NHS. Ken has more than 30 years of health system management experience and we look forward to his leadership as he guides this organization into a brighter future.

Despite changes in leadership, NHS continued to collaborate, achieve and succeed in the past year. Every day, our physicians, nurses and healthcare professionals offer outstanding care and service to our patients. We provide many innovative services—several of which are highlighted in this report—that continue to benefit our patients and our community such as the NHS Ambassador Program, the Connecting Young Moms Support Group, the NICHE Designation, the Gorton's Specialty and Cancer Care Center, Myomo™ technology (for stroke rehabilitation), and Physician Order Management. Through all this, the community has been by our side. Annual Giving increased, with more donors investing in our hospitals and affiliates, and we are deeply grateful. The Honor Roll of Donors at the end of this report recognizes our many partners who have invested in our organization, and we are pleased to celebrate their generosity and commitment.

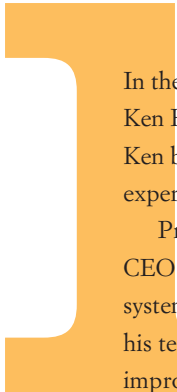
In short, we are *Caring for the Community*, a responsibility that we have met and fulfilled since 1888. Our long history and our commitment to this community are unwavering and we look forward to continuing to build upon our past successes. We are intensely proud of who we are and what we do and we will continue to strive for excellence. It is with that profound sense of pride coupled with a sincere sense of gratitude that I present this report to those in the communities that we serve.

A handwritten signature in dark ink that reads "David F. St. Laurent". The signature is written in a cursive, flowing style.

David F. St. Laurent
Chairman, Northeast Health System Board of Trustees



extensive
experience
and significant
expertise.



In the fall of 2009, Northeast Health System welcomed Ken Hanover as our new Chief Executive Officer. Ken brings with him extensive experience and significant expertise as a healthcare executive.

Prior to joining NHS, Ken was president and CEO of the Health Alliance, one of the largest hospital systems in southwest Ohio, for eight years. During his tenure at Health Alliance, he oversaw significant improvements in the system's financial performance, quality achievements and labor productivity.

Ken has also held various senior leadership positions in healthcare systems in Pennsylvania and in Oregon. He graduated from the University of Massachusetts Amherst in 1973 with a bachelor's degree in political science and holds a master's degree in public administration from the Johnson School of Management at Cornell University. He was raised in Framingham, MA.

After a nationwide search, Ken was unanimously selected by the search committee because of his experience, capabilities, ideas and approach to leadership. He has extensive experience in building and operating complex healthcare systems to improve service delivery and clinical excellence. He also shares the organization's commitment to providing patients with compassionate care of the highest quality, and he has a history of working hand-in-hand with the medical staff to achieve common goals.

Ken and his wife Sylvia will live in Hamilton, MA; they have five children. We welcome them warmly not only to our organization, but to our community as well.



Through my work with Northeast Hospital Corporation I am privileged to know many of the extraordinarily dedicated physicians, nurses, and other caregivers that make up this organization. They share a commitment not only to delivering the highest quality of patient care, but also to collaborating with one another to ensure that this goal is achieved.

During this past year, our hospitals, physicians, and nurses have received many well-deserved awards and recognitions for excellence in patient care. These objective judgments about the high quality of care and service offered here serve as invaluable confirmation that the hard work of continuous improvement is benefiting our patients.

For example, our hospitals were designated “high-performing hospitals” by The Quality Improvement Project, which measures the quality of hospitals across the nation. Our hospitals are also among an elite few with NICHE designation, for Nurses Improving Care for Healthsystem



Elders. Our Wound Center was recognized as a Center of Distinction by Diversified Clinical Services for its outstanding quality and patient satisfaction. And the Beverly Hospital and Addison Gilbert Hospital Emergency Department nurses were the 2009 winners of the *ADVANCE for Nurses Award*.

This report also highlights a key factor in our hospitals’ ability to continually improve: effective collaboration among physicians, nurses and other staff. For example, full implementation of our new Computerized Provider Order Entry system, which improves both patient safety and efficiency, could not have been accomplished without the ongoing collaboration of many individuals and departments, including physicians, nurses, Information Systems, and our pharmacies. We graciously thank our trustees, senior leaders and employees for their private donations — as well as the many donors throughout the communities we serve — who helped our organization continue to be a leader in healthcare innovation and excellence, and are pleased to recognize these generous supporters in our Honor Roll of Donors appearing at the back of this report.

Our Board of Trustees, our health system’s administration, and each and every physician, nurse, and staff member recognizes the importance of working together toward our common goal: to serve our community with the highest quality care, in a caring and compassionate atmosphere. I am privileged to work with this fine organization, and I look forward to the many ways in which Northeast Health System will continue to serve our community in the years ahead.

A handwritten signature in black ink that reads "Nancy H. Palmer". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Nancy H. Palmer
Chairwoman, Northeast Hospital Corporation Board of Trustees

The medical staff at Northeast Health System has worked tirelessly during the past year to continue providing the high level of service our patients have come to expect. In our efforts to continually improve, we have also added important new services.



We established a new Surgicalist program, modeled on other successful programs including our Intensivist and Hospitalist programs. The Surgicalist program means that a surgeon is onsite 24/7. While our on-call surgeons have been remarkably speedy in their response times, this means that surgical services are readily available at all times.

We established our new Cardiovascular Department in the Medical and Day Surgery Center in Danvers, and welcomed new physicians with the latest capabilities in peripheral and cardiac procedures, including balloon dilations and non-invasive treatments. In collaboration with midwives, we strengthened the services available at the North Shore Birth Center. We have been re-verified as a Level III Trauma Center after a deficiency-free survey by the American College of Surgeons Committee on Trauma. And we have received the American Stroke Association's "Get With The Guidelines"SM Stroke Bronze Performance Achievement Award.

We launched an exciting new initiative called the Medical Advisory Panel (MAP), a group of approximately 20 physicians working together to identify issues, generate action plans, prioritize, and collaborate to make real changes in many strategic areas. MAP gives the physician community direct input to hospital administration, so that the medical staff and our hospital leaders can work together toward shared goals. Some of MAP's current initiatives include enhancing communication between primary care physicians and hospitalists, improving access to some specialists, and improving the patient experience.

We continue to value and benefit from our collaborative partnerships with other outstanding hospitals, such as Children's Hospital Boston, Lahey Clinic, and Beth Israel Deaconess Medical Center. These partnerships allow us to offer our patients the best care close to home for most of their needs, and the best specialty care at the area's finest hospitals for special needs.

During this past year we have faced economic, industry-wide, and organizational challenges. Yet our physicians never lose sight of what is truly important, namely providing the best possible care for their patients. I am proud to work with and represent such a talented and dedicated group of doctors, and I look forward to continuing our pursuit of excellence on behalf of the patients we serve.

A handwritten signature in blue ink, appearing to read "Jonathan Schreiber".

Jonathan Schreiber, MD, FACOG, FACS
President, Medical Staff



Mr. Machado is working toward re-establishing his grip on the neck of his guitar. It is a goal that he finds both motivating and emotionally charged.

music and movement

Manuel Machado's father taught him to play the guitar when he was a young boy growing up in the Azores Islands of Portugal. When he moved to the United States in 1984, he quickly connected with the Portuguese communities in Fall River and Peabody, where he lives. The band he joined played traditional Portuguese folk music, and they stayed very busy.

“Every weekend, he would play somewhere,” says his daughter Maria Munroe. “He would sometimes come home at 4 a.m.”

But all that changed on May 3, 2009, when her father, at the relatively young age of 58, suffered a stroke and lost the use of his left arm and leg. He spent a month in the hospital and then two months at Ledgewood Rehabilitation and Skilled Nursing Center, in Beverly, where he was the first patient to benefit from a remarkable new neuro-robotic technology designed by MIT engineers to help stroke patients recover movement.

Called Myomo® — for “my own motion” — this cutting-edge device helps patients relearn how to move severely weak or partially paralyzed limbs. (Currently available only for arms, it is in development for both legs and hands.)

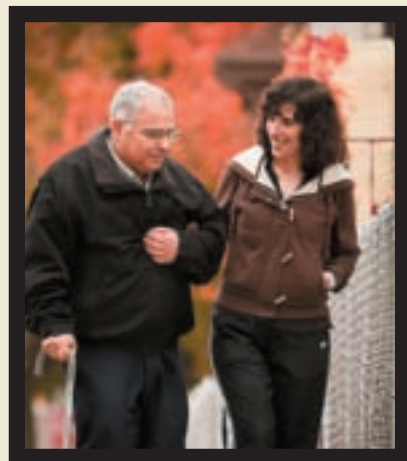
Leading The Way

“You place the brace on his arm, and there is a sensor that measures the tension in his bicep,” explains physical therapist Michele Devlin, who provided home-based Myomo treatments to Mr. Machado for six weeks after he was discharged, through Northeast HomeCare. “It figures out just how much assistance to give him in bending his arm. If he has very little power, it gives him more assistance. If he has more power, it gives less.”

Devlin says this device — which is so new that Ledgewood and Seacoast Nursing and Rehabilitation Center, in Gloucester, are the first skilled nursing facilities in the nation to implement Myomo, and Northeast HomeCare is the first home care agency nationwide to do so — helps reduce the swelling and pain that are common after a stroke, and helps patients maintain a range of motion. “It’s very hard as a therapist to know how much help to give,” she says. “But Myomo knows how to give just enough. And the repetitious movement helps to re-establish the neuro-pathways that were damaged by the stroke. I’ve never seen anything like it.”

In his at-home therapy session, Mr. Machado is able to bend his arm repeatedly, bringing his hand to his collarbone and back down. He grips his cane horizontally with both hands, and lifts it several times to his chin and back down. His daughter says he has come a long way from the beginning of his recovery, when he had no function in his left arm at all. “He loves the Myomo,” says Maria.

Mr. Machado is working toward re-establishing his grip on the neck of his guitar. It is a goal that he finds both motivating and emotionally charged. But his daughter — herself a cancer survivor and author of a book about her experiences called “It Gets Better” — helps him to focus on the future. “It’s important to be positive,” she says. “He’s got lots of friends and family, and every day, we see changes in him. Every day, he gets a little better.”



Manuel Machado and his daughter Maria

finding our NICHE

“I was convinced she would never come home again.” That’s how Gaynor Riley, a retired teacher from Peabody, felt after his wife Denise spent weeks shuttling back and forth among hospitals and rehabilitation facilities following shoulder surgery, getting steadily worse. “She has Parkinson’s, and she started acting out. She was never a mean person, but she turned nasty. At one hospital they kept her tied to a chair.”

But fortunately, all that has changed. Today Mrs. Riley is back home again, and “better than she’s been in years,” says her husband. That’s the result of treatment she received after she was transferred to Addison Gilbert Hospital’s Senior Adult Unit (SAU), which specializes in caring for older patients with both physical and behavioral needs.

Because elderly patients’ responses to treatment are different from younger patients, they require specialized care. Now, thanks to NHS’s Geriatric Initiative, Beverly Hospital, Addison Gilbert Hospital, and BayRidge Hospital are among only a handful in the state that have been recognized by a national nursing program for meeting a high set of goals for geriatric care.

SAU leaders embarked on the Geriatric Initiative to spread expertise in elder care throughout NHS using the NICHE program as a framework. Based at New York University’s Hartford Institute for Geriatric Nursing, NICHE — Nurses Improving Care for Healthsystem Elders — is a national nursing and interdisciplinary program that provides tools and resources for hospitals to improve geriatric care. NICHE designation is awarded when institutions can demonstrate their ongoing commitment to improving elder care by employing evidenced-based practices.

“Our Senior Adult Unit at Addison Gilbert became designated in May 2007,” says James Purdy, Vice President of Inpatient Behavioral Health. “In August 2009, we became a NICHE Designated System. Currently, there are only 10 other NICHE sites in the state.”

Michael Tarmey, RN, Director of Inpatient Behavioral Health, was instrumental in the development of the SAU. “Older patients have a distinct set of needs. NICHE overlays geriatric principles on top of our existing body of medical knowledge. For example, you should not care for an 85-year-old hip replacement patient the same way you would care for a 45-year-old hip replacement patient,” he says.



Elizabeth Tomaino, RN, BA, helps a patient at Addison Gilbert Hospital

Beverly Hospital, Addison Gilbert Hospital, and BayRidge Hospital are among only a handful in the state that have been recognized by a national nursing program for meeting a high set of goals for geriatric care.

Filling the Training Gap

Shirley Conway, RN, MSN, MBA, BC, LNHA, is Director of the SAU and Inpatient Geriatric Services and the driving force behind NHS's NICHE designation. She was awarded a Sigma Theta Tau (International Nursing Honor Society) Geriatric Leadership Fellowship in conjunction with the work of the Geriatric Initiative. "Elderly patients are vulnerable to a unique set of geriatric syndromes including falls, sleep problems, nutrition issues, skin breakdown and delirium. Basic nursing and medical education does not typically include a geriatric component," she says.

To fill that gap, Conway turned to Cheryl Merrill, RN, MSN, CNAA-BC, Director of Nursing Practice, Quality, and Education. "We reallocated resources to create a Geriatric Nurse Educator position and moved Sara Barnum, RN, MSN, into the role," says Merrill. Together, Conway and Barnum have organized a variety of geriatric educational programs.

So far, more than 50 NHS nurses have completed a two-day nursing program that includes education in prevention and treatment of geriatric syndromes. The program is taught by NHS interdisciplinary experts such as SAU Medical Director Steven Gillespie, MD; Director of Acute Care Services Fay Curtis, RN, MSN; Rehabilitation Director Melinda Adam, PT, OCS; and Wound, Ostomy and Continence Nurse Jerra Sullivan, RN, WOCN. Merrill says there is now at least one nurse in every unit who has completed the geriatric class. "They are able to act as a resource to their co-workers who have not yet completed the classes," she says.

Physicians have also been offered special training, through geriatric continuing medical education (CME) programs provided by Dr. Gillespie, one of a relatively small number of physicians nationwide who is board-certified in adult and geriatric psychiatry. Gillespie also serves as NHS's Inpatient Geriatrics Champion. Among the programs he presented was one with Pharmacy Director Daniel Newberg, MS, RPh, on geriatric medication issues because older patients metabolize and respond to medications differently.

Many Measures of Success

These new ways of caring for elderly patients distinguish a NICHE-designated unit from others. Today, for example, nurses know that it is vitally important to get patients up and walking as soon as possible. "We now know that it takes an older adult almost four days to recover from one day of bed rest," says Dr. Gillespie. "After a typical four-day medical hospital admission the functional decline of geriatric patients is profound."

This decline can lead to what Shirley Conway describes as "a cascade," in which one problem leads to another. For example, patients who aren't getting out of bed often require a urinary catheter. "But the use of urinary catheters without medical necessity increases the chances of catheter-related infection," says Conway. "Medications that treat the infection can cause delirium, which results in falls and behavioral problems." These consequences often result in more medication use, nutritional problems, use of restraints, depression and skin breakdown, all of which could be avoided with the provision of geriatric patient-centered care.

As the Baby Boomer generation ages — the oldest Boomers are now 63 — caring effectively for elderly patients will become an essential skill for all providers. Already, geriatric patients represent more than 60 percent of inpatients at Beverly and Addison Gilbert hospitals.

In the SAU, NICHE training has helped staff reduce patient falls by 50 percent, prevent pressure ulcers, and improve patient and employee satisfaction. There are other measures of success that are less quantifiable, says Dr. Gillespie. "Many of our own physicians are sending their loved ones here," he says. "They know we'll take great care of them."

The lure of sedentary activities such as television, video games, and computers is nearly irresistible for most kids. Combined with more cautious lifestyles — kids rarely walk to school or run around outdoors like they did a generation ago — and the ever-expanding array of unhealthy packaged and fast food, and it is easy to see why the US is experiencing an epidemic of childhood obesity. Indeed, one in three children are considered overweight or obese.

Now, a successful new program funded by NHS and offered by the YMCA of the North Shore is addressing this problem. Called the Physical Activity Club, or PAC, this 12-week program offers children ages 10 to 14 the opportunity to learn about how to make healthy choices and how to have fun doing so.

The YMCA works with teachers and guidance counselors at local schools to identify children who would benefit from the program. “The coaches get to know the kids personally, work with them and their families to decide what they want out of the program and help them set goals to achieve through the program,” says the YMCA’s Chief Operations Officer, Christopher Lovasco. During weekly meetings at the YMCA, kids learn about nutrition, including how to read labels, and try out different types of physical activities. Each child and their accompanying parent receive a 12-week membership at the YMCA. They are encouraged to keep a journal of their nutrition and activities during the week.

Sometimes a simple lesson has lasting impact, says the YMCA’s Communications Director Stephanie Lyons. “In one class the coach showed the kids a sandwich bag full of sugar. It was the amount of sugar in a can of Coke. The kids were shocked and they really retained that information.”

Engaging Families in Healthy Choices

Lovasco says the important thing about the program is that it’s not just a diet or exercise program; it is a collaborative partnership in which the kids work with coaches and their parents to set personal and realistic lifestyle goals. “Rather than immediately changing their diet to reach a lofty goal like eating five servings of fruits and vegetables a day, for example, the kids learn to make small changes to achieve that goal over time,” he says. “It becomes more realistic that they will reach it and less likely that they will get frustrated and give up.”


Families get involved as well. “Sometimes a goal will be for the family to do three activities together in a week that involve movement,” says Lovasco. “Maybe they’ll play a game of Twister or go for a walk. Engaging families in group activities is healthy in so many ways and reminds parents that they play an important role in their children’s health and habits.”

Charles Payson, Vice President of External Affairs, says this program is a perfect example of the organization’s mission and values in action. “Working with the YMCA and the schools, we can reach deeper into the community to identify needs and to improve health. And that’s really what we’re all about.”





get: moving



The PAC is a collaborative partnership in which the kids work with coaches and their parents to set personal and realistic lifestyle goals.

a mouse in the house

In “the old days” of medicine, one of the most important jobs performed by nurses or pharmacists was to decipher a doctor’s handwriting on an order or prescription. Given each physician’s unique penmanship and particular choice of abbreviations, there was plenty of room for mistaken interpretations. These mistakes can harm patients.

Throughout NHS’s three hospitals, this scenario is a thing of the past. Thanks to the implementation of a computerized system for ordering everything from lab tests to medications, the opportunity for errors has been dramatically reduced. Not only has this improved patient safety, it has also reduced turnaround time on pharmacy orders, meaning patients get their medications faster.

“Our application is called Provider Order Management, or POM,” explains Robert Laramie, Vice President and Chief Information Officer. “The physician goes to the computer and selects the appropriate drug, dosage, and frequency and then electronically submits the order. During the ordering process, the system checks for any drug-to-drug or drug-to-allergy interactions for that patient and alerts the clinician. It also flags duplicate orders and lab values related to the medication being ordered. The physician can then override some of these or make any necessary adjustments to the order.”

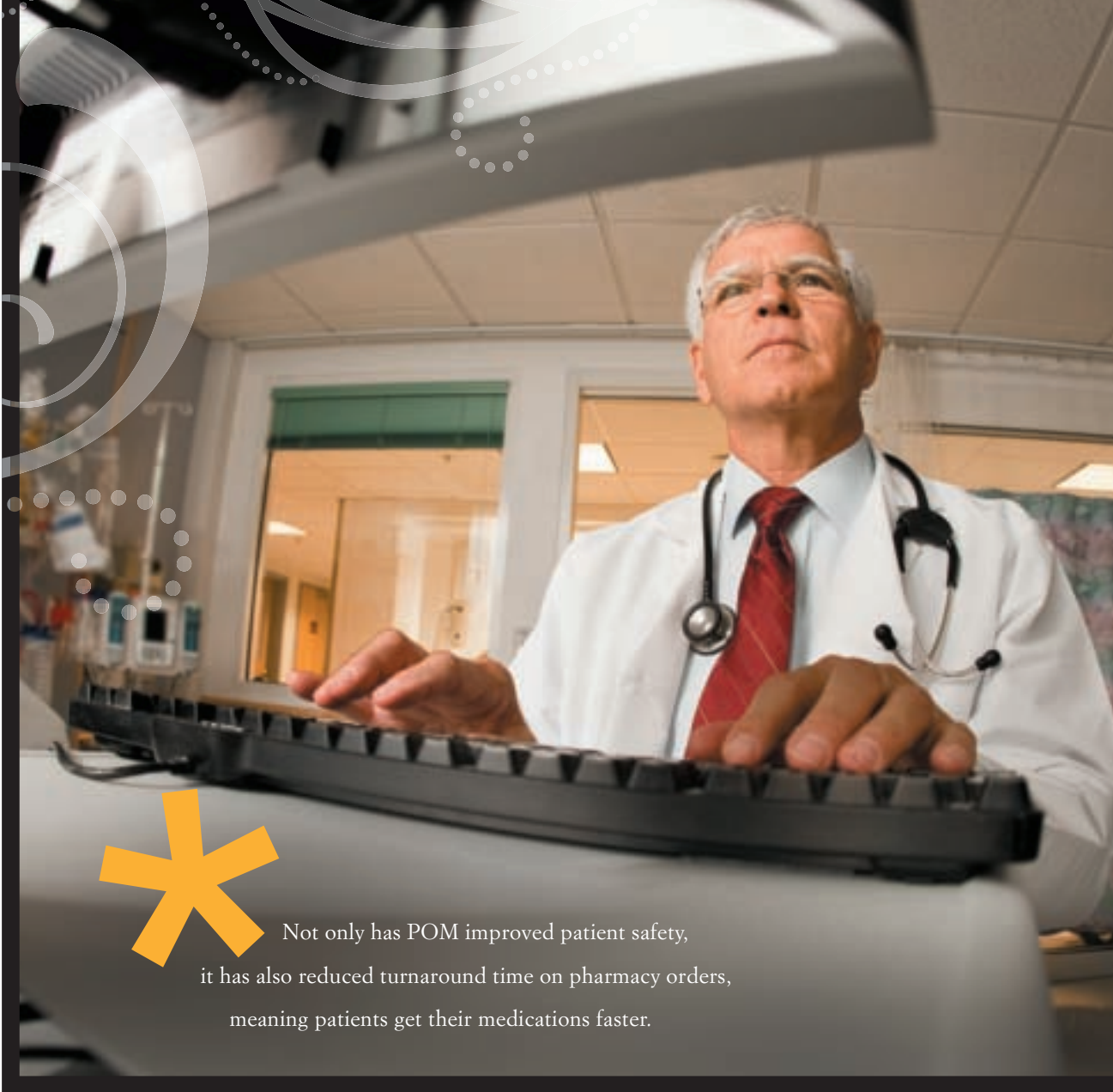
A pharmacist verifies all orders and, since the system presents doctors with appropriate doses and directions, he or she now rarely has to check with the physician for clarification thereby saving time and improving efficiency. The pharmacist fills the order and the system electronically notifies the nurses on the patient’s unit that the order is ready. The nurse can retrieve the order from a special password-protected medication-dispensing machine located nearby.

Hospitalist Sashikanth Kodali, MD, was the physician champion for the implementation of POM serving as a liaison between the physician staff and Information Systems. “This technology essentially makes it easier for physicians to do the right thing,” he says. “It provides decision support at the time of decision-making by giving physicians easier access to evidence-based order sets.”

“There is a learning curve, but once you become facile with it, it may ultimately save physicians time,” says Jeffrey Newton, MD, a pulmonologist who was instrumental in helping implement POM. “In the old system, I would examine a patient and then gather the vitals from the chart at the bedside, lab results from the computer, and then sit down to write orders. Now, all that information is in one place.”

Teamwork Is Important

Because the system greatly reduces pharmacists’ need to clarify orders, it enables them to use their time providing more important services such as drug information, patient medication counseling, and helping to ensure proper dosing and route of administration. Daniel Newberg, MS, RPh, Director of Pharmacy, says that during October 2008, before the system was fully installed, Beverly Hospital pharmacy staff pursued 92 order clarifications from physicians. During September 2009, that number had dropped to 57. The system also helps physicians order medications from within the hospital’s drug formulary, which saves both time and money. “In November 2008, there were 72 non-formulary orders,” says Newberg. “In September 2009, there were 12.”



Not only has POM improved patient safety, it has also reduced turnaround time on pharmacy orders, meaning patients get their medications faster.

Pulmonologist Jeffrey Newton, MD, was instrumental in helping implement POM.

In addition, says Newberg, the number of therapeutic interchanges requiring pharmacists to change orders to a more appropriate drug has dropped from 298 in October 2008 to 86 in October 2009.

The bottom line is that POM is good for patients: it helps assure that they get the right medications, and faster. Before POM, the average time for a medication order to be received in the pharmacy was 45 minutes; now the pharmacy receives medication orders once the doctor hits the enter key.

Many large organizations find it challenging to change processes that are ingrained and habitual. Busy people are often resistant to change. “It was really a big workflow change for physicians and for nurses,” says Fay Curtis, RN, Director of Acute Care Services. “It involved much more than just taking a written process and putting it in the computer. It changes how nurses get information.”

But the rollout of POM throughout the three hospitals went extremely well, says Dr. Newton. “The success of this effort was due to teamwork on the part of many departments,” he says. “The administration, nursing, physicians, Information Systems, Pharmacy, and multiple other departments all came together and recognized that this was important for patient safety. We are ahead of most community hospitals in doing this and it is because everyone came to the table to work on the implementation and problem-solving.”



foreground: Kerri Helten and her son Maxwell; background: Erin Carr, Molly Robbins and her son Payton

great expectations

Since 1996, the Beverly Hospital Social Work Department, in collaboration with the Parent Education Department, has offered comprehensive pre- and post-natal programs at Beverly Hospital that help prepare young pregnant women for their baby's arrival and their new role as mothers. Enriched by the support of the Friends of Beverly Hospital and various community donors, the program is called Connecting Young Moms (CYM). Since its inception, CYM has served more than 900 young women and their families by giving them support during pregnancy, childbirth, and beyond.

CYM serves young women who have limited resources and often have little emotional and social support. The program is committed to bringing health and parenting education, community resources, and peer support to help these young mothers develop healthy and positive parenting skills. These young women come to the program having experienced many of the challenges that poverty and young parenthood present.

The program includes prenatal counseling with information on nutrition for mother and baby, childbirth preparation classes, and the option to make use of the volunteer doula program. A doula is professionally trained to provide supportive assistance during childbirth. "If they want, we connect them with a volunteer doula who can offer them extra support during delivery," says Jodie Berry, LSW, who co-facilitates the program with Kelli Braga, LICSW, and Donna Desmond, LICSW.

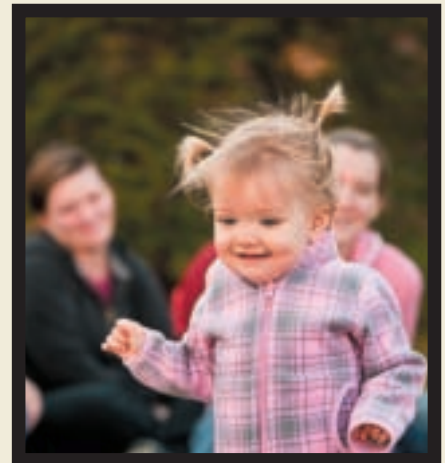
But the program offers much more than that. In many cases, it offers a lifeline.

"We try to meet with each young woman individually, to get to know her better and understand what other needs she may have, and how we can link her to community resources," says Braga. "We try to help them form a healthy attachment to their baby, adjust to motherhood, and work toward a better future for themselves and their children."

CYM provides ongoing weekly support groups with childcare provided by the Beverly Hospital Volunteer Department. Together, the young moms develop healthy pictures of their future, and discuss the steps necessary to fulfill that image. The bonds formed among the young mothers are often quite strong and enduring. The same can be true for connections made between the young mothers and the group's leaders. "One of our young moms was eventually able to graduate from nursing school. She invited us to her pinning ceremony, and then came back to the program as a volunteer," says Desmond. Some who never thought they'd go to college, do. "We have a scholarship fund which can help out by paying for courses, books, equipment or other expenses," says Berry.

Former CYM clients sometimes call at the holidays and ask if there is a young mom who needs a little extra help. "One mother told us, 'I remember when I couldn't buy a present for my baby,'" says Berry.

"We try to set the bar higher, and then help them reach it," says Braga. "It doesn't happen overnight, but it does happen, and for them, and for us, it is very empowering."



helping hands

“It’s a privilege to represent our hospitals in the community,” says Tina Ketchopulos, Coordinator of External Affairs. “I live in Rockport and I know there are needs throughout Cape Ann that we can help to meet.”

Ketchopulos is talking about her participation in NHS’s Ambassador program, launched in 2008, as a way for staff to get more involved in the communities the system serves. Four teams with a total of about 50 people have joined together to volunteer in a wide variety of ways in the towns they serve. The teams are Team Danvers, Team Cape Ann (serving Gloucester, Rockport, Essex, and Manchester), Team Greater Beverly (serving Beverly, Peabody, Hamilton, Wenham, and Ipswich), and Team Tri-Town (serving Boxford, Middleton, and Topsfield).

“So many of our employees live in the towns we serve,” says Althea Lyons, Vice President of Human Resources and Development, who developed and oversees the program. “And so many of them are already active in their communities. It just made sense for us to get organized around this effort.”

Team members received training about their roles and responsibilities as well as about all that NHS has to offer the community. “We are a big system and sometimes even our staff isn’t aware of all we offer,” says Lyons. “So as our ambassadors to the community, we want them to be able to answer people’s questions about what services NHS provides to the community.”

Ambassadors participate in and help at local events ranging from health fairs to town meetings. They might staff first-aid booths or help out at community races or walks for different causes. Some have organized medication disposal days, giving residents a safe way to dispose of unwanted medications.

Ketchopulos, along with Eileen Hines, her Team Cape Ann co-captain, says she and her team of 14 have been busy. “We’ve been doing food drives with The Open Door food pantry in Gloucester and we’ll continue to do that through the holidays. In October, we helped at the Gloucester Health and Wellness Expo. We had a Chamber of Commerce mixer to show off Addison Gilbert’s new Gorton’s Specialty and Cancer Care Center. And we are working with local agencies to provide holiday gifts for children and families in need.”

During the fall of 2009, Ketchopulos says Team Cape Ann donated more than 70 volunteer hours to the community. “People are so willing to help and during the year we have many opportunities for our employees on all teams to give,” she says. “It is heart-warming to see so much generosity.”

Four teams with a total of about 50 people have joined together to volunteer in a wide variety of ways in the towns they serve.





During the fall of 2009, Team Cape Ann donated more than 70 volunteer hours to the community.

left to right: Deborah Couture, Eileen Hines, Andrea Dunn, Kathleen Hitchcock, Tina Ketchopulos, Barbara McCarthy

a common good

It's hard to say what is the most special feature of the new Gorton's Specialty and Cancer Care Center at Addison Gilbert Hospital. Maybe it's the uplifting original paintings throughout the Center, created and donated by renowned Gloucester artist Sigrid Olsen. Maybe it's the spectacular views from the Crandall Oncology Suite of the Annisquam River and the harbor. Or maybe it's just the very fact of the Center's existence on Cape Ann, where it offers excellent, compassionate care close to home for the area's residents.

The Center opened in March 2009, thanks to the lead gift from Gorton's Seafoods and the generous financial support of the local community. More than 500 donors — including local business and both year-round and summer residents — contributed more than \$1.2 million, making it the largest fundraising effort ever for the hospital. The Center is located on the Lundberg Medical Arts Floor, named in honor of long-time Gloucester surgeon Dr. Robert Lundberg.

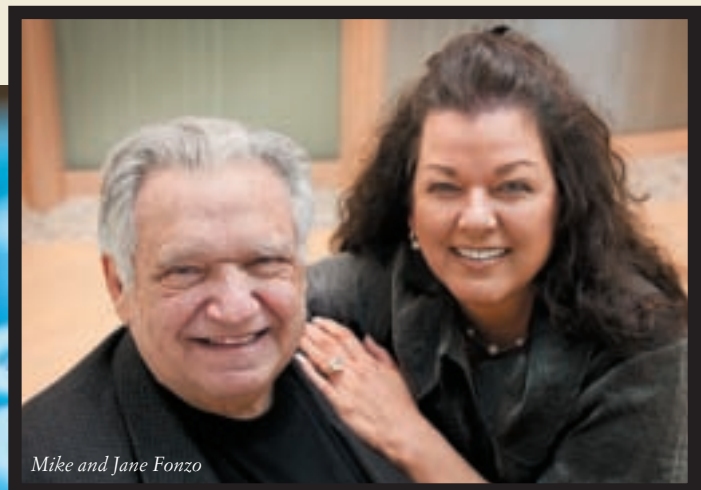
Cape Ann businesses and residents have supported the Center's development for reasons that are both philanthropic and personal. "I have nine siblings, and we were all born at Addison Gilbert," says Steve Dexter,

President of Carroll K. Steele Insurance Agency. "I knew Dr. Lundberg well, and we've all had family members and co-workers affected by cancer. The Agency wanted to do something to help make the Center a reality."

At Cape Ann Savings Bank, President Harold Rogers echoes these sentiments. "Bob Lundberg was a corporator here at the bank for more than 20 years. He gave so much to Cape Ann, and we wanted to do the same. We are a local community bank, and we try to give back to the community whenever we can."



Sigrid Olsen



Mike and Jane Fonzo





Steve Dexter



When Sigrid Olsen learned about the Center, she wondered — as both a long-time Gloucester resident and a cancer survivor — how she could help. “Although the view from the Center is beautiful, I wanted to add something more to the atmosphere there. Being diagnosed is tough enough, but having a place to go that is uplifting and nurturing makes a huge difference.” Her original watercolor paintings hang throughout the Center.

Gloucester resident Mike Fonzo and his wife Jane had a special friendship with Dr. Lundberg, who passed away in November 2008. Mr. Fonzo and Dr. Lundberg were often part of a foursome that played in the annual Lyons Ambulance Service Golf Tournament, to raise funds for Northeast Health Foundation. “One year he told me he wasn’t going to play, that he was getting too old,” recalls Mr. Fonzo. “I said, ‘Look, you and I will ride in the cart. We’ll let the other two get us to the greens. We’ll do the putting.’ We were both good putters, and our foursome won the tournament.”

Jane Fonzo’s connection to the hospital is personal. “My brother was head of security there for 16 years,” she says. “He loved that place.” When her brother passed away nearly ten years ago, Jane Fonzo says she wanted to support the hospital in his memory. “It’s so important to this community to have this wonderful resource right here,” she says. “And we feel if you have the resources, you should support the organizations you care about.”

The Center is named for Gorton’s, a mainstay of the Gloucester community since 1849. “As one of the major employers in town, we have an interest in improving the quality of life for residents,” says Paul Coz, head of Human Resources at Gorton’s and chair of the company’s contributions committee. “We also felt the Center would help to sustain the hospital as a valuable community resource.” Coz sums up his company’s support for the Gorton’s Specialty and Cancer Care Center in the same words used by many other philanthropic supporters: “Supporting this Center is really a win-win. It’s good for the community, and it’s good for us.”



Harold Rogers

assets

CURRENT ASSETS:	2009	2008
Cash and cash equivalents	\$30,795,332	\$9,845,088
Patient receivables, less allowance for uncollectible accounts of \$9,029,000 in 2009 and \$9,444,000 in 2008	\$46,358,747	\$45,380,041
Current portion of assets whose use is limited or restricted	\$1,112,250	\$1,078,375
Supplies at cost	\$5,635,253	\$5,570,133
Prepaid expenses and other current assets	\$8,920,952	\$11,383,559
Total current assets	\$92,822,534	\$73,257,196
ASSETS WHOSE USE IS LIMITED OR RESTRICTED:		
Assets held by trustee under bond indenture agreements	\$5,341,700	\$10,928,608
Assets held in professional liability trust	\$19,057,945	\$10,998,425
Donor-restricted assets for specific purposes	\$6,676,853	\$7,248,608
Donor-restricted assets for permanent endowment	\$6,532,727	\$6,531,588
Total assets whose use is limited or restricted	\$37,609,225	\$35,707,229
Property, plant and equipment – Net	\$187,233,692	\$197,488,564
OTHER ASSETS:		
Long-term investments	\$83,229,285	\$79,696,075
Unamortized financing costs	\$3,942,070	\$4,146,844
Other noncurrent assets	\$9,666,923	\$13,763,625
Total other assets	\$96,838,278	\$97,606,544
Total	\$414,503,729	\$404,059,533

liabilities and net assets

CURRENT LIABILITIES:	2009	2008
Accounts payable and accrued expenses	\$22,863,160	\$23,443,670
Accrued wages and vacation payable	\$18,673,310	\$17,777,702
Accrued interest expense	\$188,241	\$299,330
Estimated third-party settlements	\$9,873,617	\$9,034,810
Current installments on long-term debt	\$6,270,883	\$8,552,537
Other current liabilities	\$4,913,130	\$2,395,863
Total current liabilities	\$62,782,341	\$61,503,912
OTHER LIABILITIES:		
Accrued pension liability	\$41,398,873	\$13,556,595
Post-retirement medical benefits	\$2,158,475	\$1,822,912
Professional liability reserves	\$15,680,515	\$13,603,241
Other noncurrent accrued liabilities	\$11,984,587	\$5,930,140
Total other liabilities	\$71,222,450	\$34,922,888
LONG-TERM DEBT:		
Revenue bonds	\$133,677,342	\$139,713,736
Other	\$4,652,446	\$3,649,214
Total long-term debt	\$138,329,788	\$143,362,950
Total liabilities	\$272,334,579	\$239,789,750
NET ASSETS:		
Unrestricted	\$125,269,853	\$146,552,008
Temporarily restricted	\$10,366,570	\$11,186,187
Permanently restricted	\$6,532,727	\$6,531,588
Total net assets	\$142,169,150	\$164,269,783
Total	\$414,503,729	\$404,059,533

unrestricted revenue and other support

	2009	2008
Net patient service revenue	\$425,784,270	\$403,483,559
Other revenue	\$11,092,657	\$14,103,106
Net assets released from restrictions used for operations	\$1,090,537	\$1,157,593
Total unrestricted revenue and other support	\$437,967,464	\$418,744,258
EXPENSES:		
Salaries and wages	\$196,496,350	\$188,716,213
Physician salaries and fees	\$34,263,154	\$23,748,380
Fringe benefits	\$41,924,717	\$38,085,035
Supplies and contracted services	\$123,288,319	\$124,938,587
Uncompensated care pool assessment	\$3,495,935	\$3,413,544
Provision for bad debts — net	\$9,601,730	\$10,279,785
Depreciation and amortization	\$20,642,420	\$19,392,389
Loss on restructuring of debt	—	\$753,048
Interest	\$4,498,200	\$7,068,038
Total expenses	\$434,210,825	\$416,395,019
Income from operations	\$3,756,639	\$2,349,240
Nonoperating gains (Losses) — net	\$2,080,049	(\$9,189,899)
Excess (Deficit) of revenue and gains over expenses	\$5,836,688	(\$6,840,659)
OTHER CHANGES IN UNRESTRICTED NET ASSETS:		
Net assets released from restrictions for purchase of property, plant and equipment	\$1,069,667	\$682,612
Pension and post-retirement related adjustments	(\$30,283,311)	(\$6,091,542)
Change in net unrealized gains and losses on investments	\$726,232	(\$10,522,988)
Other change	\$1,368,567	—
Total other changes in unrestricted net assets	(\$27,118,845)	(\$15,931,918)
Decrease in unrestricted net assets	(\$21,282,157)	(\$28,772,577)

golf tournaments



left to right, Mario Umana, Henry Ramini, MD, Maureen Ramini, George Burke

BEVERLY HOSPITAL CLASSIC GOLF TOURNAMENT

The 1st Annual Beverly Hospital Classic golf tournament was held on August 10, 2009, at Salem Country Club. Co-chaired by Dr. Henry Ramini and his wife Maureen, we were pleased that 128 golfers and 49 sponsors participated. The event raised approximately \$35,000 to support Beverly Hospital's Physician Programs and Services.

Committee Members

Henry Ramini, MD
Maureen Ramini
Augusta Duffy Ayer
George Burke
Tim Clifford
Jack Good
Lee Herter
Charlotte Johnson
Linda Parkins
Chip Payson
Susan Samperi
Amy Sullivan

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Beverly National/Danversbank!

Box Luncheon Sponsor

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Geiger Promotional Products
Health & Education Services, Inc.
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KTC Worldwide
Ledgewood Rehabilitation
Ledyard Farm
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Newburyport Medical Associates
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Northeast Senior Health
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Pinnacle Bikes
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Rockport National Bank
Salem Five
Seacoast Nursing & Rehabilitation Center
Seaport Services
Snow Harbor Graphics
Source4
Statewide Communications, Inc.
Sue and Fred Thorne**

Mark your calendar for next year's tournament:
Monday, August 9, 2010,
at Salem Country Club.

6TH ANNUAL LYONS AMBULANCE SERVICE GOLF TOURNAMENT

The 6th Annual Lyons Ambulance Service Golf Tournament was held on September 14, 2009, at Bass Rocks Golf Club. With 101 golfers and 52 sponsors, the event raised approximately \$40,000 to benefit Gorton's Specialty & Cancer Care Center at Addison Gilbert Hospital.

Committee Members

Frank Carabello
Steve Dexter
Gerald MacKillop
Dan Newburg
Sharon Riddle
Susan Samperi
Norm Seppala
Amy Sullivan

Title Sponsors

Lyons Ambulance Service and Kevin and LeeAnn Lyons

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Geiger Promotional Products
Gorton's
Granite Savings Bank
Harvard Pilgrim Health Care Health & Education Services, Inc.

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Latitude 43
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North Shore Bank
Northeast Emergency Associates
Northeast Senior Health
Passports Restaurant
Peter Hood
Rockport National Bank
Ryan & Wood Distilleries
Seacoast Nursing & Rehabilitation Center
Sodexo
Source4 Integrated Business & Marketing Solutions
Statewide Communications
Strong Group, Inc.
Telehealth Services
The Herrick House
Unidine
Virgilio's Bakery & Deli
Waste Management
Zampell Companies

Mark your calendar for next year's tournament:
Monday, September 20, 2010,
at Bass Rocks Golf Club.



left to right, Scott Gloor, Kevin Lyons, Ed McLaughlin, Jim Dunne

physician members of the medical staff listing

Allergy

James A. MacLean, MD
Andrew I. Ober, MD
Eyal Oren, MD
Cristina Mazzoni Palumbo, MD

Anesthesia

Chad L. Anderson, MD
Evan R. Berman, MD
Kenneth Branton, MD
Emma L. Cataldi, MD
Robert F. Cipolle, MD
Joseph J. Evans, DO
Richard S. Field, MD
Justin W. Fox, MD
Donald G. Ganim, MD
Stephan L. Hatch II, MD
Charles Ho, MD
Jonathan G. Jaques, MD
Frederick D. Kuemmerle, MD

Cardiology

Michael A. Arsenian, MD
Lawrence S. Block, MD
John C. Clapp, MD
Francis X. Cleary, MD
S. Lawson Derby, MD
Mohamad R. El-Zaru, MD
Bruce G. Hook, MD
Cathy Jeon, MD
Lance A. Larsen, MD
Edward Loughery, MD
Mario E. Motta, MD
Richard William Nesto, MD
David L. Rabin, MD
David J. Roberts, MD
Robert J. Rokowski, MD
David E. Schwartz, MD
Mobeen Sheikh, MD
Sergio Waxman, MD
Alexander Doumas, MD
Mohan Govindan, MD
David T. Martin, MD

Dermatology

David Goldminz, MD
David S. Greenstein, MD
Mark A. Lewis, MD
Gary S. Rogers, MD
Hans E. Von Weiss, DO

Emergency

Menahem Abraham, MD
Kyan J. Berger, MD
Susan K. Boreri, MD
Fiona M. Breslin, MD
Saul Cohen, MD
Kenneth R. DeVellis, MD

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Shamai A. Grossman, MD
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James Suel, MD
Michael K. Tibbles, MD
Sandra Wozniak, MD

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Neil D. Kobrosky, MD
Zhao Liu, MD

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Mark E. Allara, MD
Spencer R. Amesbury, MD
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Subroto Bhattacharya, MD
Cherylyn Black, MD
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David J. Bush, MD
Alain Chaoui, MD
Lisa M. Connolly, MD
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Michael A. Edwards, MD
Gail L. Ellis, MD
Curtis P. Ersing, MD
Amy B. Esdale, MD
Erin Heiskell, MD
Kathryn Joan Hollett, MD
Leonard M. Horowitz, MD
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 Sara L. Toomey, MD
 Michael A. Woods, MD
 Amol Yajnik, MD
 Michelle A. Zeager, DO

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Jeanne E. Gose, MD

Pediatric Cardiology

Michael D. Freed, MD

Pediatric Emergency

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 Richard Bachur, MD
 Theresa M. Becker, DO
 Marisa Brett-Flegler, MD
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 Sarita Chung, MD
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 Karen Gruskin, MD
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 Joshua Nagler, MD
 Lise Edelberg Nigrovic, MD
 Stephen Porter, MD
 Heather L. Silverberg, MD
 Rebecca Lynn Vieira, MD
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Donna Brezinski, MD
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 Heather Burris, MD
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 Ivana Culic, MD
 James E. Gray, MD
 Mary Lucia P. Gregory, MD
 Munish Gupta, MD
 Tanzeema Hossain, MD
 Ting-Yi Lin, MD
 Camilia R. Martin, MD
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 Vincent C. Smith, MD
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 Alice M. Wang, MD
 Nancy Weinschenk, MD
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 George B. Yerozolimsky, MD
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Pediatric Neurology

Edgar Y. Oppenheimer, MD

Pediatric Newborn

Heather Herson Burris, MD
 Philip M. James, MD
 Nancy P. Weinschenk, MD

Pediatric Pulmonology

Jane E. Gross, MD

Periodontics

Douglas I. Doben, DMD
 Mahmoud A. El-Hadidy, DMD
 Alan O'Grady, DDS
 Nicholas P. Senzamici, DMD
 Keith H. Sherwood, DDS

Physiatry

James J. Lee, MD
 Clay D. Miller, MD
 Margaret A. Robinson, DO
 Robert A. Rosenberg, MD

Plastic Surgery

Gregory A. Antoine, MD
 Anoushirvan Hadaegh, MD
 Jagruti Patel, MD
 Mahesh M. Patel, MD
 Beverly M. Shafer, MD

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 Matthew P. Butler, DPM
 William C. Edgerton, DPM
 Richard S. Eisner, DPM
 Dominick Garibaldi, MD
 Frederic C. Jewett, DPM
 Richard J. Manolian, DPM
 Ramiro J. Manzano, MD
 Lawrence E. McGinness, DPM
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achievements & milestones

Addison Gilbert Hospital and Beverly Hospital

- * Addison Gilbert Hospital celebrated the completion of the Gorton's Specialty and Cancer Care Center which offers expanded treatment capacity for patients undergoing cancer-related care and provides more access to specialty services for Cape Ann residents.
- * Northeast Hospital Corporation, which includes Addison Gilbert, Beverly and BayRidge hospitals, completed a successful implementation of Provider Order Management (POM). Ninety six percent of physician orders are now done electronically, increasing patient safety and quality.
- * Several departments at Addison Gilbert and Beverly hospitals were recognized for outstanding patient satisfaction scores. The Senior Adult Unit at Addison Gilbert Hospital achieved at or above the 95th percentile for all four quarters of FY09. Addison Gilbert Hospital Emergency Department achieved at or above the 85th percentile for three of four quarters in FY09. The Emergency Department at Beverly Hospital achieved at or above the 80th percentile for three of the four quarters of FY09.
- * Northeast Hospital Corporation was recognized by the Quality Indicator Project® (QI Project) as an organization with consistently high levels of performance across all clinical quality measure sets for more than a one-year period of time. The QI Project was initiated in 1985 by the Maryland Hospital Association and now includes healthcare organizations across the country and around the world.

- * Northeast Hospital Corporation was recognized by Mass Pro as an organization with consistently high levels of performance across all stroke related clinical quality measures for more than a one-year period of time.
- * Beverly and BayRidge hospitals joined Addison Gilbert Hospital as NICHE (Nurses Improving Care for Healthsystem Elders) designated sites.
- * Cancer services at Addison Gilbert and Beverly hospitals received a three-year approval with commendation from the Commission on Cancer of the American College of Surgeons. Only one in four cancer programs at hospitals across the United States receive this special approval.
- * The Emergency Department nurses at Addison Gilbert and Beverly hospitals were named the Best Nursing Team in New England by *ADVANCE for Nurses*, a national nursing trade publication.
- * The Beverly Hospital Wound and Hyperbaric Medicine Center was recognized as a Center of Distinction by Diversified Clinical Services, the largest wound care management company in the world.
- * Beverly Hospital implemented a Surgicalist Program to better respond to the surgical needs of emergency department patients.
- * Beverly Hospital began performing Video Assisted Thoracoscopic Surgery, or VATS, a minimally invasive surgical technique used to diagnose and treat problems in the chest.
- * Beverly Hospital implemented an Apheresis Program. Apheresis is a procedure by which blood is drawn from a donor and separated into its different components, which can then be used to

help transplant patients, cancer patients and patients with blood disorders or other specific medical conditions.

- * Beverly Hospital was recertified as an Adult Level III Trauma Center by the Department of Public Health in coordination with a verification process conducted by the American College of Surgeons.
- * To enhance communication and the quality of care for patients in the community all primary care physician practices that are part of Physician Services are now live on electronic medical record.
- * Beverly Hospital physician Jeffrey Newton, MD, received the 2009 Outstanding Clinician Award from the Massachusetts Thoracic Society. The Outstanding Clinician Award honors excellence in clinical care in Pulmonary Medicine.
- * William Medwid, MD, and Daniel McCullough, MD, MPhil, Beverly Hospital Family Practice physicians, were among the first physicians in the United States to be certified by the American Board of Addiction Medicine, an independent medical specialty board that sets standards for physician education, assesses physicians' knowledge and requires and tracks life-long continuing education.
- * Beverly Hospital received the American Stroke Association's "Get With The Guidelines"™ Stroke Bronze Performance Achievement Award. The award recognizes the Hospital's commitment and success in implementing a higher standard of stroke care by ensuring that stroke patients receive treatment according to nationally accepted standards and recommendations.
- * Beverly Hospital physicians Barry Ginsberg, MD, and Daniel McCullough, MD, MPhil, were named as recipients of the 2009 Boston University School of Medicine Voluntary Faculty Award.
- * Addison Gilbert and Beverly hospitals launched a free wireless network throughout both hospitals which provides patients, their families and visitors with added convenience and comfort while in the hospital setting.

Beverly Hospital at Danvers Medical and Day Surgery Center

- * Beverly Hospital at Danvers welcomed two physicians offering primary care services to residents of the North Shore. Kristina Anton-Schnell, MD, MPH, and Walid Bader, DO, joined Steven Keenholz, MD, and Thomas Lapine, MD, as members of North Shore Primary Care (NSPC). NSPC is a physician practice that provides internal medicine, infectious disease and travel medicine services for adults.
- * The Pain Management and Spine Center at Beverly Hospital at Danvers welcomed Richard Field, MD, as a Pain Management specialist. Dr. Field, a member of Beverly Anesthesia Associates, joined Beverly Hospital at Danvers from Brigham and Women's Pain Management Center and Dana-Farber Cancer Institute in Boston, where he was a Pain Management physician and started the Interventional Pain Management Center at Dana-Farber.
- * The Breast Health Center at Beverly Hospital at Danvers welcomed breast surgeons Kristin Smith, MD, and Abida Sattar, MD.
- * Beverly Hospital at Danvers Ambulatory Surgery achieved at or above the 84th percentile in patient satisfaction for all four quarters of FY09.
- * The Cardiovascular Center at Beverly Hospital at Danvers welcomed Edward Loughery, MD. Dr. Loughery also serves as the Medical Director of the Cardiac Catheterization Lab at Beverly Hospital.
- * The Breast Health Center at Beverly Hospital at Danvers was recertified as a Breast Imaging Center of Excellence in coordination with the American College of Radiology.

BayRidge Hospital and Inpatient Behavioral Health Services

- * BayRidge Hospital continues to be recognized as one of the leading hospitals statewide providing care to patients with acute behavioral health issues with reduced incidents of restraint and seclusion.
- * Inpatient Behavioral Health designed and developed an Urgent Care Psychiatric Service to respond to the needs of physicians who require an immediate referral for patients with mental health or substance abuse disorders.
- * The Leland Unit completed interior renovations, which provided an upgraded unit for patients, families and staff and resulted in improved patient satisfaction scores for the year.
- * Inpatient Behavioral Health met 100 percent of the Tufts Health Plan incentive care standards, which recognizes quality care to patients and improved financial results for the behavioral health services provided.

CAB Health & Recovery Services, Inc.

- * CAB's CEO, Kevin Norton, was awarded the Francis O'Brien Award for support and commitment to substance abuse prevention, treatment and quality management.
- * CAB was awarded a grant from the local Community Health Network to conduct primary and secondary substance abuse prevention services at the North Shore Academy using Project ALERT as the primary prevention program.
- * CAB was selected to participate in a research project with the University of Wisconsin/Madison to research the use of ACHES—Addiction Comprehensive Health Education and Support System—and the use of SMART phones to enhance recovery of clients being discharged from short-term residential treatment programs.
- * CAB received a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities ensuring high-quality

services and the best possible outcomes for clients.

- * In FY09, 93 percent of clients surveyed (4,166) reported that they would refer a friend or family member to CAB for treatment if needed.

Health & Education Services, Inc.

- * HES was designated as the Community Service Agency providing all care planning and coordination of services to Medicaid families under the new court-ordered Child Behavioral Health Initiative for the North Shore and Haverhill areas.
- * Community Emergency Mental Health Services provided by HES has undergone a dramatic expansion. In addition to previous services provided, HES now provides Emergency Mental Health Services for the North Shore, Haverhill, Lawrence and Lowell areas. The expanded program now consists of 24/7 community-based services at each site as well as Mobile Crisis Teams serving both adults and children.

- * HES opened a new North Shore Head Start Center which was made possible through the help of Congressman John Tierney in securing \$500,000 in Federal funding as well as Beverly National Bank in financing the project. The newly renovated school allowed HES to consolidate programs from Salem, Beverly and Peabody and provides high quality classroom facilities for over 240 pre-school students.

Northeast Senior Health

- * In March 2009, Seacoast Nursing and Rehabilitation Center unveiled the completed renovation of its Atlantic Shores Alzheimer's and memory care unit, which added more activity space and expanded the dining room and private visiting areas.
- * For his leadership in medical care and his unwavering commitment to patient and family satisfaction, LedgeWood Rehabilitation and Skilled Nursing Center's Medical Director, Dr. Carl Johnson, was recognized at the national level with

Kindred Healthcare's Distinguished Service Award and at the local level with The Salem News' North Shore 100 Award.

- * In partnership with Northeast HomeCare, The Herrick House launched an innovative Diabetes Management Program. The only Medical Model assisted living facility in the region, The Herrick House was the first on the North Shore to provide this enhanced level of service to diabetic seniors and their families.
- * Nationally, Northeast HomeCare became the first home care agency and Seacoast and LedgeWood became the first skilled nursing facilities to implement the cutting-edge Myomo technology for stroke and neurological rehabilitation.
- * Northeast HomeCare partnered with the Northeast Physician Hospital Organization (PHO) to improve care for diabetic patients living at home. Through this collaboration, the Northeast PHO identifies at-risk patients who would benefit from focused, in-home educational visits. The visits are provided by Northeast HomeCare's Certified Diabetic Educator and help to support patients' compliance with the American Diabetes Association's best practices.
- * Spectrum Adult Day Health Program was granted a contract with the Department of Veterans Affairs, enabling veterans with Alzheimer's disease and other memory disorders receiving services through the Veterans Health Administration to attend Spectrum for up to five days a week at little or no cost.
- * NortheastLink, Northeast Senior Health's community care management program, experienced 59 percent growth in hours of service over the previous year. Of NortheastLink's total hours of service, 17 percent were provided free of charge to help elders and families in need throughout the community.

Northeast Physician Hospital Organization

- * Tufts Health Plan announced that the primary care physician members of Northeast Physician Hospital Organization received the health plan's Blue Ribbon Designation, which recognizes physician groups for outstanding performance.
- * Northeast Physician Hospital Organization was named a recipient of the Microsoft Health Users Group 2009 Innovation Awards which recognize organizations that promote breakthroughs by enhancing the quality of patient care, reducing costs, streamlining clinical and business processes, driving interoperability, improving productivity and workflow, and enabling informed decisions.
- * The physician members of the Northeast Physician Hospital Organization were named to the Harvard Pilgrim Health Care 2009 Physician Group Honor Roll, which recognizes outstanding commitment to high-quality care.

Northeast Health Foundation

- * With the formation of an Annual Fund Committee representing Beverly and Addison Gilbert hospitals and 100 percent Trustee giving participation, the FY09 Annual Fund grew 30 percent over the previous year, raising more than \$410,000 for unrestricted purposes.
- * Two Gloucester residents launched a new annual tradition at AGH with the first-ever Lights of Love holiday giving campaign which helped to raise awareness of the state-of-the-art cancer care services offered at the new Gorton's Specialty and Cancer Care Center. This holiday initiative has raised more than \$22,000 for the Center.
- * The Friends of Beverly Hospital continued its tradition of fabulous community outreach efforts for a great cause, raising more than \$30,000 for our Breast Health Navigation Program at the Nordstrom Grand Opening Gala in April with 1,300 guests attending.





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