Strength Upon Strength
To continue to serve its community and ensure the best patient outcomes, a healthcare provider must always seek to grow in proficiency and quality. Continuously analyzing what works and what could work better. Identifying areas of particular competency and developing the skills and resources to expand, deepen or complement each one. In this way, mastery is leveraged to launch new initiatives, one discipline undergirds another, and quality care flourishes and grows.
The performance of a healthcare organization can best be judged by how well its people have built upon its legacy. Have they maintained and enriched that legacy by enhancing capabilities to deliver better care? Have they chosen the appropriate priorities and achieved their objectives? Have they invested their resources wisely to make the greatest possible impact on performance? Have they correctly anticipated future needs and taken the steps necessary to ensure those needs will be fulfilled?

By those metrics, fiscal year 2011 was a year of strong performance for Northeast Health System. Because we can answer “yes” to all of these questions, we enter fiscal year 2012 a more proficient, better equipped, better resourced, and more efficient organization.

In the last 12 months we have achieved many milestones, including the opening of our new state-of-the-art operating rooms at Beverly Hospital and the successful completion of our first full year of our emergency Percutaneous Coronary Intervention (PCI) Program, both of which bring new lifesaving treatments to the North Shore and Cape Ann communities.

For these and many other reasons, Northeast Health System was recognized for its excellence, including once again being named to Thomson Reuters 100 Top Hospitals® in the US and receiving the American Heart Association/American Stroke Association’s Get With The Guidelines® Stroke Gold Plus Performance Achievement Award. In addition, Addison Gilbert Hospital received the Defect-free Care Award from Stroke Collaborative Reaching for Excellence and the Door-to-CT Time Target Award for swift stroke screening and diagnosis. Meanwhile, Northeast Senior Health’s Seacoast Skilled Nursing and Rehabilitation Center received another perfect score in the Massachusetts Department of Public Health annual survey, and the US Substance Abuse and Mental Health Services Administration gave its national “Science and Service” award to Northeast Behavioral Health’s “Project ALERT” drug abuse prevention program.

Of course, the most meaningful recognition of all comes from our neighbors in the community who rely on our services. Philanthropic support is an important measure of that recognition, and in 2011 we saw our Operating Room Expansion Campaign, led by Joe Haley and Nancy Palmer, achieve its goal by raising more than $1.4 million in new gifts and pledges from corporate supporters, trustees, physicians and patient care staff, and grateful patients. In addition, $5 gifts totaling more than $160,000 helped to establish Go Miles for the Kids, an endowed fund honoring retiring longtime CAB Board Member Miles Herter of Manchester. Benefiting young people in CAB’s Adolescent Residential Program struggling with substance abuse and other issues, Go Miles for the Kids is a fitting legacy for a man whose passion and dedication have made such a positive impact on thousands of lives in our area.

All of these successes are the result of collaboration—people combining their talents and abilities to achieve something meaningful and important. We have seen that same spirit of teamwork in our medical staff, who—in addition to their demanding roles as exemplary healthcare providers—have been extraordinarily helpful since we announced our intention last January to seek a merger, affiliation, or sale of Northeast Health System. The leaders of the medical staff worked with trustees and management on the Affiliation Advisory Committee to craft the Request for Proposal document that was sent to prospective partners, and Northeast Health System physicians worked closely with the leadership team throughout the partner selection process. A Physician Advisory Committee was formed and continues to work in conjunction with our leadership team on the affiliation process. We cannot thank them enough.

The result of all those hours and months of committed teamwork was our decision to pursue an affiliation with Lahey Clinic. With this decision, we have taken the steps necessary to ensure our long-term viability and vitality as a community healthcare provider in a dramatically changing healthcare industry environment.

This was a decision made from a position of strength. As a well-managed, financially stable, and nationally-recognized leader in quality care, we were able to be thoughtful, deliberate, and selective as we evaluated potential partners, seeking an organization whose capabilities best complemented and enhanced our own.

As one of the premier innovative healthcare providers in New England, and an institution with which we have enjoyed a strong history of collaboration, Lahey Clinic was the clear choice. Together, we are creating an exceptional healthcare delivery system of high-quality, cost-efficient, community-based care for the people of northeastern Massachusetts—one that is capable of managing patient care in accordance with changing community needs and new payment and healthcare delivery systems.

We are genuinely excited about this affiliation and what it means to the communities of the North Shore and Cape Ann. This is truly a change for the better, building strength upon strength. Some things, including our name and corporate structure, will change. However, this affiliation will not change the many things that have made Northeast Health System the special organization it is, the close relationship we’ve enjoyed with our neighbors for more than a century, the personalized care we provide, and our determination to be a leader in community-based healthcare.

A NOTE OF THANKS

Many people—too many to mention individually—put in countless hours and made extraordinary contributions throughout the affiliation evaluation and due diligence process. We offer our special thanks to all of you, in particular our trustees and the members of the Affiliation Advisory Committee. Everyone involved acted in the extraordinary spirit of volunteerism and giving back that represents the best of American civic society. There’s no doubt in our minds that your dedication and commitment are a direct reflection of the strong sense of ownership that the people of our community feel toward the organizations that comprise Northeast Health System.

We are deeply appreciative of your support. It is what motivates all of us at Northeast Health System to do our utmost to provide superior care. As we enter this new and exciting chapter in our history, we are reminded once again that our strength as an institution continues to be built upon the strength of our community and the enduring ties that bind us together.

Kenneth Hanover, President and CEO, and David St. Laurent, Chairman, Board of Trustees
When a healthcare organization is deeply woven into the fabric of the community the effects are far-reaching. We’re able to anticipate and fulfill local needs better. We can pursue new initiatives with greater confidence. We can provide a more complete continuum of care over a person’s lifetime.
The commitment of one person can help lift an entire institution

GIVING IS GOOD. And while philanthropic donations of money and property are essential to the fiscal health of any non-profit institution, there is no more personal gift than to give of oneself. We see that every day throughout Northeast Hospital Corporation, where more than 350 volunteers perform meaningful service, seeking neither reward nor recognition.

Every year during National Volunteer Week, we pay tribute to our volunteers for sharing their time and talents. In 2011, that recognition included the rare accomplishments of two extraordinary volunteers, Eileen Matz and Frances Nauss.

A registered nurse who left the workforce to be a stay-at-home mom, Gloucester’s Eileen Matz was looking for a way to put her nursing skills to work in her spare time when she heard about a proposed pilot program at nearby Addison Gilbert Hospital. The idea was to offer a free blood pressure clinic as a way to promote public health and better serve the community. “They wanted to see if they could identify problems before they happened, and if it would make a difference,” said Eileen. “I don’t think anyone thought it would last a year, but it took on a life of its own.”

A big believer in preventive medicine, Eileen signed up to run the once-a-week clinic as a volunteer. That was 27 years ago. The “pilot” program soon became a permanent fixture on the Cape Ann calendar and Eileen Matz has been there ever since, taking thousands of blood-pressure readings from her neighbors in the community, along with fellow nurse volunteers Trudi Schmidt, Tess Phinney, and Jane Sullivan. “At times, we’d see 50 or 60 people in an afternoon,” said Eileen.

Over the years, she and her colleagues have occasionally spotted cardiovascular irregularities during screenings and directed patients to consult their physicians. Lives have likely been saved and medical emergencies averted. Above all, Eileen is pleased that the program has enabled many people who could not afford care to get a valuable medical screening at no cost.

In recognition of Eileen’s 3,000 hours of volunteer service, Northeast Health System nominated her for—and she received—an Unsung Heroines of Massachusetts award in 2011 from the Massachusetts Commission on the Status of Women.

Feeling a deep need to help others, Frances Nauss never expected to set any records when she began volunteering at Beverly Hospital in 1983. But Frances has paid little attention to expectations since being born with cerebral palsy 85 years ago. She worked in records administration at Somerville Hospital for years until disability forced her into early retirement at age 58.

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The award recognizes women throughout the Commonwealth who donate their time to community service or philanthropy. When asked why she continues to volunteer, Eileen answers simply, “It’s enabled me to do something I’ve always liked, and I’ve had an opportunity to meet an enormous number of wonderful people, both community members and the nursing staff at Addison Gilbert.”

A LIFELONG PASSION TO SERVE

Frances Nauss never expected to set any records when she began volunteering at Beverly Hospital in 1983. But Frances has paid little attention to expectations since being born with cerebral palsy 85 years ago. She worked in records administration at Somerville Hospital for years until disability forced her into early retirement at age 58.

“Eileen and Frances are both incredibly dedicated and giving women and we are so appreciative of their service to our hospitals, our patients, and our communities.”

— JANE KARAMAN, Manager, Volunteer Services
“Our job is to plant a seed so that, as the kids move on, they can use the skills we’ve given them over a lifetime.”

— Rich Melillo, MACP, Program Director Solstice Adolescent Program
**A RELATIONSHIP OF TRUST**

**INSPIRES A LEGACY OF GIVING**

The new and expanded operating rooms at Beverly Hospital are, in Susie Buck’s words, “quite spectacular.” Completed in early 2011, the state-of-the-art facilities provide needed space for the high-tech equipment required for many of today’s minimally-invasive endovascular and arthroscopic surgeries. In addition to giving surgical teams the resources to perform advanced procedures, the new operating rooms help ensure that Beverly Hospital continues to attract surgeons skilled in the latest procedures.

Such advanced facilities could not have been imagined when Susie first visited Beverly Hospital in 1954. Her visit began, literally, with a bang. An out-of-towner visiting a friend in the area, Susie was seriously injured in an automobile accident. Rushed to Beverly Hospital, she underwent surgery and spent two weeks there recovering. More than a half-century later, she still speaks fondly of her surgeons, Drs. Richard Alt and Frank Bixby.

After Susie married John H. Buck III and settled in Beverly Farms, the relationship with Beverly Hospital continued to grow and deepen. All four of the Bucks’ children were delivered at Beverly Hospital, and just last March, the Bucks’ youngest daughter gave birth to their newest grandchild there.

Meanwhile, Mr. and Mrs. Buck have each had experiences at Beverly Hospital—planned and unplanned—that have only reaffirmed their appreciation of the institution and its caregivers.

“We’ve used every department there is,” joked Susie. “They provide exceptional care. It doesn’t matter whether you’re in the emergency department or radiology or endoscopy or the nursery. They’re all really personable and extremely caring. The postpartum and newborn care they provided our daughter and newest grandchild was outstanding.”

John agrees. “We receive 99 percent of our care right here,” he said. “Some friends of mine say, ‘Why don’t you go to Boston for care? They have some of the finest hospitals in the world.’ It’s time that people realize that if you have a high-quality community hospital, you don’t need to go into Boston for the vast majority of your care.”

For John, Senior Vice President at Morgan Stanley Smith Barney, it only makes sense to include Northeast Health System in the family’s charitable giving. A financial services professional for more than 50 years, he sees it as a way to gain the maximum return on a philanthropic investment. “Fifty thousand dollars given to Beverly Hospital means a great deal more than $50,000 to one of the big Boston hospitals,” he noted.

So when the Bucks heard about the need for the new and expanded operating rooms at Beverly Hospital, they decided to actively participate in the fundraising effort, as well as making a major gift of their own. John and his fellow OR Campaign cabinet members raised more than $1 million from community members and businesses, including a $100,000 gift from Danversbank Charitable Foundation, Inc.

The Bucks’ gift was more than a one-time donation. “We’d given a substantial amount of money to Beverly Hospital over the years, but about a year ago, Sue and I sat down and decided to make a greater commitment,” John explained. “I saw the new operating rooms as a great opportunity to give back in a significant way. And we’ll continue to do that as long as we can.”

One reason for their decision is the Bucks’ belief that a gift to Northeast Health System is more personally meaningful. Susie said, “You feel like you’re doing something for more than just the hospital—you’re doing it for the benefit of the entire community.”
Our Stories

James Johnson was in great shape, so it didn’t make much sense to him when he suffered shortness of breath from a climb up a short flight of steps.

“I live a very healthy lifestyle,” the 60-year-old Rockport resident explained. “I go to the gym just about every day and I always incorporate cardiovascular workouts and circuit training into my workout program. On non-gym days I usually go for walks.”

James decided to ignore the symptoms and postpone a scheduled visit to his primary care physician. The next day, after again suffering shortness of breath, he joked with his wife that he thought he was having a heart attack.

When he arrived at work, it was no longer a joke. One of his co-workers called 911 and when Gloucester Fire and Rescue EMTs arrived, they immediately suspected a heart attack. They performed an electrocardiogram en route to Beverly Hospital.

Within minutes of arriving at the hospital, James went into cardiac arrest. The response team at the hospital was able to resuscitate him in the trauma room and as soon as he was stable, he was wheeled to Beverly Hospital’s new Cardiovascular Suite here.

Mobeen Sheikh, MD, the interventional cardiologist on duty that day, performed emergency angioplasty to open his clogged arteries.

Had Johnson suffered his heart attack a few months earlier, emergency angioplasty at Beverly Hospital would not have been an option. But because the hospital had recently completed the rigorous requirements to be designated as a hospital in the Special Project to perform Primary Angioplasty, he was treated within minutes instead of hours.

Trained and experienced interventionalists are essential, but so are the proper facilities and equipment. “All of our emergency angioplasty procedures are performed in a state-of-the-art suite, which is less than 100 feet from the emergency department,” said Sheikh.

By noon, James was sitting up in bed in the cardiac care unit. Three days later he was discharged.

Had he known more about his risk for heart disease and better understood the symptoms, James might have averted a life-and-death situation. As it was, the prompt call to 911, the fast action of Gloucester Fire and Rescue, and the availability of Percutaneous Coronary Intervention at Beverly Hospital made the difference.

“If James had to bypass Beverly Hospital, I cannot say how things may have turned out for him,” said Sheikh. “Local access to an emergency angioplasty program is a boon for the North Shore and Cape Ann communities. Instead of being sent to a tertiary care center much farther away, James got the most advanced level of cardiovascular care right here in his own community.”

— MOBEEEN SHEIKH, MD, Interventional Cardiologist

“A Greater Depth of Resources Makes an Impact Close to Home”
A COMMUNITY PULLS TOGETHER TO DRIVE BETTER SUBSTANCE ABUSE TREATMENT

When Joan Whitney, Director of the Healthy Gloucester Collaborative, convened a meeting of community stakeholders in Gloucester in 2008, she’d never seen such a diverse group gathered in one room. They included first responders, substance abuse treatment professionals from Northeast Behavioral Health and other providers, community agencies, elected officials, educators, clinical staff from Addison Gilbert Hospital staff, and more.

Armed with a grant from the Massachusetts Department of Public Health’s Bureau of Substance Abuse Services, they’d come together to address a growing issue on Cape Ann: a disproportionately high number of opiate overdose deaths. Like many communities in Massachusetts, Gloucester has its share of substance abuse problems, but its per-capita death rate from opiate overdose was twice that of other cities.

That initial meeting led to a series of discussions that enabled the participants to better understand the challenges behind the grim statistic. Key factors included resource issues, a lack of overdose reversal medication for first responders to administer, drug users’ fear of seeking help, and the challenge of providing substance abuse support in a hospital emergency department environment.

Joan and community stakeholders developed a strategic plan designed to attack the problem by providing the community with better overdose awareness education, improving overdose reversal treatment availability, and helping users overcome their fear of calling 911.

A key component of the strategy was to provide the equivalent of a substance abuse liaison in the Addison Gilbert Hospital Emergency Department. Beyond offering prevention services, this would enable patients suffering from overdoses to get immediate help, and ideally begin the transition to treatment and recovery, after they were medically stabilized.

“With its high patient volume and fast pace, the emergency department is all about handling patients’ immediate medical needs—not their longer-term behavioral health problems,” said Ruth George, RN, Nurse Manager Addison Gilbert Hospital Emergency Department. “We felt this would be a way to provide both a more positive experience for the client and more coordinated care.”

To test the innovative solution, an 11-month pilot program was developed. In addition to Northeast Health System and the Gloucester Health Department, the project team included Action, Inc., an organization that provides life-changing social services and community programs to residents of Greater Cape Ann, and The BNI-ART Institute at the Boston University School of Public Health.

The BNI-ART Institute has pioneered the application of motivational interviewing to improve health communications and outcomes among high risk and dependent alcohol and drug users in an emergency department environment. Called SBIRT (Screening, Brief Intervention, and Referral to Treatment), it’s a research supported model that gives healthcare providers the skills to discuss health behavior changes with their patients in a positive way. It has proven to be particularly effective at motivating individuals to change harmful substance use.

Integral to the ED-SBIRT model is the Health Promotion Advocate, a substance abuse liaison who uses motivational interviewing techniques to provide patient-centered care and screening for prevention and service referral. The team hired Victoria Kahn-Sinclair, LMHC, an experienced behavioral health professional who had previously worked at Northeast Health System’s BayRidge Hospital and HES organization.

She began the assignment in July of 2011 in the Addison Gilbert Hospital Emergency Department, where she maintains office hours three days a week during high traffic times. Driven by the commitment of Ruth George, the Addison Gilbert staff is working closely with Victoria to support the pilot which, if successful, will likely lead to the establishment of a permanent substance abuse Health Promotion Advocate on staff.

“This program demonstrates the tremendous value of community partnerships,” said Cynthia Cafasso Donaldson, Vice President of Ancillary Services at Northeast Hospital Corporation and Executive Director of Addison Gilbert Hospital. “When we work together with community partners, we have the power to tackle tough issues, better serve all our neighbors, and literally save lives.”

Along with other components of the strategic plan—such as providing first responders with a nasally-administered medication to reverse opiate overdoses—the pilot program is expected to reduce overdose deaths on Cape Ann and lead more people into treatment. It has already proven the value of community stakeholders working together to better leverage community expertise and resources.

“This program required—and received—a deep level of commitment from everyone involved, and Northeast Health System is at the top of that list,” said Whitney. “Their eagerness to support the program was absolutely key to bringing it from concept to reality.”
EMPOWERING PEOPLE WITH MEMORY DISORDERS TO STAY ACTIVE AND ENGAGED

DEBORAH COLETTI WAS FACING A DIFFICULT CHOICE IN 2010. Her husband Noel’s Alzheimer’s disease symptoms had progressed to the point where it was no longer safe for him to be at home alone while she was at work. Searching for a solution, Deborah and her children visited several adult day health programs and senior centers near their home in Haverhill.

“I was pretty shocked by what I saw,” said Deborah. “The staff were caring, but many of the facilities were run-down and filled with elderly people doing nothing, or doing unproductive activities.”

It was not what she would want for anyone with dementia, but especially not for her husband, Noel, a young-onset Alzheimer’s patient, at 58, is decades younger and more active than many other people with memory disorders. For the Colettis, the only other choice was to enlist family members to take turns caring for Noel at home— an alternative that would be both difficult to manage and would deprive Noel of greater socialization and activity.

Then, at a support group run by the Alzheimer’s Association, the Colettis’ daughter Sarah heard about a promising program run by Northeast Senior Health called Spectrum Adult Day Health Program that had recently opened in nearby North Andover.

“I was pretty jaded at that point, but I was willing to look at it,” said Deborah. Even before seeing the facility, she was encouraged by the first phone conversation she had with Spectrum Clinical Coordinator Cheryl Wall, LSW, who understood Noel’s need to feel useful and productive. When Wall told her Noel could bring his beloved dog with him to Spectrum, Deborah thought, “Whoa, this is different!”

That difference is no accident. Opened in the spring of 2011, Spectrum North Andover follows the same model of care that Northeast Senior Health’s successful Spectrum program in Beverly has pioneered for 20 years. It focuses on keeping clients active and engaged to maximize their functionality, reduce stress, and feel more fulfilled. The program offers a 1:4 staff-to-client ratio and includes skilled nursing care and rehabilitation services.

Building the all-new facility in North Andover gave Darcey Adams, MSW, LICSW, Northeast Senior Health’s Director of Community Programs, an opportunity to create an environment that expressly caters to the needs of people with dementia.

“We know that people with memory disorders require twice the amount of light to see with the same visual acuity as a person their age without a disorder, so we have lots of natural and overhead light,” explained Adams. “The program is set up in a big loop so that people can wander freely. People with memory disorders often wander and this gives them a way to do that and be less agitated and more at ease.” This attention to detail enabled Northeast Senior Health to create a safe environment that encourages clients to do as much for themselves as possible.

Staff expertise is another key difference. “Northeast Senior Health has been recognized by the Alzheimer’s Association as the only healthcare system in Massachusetts that mandates that all staff members working with people with memory disorders take a 12-hour training certification program based on the Alzheimer’s Association curriculum,” said Adams. “We are one of only 15 dementia-specific adult day health programs out of 140 in the state, and they recognize us as a leader in providing care.”

Noel began attending Spectrum three days a week soon after it opened on April 1, 2011. Under the guidance of Spectrum staff, he quickly found a satisfying niche for himself by helping other Spectrum program participants and assisting in the programs’ operation. “He takes out the recycling, changes the water jugs, runs the shredder, helps out in the kitchen,” said Deborah. “He’s the happiest man in the world now because he’s got a job again. He’s serving a real purpose. It’s made a world of difference.”

Despite the inexorable progress of the disease, Deborah is encouraged by the therapeutic impact of the program. “They’ve helped him maintain his ability to function at as high a level as possible,” she said. “In fact, I think he’s doing better since he’s been at Spectrum.”

The benefits of Spectrum extend beyond the members themselves and last long after closing time. Staff members check in with clients’ families on a daily basis and provide invaluable free support in dealing with issues that invariably arise at home as the disease progresses. “They’ve taught me all kinds of things I wouldn’t have known to help Noel stay healthy and better manage his daily life away from Spectrum,” said Deborah.

Most of all, Noel is happy being at Spectrum, and looking forward to increasing his attendance to five days per week, according to Deborah. “On the weekends, he says, ‘When am I going back to Spectrum? Is today a Spectrum day?’”

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— DEBORAH COLETTI
Haverhill, MA

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Every team, every organization, every affiliate has its own benchmarks for quality of care, operational performance, and innovation. Because each person makes a sustained, concerted effort to drive improvement in all of these metrics, the cumulative impact is even greater on the system as a whole.
Achievement

NorthEast Hospitals successfully completed The Joint Commission accreditation survey in March 2011. A team of five surveyors spent a week evaluating our acute care and behavioral health care programs and services in all facilities. The team interviewed patients, and discussed how care is provided with physicians, nurses, hospital leaders, and other clinical and non-clinical staff.

NorthEast Hospitals were once again named to Thomson Reuters 100 Top Hospitals in the U.S.—one of only two community organizations in all of Massachusetts named to the list. This is the sixth time in 13 years that we have received this award.

Thomson Reuters conducts the unsolicited evaluation using independent, publically-available data to evaluate how the hospital system is performing in providing patient care, operational efficiency and financial stability. This award is a true reflection of our team’s dedication and commitment to providing high-quality patient care and service.

Addison Gilbert Hospital received the Defect-free Care Award from Stroke Collaborative Reaching for Excellence (SCORE), a voluntary statewide quality improvement collaborative administered by the Massachusetts Department of Public Health (DPH) that supports Primary Stroke Service hospitals.

Addison Gilbert Hospital received the Door-to-CT Time Target Award from the Department of Public Health that supports Primary Stroke Service hospitals. The award recognizes hospitals that provide prompt computed tomography (CT) scans of patients with stroke symptoms.

Beverly Hospital received the American Heart Association/American Stroke Association’s Get With The Guidelines® Stroke Gold Plus Performance Achievement Award. The award recognizes hospitals that provide prompt computed tomography (CT) scans of patients with stroke symptoms.

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Beverly Hospital implemented a simplified telephone tree for patient satisfaction and established dedicated physician lines for ease of communication and physician satisfaction.

Surgical Services at Beverly Hospital at Danvers introduced a new service, Transcranial Magnetic Stimulation (TMS), an innovative, non-invasive new treatment option for individuals with major depressive disorder who have not achieved adequate improvement after taking anti-depressants and/or experiencing unpleasant side effects. TMS works by delivering focused magnetic pulses to stimulate the area of the brain believed to be involved with regulating mood.

RADIOTHERAPY AND IMAGING SERVICES installed new software in fluoroscopy at Addison Gilbert and Beverly hospitals to capture and store in PACS continuous digital imaging for modified barium swallows; implemented a new one-hour preparation for ED patients to improve throughput and patient satisfaction; completed American College of Radiology accreditation in Nuclear Medicine; and achieved American College of Radiology renewals in mammography, Breast biopsy and General and Vascular Ultrasonography.

Electronic Medication Administration Record (eMAR) and Meaningful Use Stage I requirements in electronic clinical documentation to improve patient care and safety were successfully implemented on Beverly Hospital medical/surgical units and the critical care unit.

Beverly Hospital completed construction, and received DPH approval to open three new state-of-the-art operating rooms that are sized and equipped to accommodate modern OR minimally invasive technologies.

VOLUNTEER SERVICES and THE SPECIAL CARE NURSERY developed the “cuddler” program. Nine volunteers have received special training to rock and cuddle babies in the Special Care Nursery to aid their emotional development and well-being.

The Pain and Spine Management Center at Beverly Hospital at Danvers launched a new service line in Behavioral Health, increased its staff of Pain Specialists to four, and transitioned to a wellness-focused program of care.

NorthEast Hospitals’ Healthy Hospitals Initiative successfully implemented a program to make our campuses “Tobacco Free” and removed the distribution of sugary drink products from our internal catering menu and our cafeteria soda machines.

The Workplace Violence Task Force established the new “Code Gray” (staff in danger) response plan and also instituted the Psychological First Aid response plan which educated and trained staff on how to properly resolve psychological trauma.

Patient Care Services deployed an electronic patient discharge instructions tool on Addison Gilbert and Beverly hospitals medical surgical units (a SAAAR initiative). This allows for the most accurate discharge instructions for patients.

NorthEast Hospital Corporation transitioned to a paperless payroll system in July 2011. This change will save approximately $4,000 per year. The paperless payroll also supports the mission of Northeast Hospital Corporation’s “green” initiative.

A new Sophisticated Electronic Nurse Scheduling Program was implemented to assist nurses with complex scheduling needs, to better manage our nursing labor force, to improve and streamline the nursing payroll process, and to create timely productivity and resource utilization reports.

The Emergency Perioperative Coronal Intervention (EPCI) Program exceeded its year one targets by successfully performing 64 interventions and achieving an average door-to-balloon time of 51 minutes, which is well below the national average.

Centricity Perinatal Network (CPN) was implemented for Labor and Delivery. CPN is an electronic documentation system that integrates labor and delivery data from multiple devices and systems, expanding the depth of clinical information available at the bedside. CPN provides accurate data on both mother and child which allows for safe and effective care.

The Meditech V2 Electronic Patient Allergy Documentation System was implemented for all inpatients at NorthEast Hospital since 2011. This electronic documentation allows for a more concise and accurate recording of a patient’s allergies and adverse drug reactions. It also improves the distinction between an allergy and a medication interaction for physicians, nurses and pharmacists. In addition, a patient’s allergies are permanently maintained with their medical record number and are available each time a patient is seen in the hospital.

NorthEast Hospital’s Niche (Nurses Improving Care for Healthcare System Elders) Program, since 2009, has successfully had more than 250 social workers, nurses, rehabilitation specialists and clinical associates complete the interdisciplinary education program. Each two-day continuing education seminar is taught by Northeast Nursing Educators and department leaders covering topics in the provision of evidence-based care such as falls prevention, medication safety, nutrition, function, sleep, skin, incontinence, depression, dementia & delirium and pain.

NorthEast Behavioral Health

“PROJECT ALERT,” a school-based drug prevention program in the Manchester-Essex Middle School, won the “Science and Service” award from the US Substance Abuse and Mental Health Services Administration. This national award recognizes community-based organizations and coalitions that have provided exemplary evidence-based services in the areas of mental health and substance abuse prevention and treatment. The Program was funded by the North Shore United Way.

The Haverhill and Cape Ann Community Service Agencies (CASA) have received a performance-based funding bonus from the Massachusetts Behavioral Health Partnership (MBHP). This recognition is based on reaching statewide benchmarks and outcome measures in providing quality family services in the lower Merrimack Valley and Cape Ann areas. CASA works with families who have emotionally or behaviorally challenged children and currently serve approximately 350 families.

The Massachusetts Behavioral Health Partnership granted Expedited Authorization Status to contracts with the Lowell and the Northern Essex Emergency Services Program (ESP). This status is given to ESP programs that keep their use of locked psychiatric inpatient units below 35%. This means that ESP addresses the clinical needs of persons in crisis with less restrictive diversionary services, rather than inpatient care.

2011 Achievements

Beverly and Addison Gilbert Hospitals, Beverly Hospital at Danvers Medical and Day Surgery Center, and Bay Ridge Hospital

Strength upon Strength NorthEast Health System 2011 Annual Report | 21
NORTHEAST BEHAVIORAL HEALTH, after a competitive RFP process, was selected by the Peter and Elizabeth C. Tharp Foundation for a 2011 Technology Planning and Implementation Award. The $150,000 grant is funding IT development across the agency.

VICTIMS OF CRIME AND LOSS (VOCAL) PROGRAM received a perfect site-visit report from its funder, the Massachusetts Office of Victims Assistance (MOVA).

THE STUDENT ASSISTANCE PROGRAM, a school-based counseling and truancy-prevention program funded by North Shore United Way, was awarded expanded funding to add the Rockport and Manchester-Essex school districts to its services, bringing the total number of North Shore school districts served to five.

NORTHEAST SENIOR HEALTH

NORTHEASTLINK CARE MANAGEMENT, Northeast Senior Health’s community care management program, received a $10,000 North Shore Community Health Network Grant, enabling the organization to expand its current Geriatric Emergency Department Intervention Program to reach elders 60 and older who have had multiple trips to the Emergency Department for non-urgent issues and to work with individuals with chronic illnesses.

SPECTRUM ADULT DAY HEALTH, a specialized day program for people affected by Alzheimer's disease and other memory disorders, opened its North Andover location in April 2011 on time and under budget utilizing Alzheimer’s Association-approved design concepts to enhance the lives of people with memory loss.

SPECTRUM ADULT DAY HEALTH in Beverly entered into a partnership with the Montserrat College of Art in which Spectrum members work together with an Art Therapist to explore how art relates to their struggle with memory loss. This culminated in a public showing of the works of the Spectrum artists.

SPECTRUM ADULT DAY HEALTH in both Beverly and North Andover have implemented the In24 (It’s Never Too Late to Learn) computer system, which provides cutting-edge software and hardware technology specifically designed for people with memory disorders.

NORTHEAST HOMECARE, our Medicare-certified home health service, initiated a Telehealth program, which attracted 31 patients from October 2010 through July 2011. This is a disease-specific homecare practice protocol including targeted cardiac and respiratory assessment and patient education. The program offers state-of-the-art home-monitoring equipment that the patient uses every day to measure and transmit weight, blood pressure, pulse, oxygen saturation and disease-specific symptom questions, and data is evaluated daily by Northeast HomeCare RNs via a secure site. In return patients learn to self-manage their chronic disease which leads to decreased exacerbations and re-hospitalizations.

SEACAST SKILLED NURSING AND REHABILITATION CENTER once again achieved a perfect annual survey score from the Massachusetts Department of Public Health. This was Seacoast’s third deficiency-free survey in a four year time frame. Readers of the Cape Ann Beacon/North Shore newspapers voted Seacoast the #1 choice for “Retirement Living Residence” in the Cape Ann area for 2011.

LEDGEWOOD REHABILITATION AND SKILLED NURSING CENTER celebrated its 25th anniversary at a June 1st event attended by dignitaries, former patients, staff, and elected officials.

LEDGEWOOD SKILLED NURSING AND REHABILITATION CENTER built a new rehabilitation gym on the second floor of the facility to accommodate the increasing volume of short-term rehabilitation patients.

SANDRA EARL retired as the Executive Director of The Herrick House, Northeast Senior Health’s 88-unit assisted living residence on the campus of Beverly Hospital, after 26 years of service to Northeast Health System/Spectrum Senior Health. The private dining room at The Herrick House was dedicated to Sandra in honor of her countless contributions to the health system and the community.

NORTH SHORE PRN, Northeast Senior Health’s private-duty home health service, was awarded Home Agency Accreditation with the Home Care Alliance of Massachusetts, Inc. in February 2011. Accreditation is awarded only to those agencies that meet or exceed 14 program standards.

NORTH SHORE PRN, in partnership with Beverly Hospital Lifeline, now uses state-of-the-art technology to provide a Medication Management Program that assists clients in maintaining medication compliance in their homes using Philips Medical Dispensing Service which cues and dispenses medication to each client up to six times per day.

BEVERLY HOSPITAL LIFELINE, Northeast Senior Health’s personal emergency response service, entered into a relationship with SeniorCare, Inc. to provide Medication Dispensing Services to 26 clients.

SEACAST SKILLED NURSING AND REHABILITATION CENTER’s Executive Director Stan Trinick was named the recipient of the 2011 Seacoast Service to Seniors Award, which is presented annually to an individual who has made an impact on the elder resident population of Cape Ann.

NORTHEAST HOMECARE’S Clinical Manager Sharon Gonick, MPT, was selected to present information about the agency’s Myomo Neuro Stroke Rehab program at the Visiting Nurses Association of America (VNAA) Annual Meeting, and the National Association for Home Care and Hospice Annual Meeting and Exposition.

NORTHEAST HOMECARE had its third Department of Public Health survey in December 2010 and was found to be deficiency-free.

DEVELOPMENT OFFICE

DONORS contributed more than $3.5 million in gifts and new pledges to Northeast Health System in 2011. One gift of $500,000 is committed in fiscal 2012 along with more than 40 five- and six-figure gifts.

“GO MILES FOR THE KIDS,” a new endowed fund, was established to benefit Northeast Behavioral Health’s Adolescent Residential Program. Nearly $275,000 was raised for the fund, which honors Miles Herter for his more than 40 years as a member of the board of directors at CAR (now Northeast Behavioral Health).

FORMER NHS PRESIDENT AND CEO BOB FANNING was honored with a portrait painted by artist Laura Hazard Clark and unveiled at an event at Beverly Hospital.

With support from The Evelyn Lilly Lutz Foundation and The Peter L. Lappin Philanthropic Fund, a new SIM Lab was built at Beverly Hospital to provide hands-on training for nurses, staff, and students from more than 20 area nursing schools. The new Sim Lab features patient bays, a projection booth, manikins, training scenarios, audio-visual equipment, and technology to simulate real hospital experiences.

THE DEVELOPMENT OFFICE, collaborating with Northeast Senior Health, launched a capital campaign to raise $300,000 to support the renovation, build out, furniture, and equipment for a new Spectrum Adult Day Health Program in North Andover. To date, $120,000 has been raised.

EBSCO PUBLISHING of Ipswich provided several online database resources and clinical reference tools to clinicians at NHS acute care facilities in exchange for medical expertise for product development and content improvements for EBSCO’s popular medical resources.

THE ANNUAL FUND COMMITTEE FOR ADDISON GILBERT HOSPITAL AND BEVERLY HOSPITAL surpassed its fiscal 2011 goal of $700,000 with $128,041 and $492,801 raised for each hospital, respectively, with full participation by the NHS Board, senior leadership, and the Board of The Friends of Beverly Hospital.

THE OPERATING ROOM CABINETS completed fundraising for the first phase of the Beverly Hospital Operating Room Campaign, raising more than $4,400,000 from nearly 80 community members, corporations, trustees, physicians, staff, and others, including full participation by the Perioperative Services Team.

PHYSICIAN GIVING COMMITTEE, a six-member group led by Jonathan Jaques, MD, was formed to strengthen physician participation in annual giving to Northeast Hospitals. The Committee’s efforts helped realize a 40% increase in physician giving, with a total of $325,395 in gifts and pledges in fiscal 2011.

NORTHEAST MEDICAL PRACTICE

NORTHEAST MEDICAL PRACTICE successfully implemented after-hours and weekend sessions for both “sick visit” and new patient exams for all patients who have a Northeast Medical Practice Primary Care Physician to improve patient satisfaction and support the Blue Cross Blue Shield Alternative Quality Contract (AQC) goal of reducing unnecessary emergency department visits.

PHYSICIAN RECRUITMENT DEPARTMENT successfully recruited two primary care and nine specialist physicians into Northeast Health System.

NORTHEAST MEDICAL PRACTICE, for the second consecutive year, has maintained significant growth in contributions to Northeast Hospital Corporation overhead correlating to a 6% growth from FY2009 to FY2011. This reflects an increase in covered lives as well as a significant reduction in out-of-system referrals.

THE CENTRAL REFERRAL DEPARTMENT, in collaboration with its providers, has fostered referrals of primary and specialty care within Northeast Health System based on internal referral tracking data.

NORTHEAST PHYSICIAN HOSPITAL ORGANIZATION (NORTHTE PHI)

NORTHTE PHI was named to the Harvard Pilgrim Health Care Honor Roll for exceeding the national 90th percentile for adult and pediatric HEDIS quality measures.

NORTHTE PHI was awarded an HPBC Quality Grant for Practice Transformation through Improved Care Coordination and Patient-Centered Care.

NORTHTE PHI established an agreement with Children’s Hospital Boston and Children’s Physician Organization to work together on cost savings and quality improvement projects to enhance the care provided to Northeast PHI pediatric patients.
Community support is the rock upon which we thrive. It inspires us to do our best. It motivates us to provide the kind of personalized care we’d give a close friend. And it deepens our commitment to return that faith in kind.
In 2011, the medical staff once again demonstrated the power of collaboration to expand services and treatments, to innovate, and to build for the future. In partnership with the Lahey Clinic, we expanded the Intensivist Program, enhancing quality patient care on the critical care unit. We worked closely with Northeast Health’s search for a merger/affiliation partner—helping to craft the Request for Proposal, providing counsel during the partner selection process, and working with our new Lahey Clinic colleagues to ensure a smooth and effective affiliation process.

All of these efforts demonstrate the extraordinary commitment of our medical staff, not only to the pursuit of excellence in healthcare delivery, but also to the future of our institution and the communities we serve.

STEVEN DEFOSSE, MD
President of the Medical Staff
2011 MEDICAL STAFF

INTERVENTIONAL RADIOLOGY
Chafey, James H., MD
O’Neill, Mary J., MD
Romagnoli, Donald F., MD
Thomason, Philip A., MD

NEONATOLOGY
Agrawal, Panikaj, MD
Brodsky, Dan D., MD
Burris, Heather H., MD
Cule, Ivana, MD
Gray, James E., MD
Gregg, Mary Lucia P., MD
Gupta, Munish, MD
Tran, Tai H., MD
Yerozolimsky, George B., MD
Zupancic, John A., MD

NEONATAL-PERINATAL MEDICINE
Hammar, Benjamin D., MD

NEPHROLOGY
Brunelli, Steven, MD
Goldfarb, Alexander S., MD
Jennings, Anne E., MD
Rizos, Demetrios P., DO
Ruel, Jeffrey R., MD
Sfer, Cynthia, MD
Wu, Steven, MD

NEUROLOGY
Kellher, Timothy R., MD
LeVere, Stephen R., JR, MD
Mark, Konrad A., MD
Singh, Harneet, MD

NEUROSURGERY
Dooley, Terence P., MD
Halsey, William G., MD
Medlock, Michael D., MD

NUTRITION
Richardson, Brenda E., MD

OBSTETRICS / GYNECOLOGY
Bauer, Laurel A., MD
Brodrai, Melinda R., MD
Boyd, Mary C., MD
Bradley, Deborah A., MD
Burrows, Barry W., MD
Chudenewicz, Cara L., MD
Delillo, Louis, MD
Kerma, John P., MD
Laz, Louis R., MD
McGraw, Maura, MD
Richo, Laura, MD
Sanders, Katrina L., MD
Sherman, Melissa J., MD
Steele, Daniel M., MD
Veitch, Stacy L., MD

OPHTHALMOLOGY
Ahmed, Shazia, MD
Cleary, Tina S., MD
Cutter, Martin E., MD
Fynn-Thompson, Nicoletta A., MD
Glavas, Ioannis, MD
Greenfield, Paul S., MD
Guiley, John M., MD
Hu, Daniel, MD
Hughes, Mark S., MD
Hunt, James W., MD
Jafari, Nahid I., MD
Khani, Shahrokh C., MD
Magovern, Raymond G., MD
Massicotte, Emma C., MD
Mooney-NicNulty, Kimberly, MD
Orenberg, William B., MD
Piacentini, Michael A., MD
Rapoza, Peter A., MD
Rodman, Richard, MD
Ryan, Edward A., MD
Singh, Omal S., MD
Sorkin, Jeffrey, MD
Stinson, William G., MD
Steller, Dennis F., MD
Weinstein-Zanger, Matthew W., MD

ORAL, MAXILLOFACIAL & DENTAL SURGERY
Cooke, Vera, MD
El-Haddad, Mahmoud A., DMD
Sherwood, Keith, DDS
Szentmuzsics, Nicholas, DMD

ORTHOPEDIC SURGERY
Archibald, Jason, MD
Ayers, Andrew W., MD
Boyle, John J., JR, MD
Evans, Ita K., III, MD
Fehnel, David, MD
Gandhi, Jaypal, MD
Gilligan, Mark P., MD
Gregg, Kenneth W., MD
Fitzgibbons, Peter, MD
Halsted, Douglas O., MD
Hollis, Steven C., MD
Matthies, Steven, MD
McLaughlin, Robert E., III, MD
Murzik, William J., MD
O’Brien, Todd M., MD
O’Flynn, Hugh M., MD
O’Holleran, James D., MD
Ozuna, Richard M., MD
Paly, William L., MD
Perryman, Jonathan R., MD
Petersen, Douglas, MD
Pulasky, Jeffrey A., MD
Peakups, Peter M., MD
Shore, Jeremy M., MD
Sledge, John B., III, MD
St. Pierre, David P., MD
Uroskie, Jonathan, MD
Wood, Robert M., MD
Zimmer, John W., MD
Zoric, Bojan, MD

OTOLARYNGOLOGY
Chranowiski, David S., MD
Demotzakou, James L., MD
Garinkle, Terry J., MD
Hernandez, John C., MD
Leidner, Charles J., MD
Mugger, Richard E., MD
Petropoulos-Wisler, Anna E., MD
Turner, Jared B., MD
Verduzo, Gonzalez H., MD

PATHOLOGY
Bellonave, Robert E., MD
Emery, Sherry T., MD
Lefebvre, Marc T., MD
Tieto, Bethany, MD

PEDIATRICS
Allende-Richter, Sophie, MD
Amoroso, Jessica, MD
Berry, Jay C., MD
Bluthena, Jasmin F., MD
Borus, Joshua, MD
Boss, Eugene J., MD
Carbon, Thomas V., MD
Chen, Christopher, MD
Crawley, Sarah S., MD
Cuneo, Richard K., MD
Danis, David O., MD
Fayon, Susan, MD
Dreeseuoglu, Fatma, MD
Dunckle, Katie L., MD
Freed, Michael D., MD
Gallagher, Rachel A., MD
Hernandez, John C., MD
Leidner, Charles J., MD
Mugger, Richard E., MD
Petropoulos-Wisler, Anna E., MD
Turner, Jared B., MD
Verduzo, Gonzalez H., MD

PEDIATRIC ALLERGY & IMMUNOLOGY
Gose, Jeannie E., MD

PEDIATRIC ENDOCRINOLOGY
Papacostas, Frank C., MD

PEDIATRIC EMERGENCY MEDICINE
Bachur, Richard, MD
Baskin, Marc N., MD
Becker, Theresa M., MD
Bourgeois, Florence, MD
Brett-Fleeger, Marisa, MD
Byer, Robin L., MD
Chung, Sarah, MD
Colin, Keri, MD
Fine, Andrew, MD
Grukun, Karen, MD
Harper, Marvin B., MD
Hewes, Maria S., MD
Hillier, Debra F., MD
Krauss, Baruch S., MD
Lee, Lois K., MD
Ley, Jason A., MD
Manix, Rebekah C., MD
Nagler, Joshua, MD
Nelson, Kyle, MD
Nigrin, Lise E., MD
Paul, Rainer M., MD
Romano, Samantha, MD
Short, Peter, MD
Silverberg, Heather L., MD
Sy, Khoon-Yen E., MD
Veira, Rebecca L., MD
Weir, Meghan, MD
Wingerter, Sarah L., MD

Listing as of Oct. 18, 2011
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Mr. Joseph Hailey, Esq.
Chairman

2011 TRUSTEES
Quality care can only be provided on a sustained and meaningful basis when the financial structure that enables it is solid and managed responsibly. In that sense, fiscal prudence is as vital to our community’s health as annual physicals.
## 2011 Financials


### Assets

#### Current Assets:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$40,659,261</td>
<td>$28,777,844</td>
</tr>
<tr>
<td>Patient receivables, less allowance for uncollectible accounts of $3,714,000 in 2011 and $3,059,000 in 2010</td>
<td>$39,537,718</td>
<td>$43,976,870</td>
</tr>
<tr>
<td>Current portion of assets whose use is limited or restricted</td>
<td>$2,931,097</td>
<td>$2,856,845</td>
</tr>
<tr>
<td>Supplies at cost</td>
<td>$5,996,111</td>
<td>$5,951,226</td>
</tr>
<tr>
<td>Prepaid expenses and other current assets</td>
<td>$14,938,995</td>
<td>$12,334,322</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>$104,085,182</strong></td>
<td><strong>$93,897,107</strong></td>
</tr>
</tbody>
</table>

#### Assets Whose Use is Limited or Restricted:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets held by trustee under bond indenture agreements</td>
<td>$5,092,184</td>
<td>$5,599,454</td>
</tr>
<tr>
<td>Assets held in professional liability trust</td>
<td>$20,295,703</td>
<td>$22,412,606</td>
</tr>
<tr>
<td>Donor-restricted assets for specific purposes</td>
<td>$6,258,093</td>
<td>$7,836,277</td>
</tr>
<tr>
<td>Donor-restricted assets for permanent endowment</td>
<td>$6,596,348</td>
<td>$6,352,381</td>
</tr>
<tr>
<td>Beneficial interest in irrevocable trusts</td>
<td>$3,294,812</td>
<td>$3,594,455</td>
</tr>
<tr>
<td><strong>Total Assets Whose Use is Limited or Restricted</strong></td>
<td><strong>$41,827,140</strong></td>
<td><strong>$45,975,563</strong></td>
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</tbody>
</table>

#### Property, Plant and Equipment—Net

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<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$172,591,310</td>
<td>$179,449,390</td>
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</table>

#### Other Assets:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term investments</td>
<td>$90,073,102</td>
<td>$91,635,063</td>
</tr>
<tr>
<td>Unamortized financing costs</td>
<td>$3,558,415</td>
<td>$2,757,216</td>
</tr>
<tr>
<td>Other noncurrent assets</td>
<td>$10,028,362</td>
<td>$10,311,382</td>
</tr>
<tr>
<td><strong>Total Other Assets</strong></td>
<td><strong>$103,659,879</strong></td>
<td><strong>$105,705,741</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$422,511,540</strong></td>
<td><strong>$424,837,861</strong></td>
</tr>
</tbody>
</table>

### Liabilities and Net Assets

#### Current Liabilities:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$26,150,908</td>
<td>$24,734,107</td>
</tr>
<tr>
<td>Accrued wages and vacation payable</td>
<td>$18,670,308</td>
<td>$17,764,152</td>
</tr>
<tr>
<td>Estimated third-party settlements</td>
<td>$5,888,804</td>
<td>$8,291,344</td>
</tr>
<tr>
<td>Current installments on long-term debt</td>
<td>$10,270,197</td>
<td>$9,857,977</td>
</tr>
<tr>
<td>Other current liabilities</td>
<td>$1,796,458</td>
<td>$1,979,406</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>$62,756,575</strong></td>
<td><strong>$62,230,726</strong></td>
</tr>
</tbody>
</table>

#### Other Liabilities:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrued pension liability</td>
<td>$59,317,803</td>
<td>$43,724,071</td>
</tr>
<tr>
<td>Post-retirement medical benefits</td>
<td>$1,980,444</td>
<td>$2,087,918</td>
</tr>
<tr>
<td>Professional liability reserves</td>
<td>$21,618,234</td>
<td>$19,844,441</td>
</tr>
<tr>
<td>Other noncurrent accrued liabilities</td>
<td>$15,774,629</td>
<td>$15,897,112</td>
</tr>
<tr>
<td><strong>Total Other Liabilities</strong></td>
<td><strong>$88,731,108</strong></td>
<td><strong>$81,353,542</strong></td>
</tr>
</tbody>
</table>

#### Long-Term Debt:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term debt – net of current portion</td>
<td>$121,047,107</td>
<td>$127,360,216</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$282,534,790</strong></td>
<td><strong>$270,944,524</strong></td>
</tr>
</tbody>
</table>

#### Net Assets:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>$119,510,803</td>
<td>$132,157,954</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>$10,574,287</td>
<td>$11,598,097</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>$9,891,600</td>
<td>$10,127,286</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>$139,976,690</strong></td>
<td><strong>$153,883,337</strong></td>
</tr>
</tbody>
</table>

**Total** | **$422,511,540** | **$424,837,861**
### 2011 FINANCIALS


#### UNRESTRICTED REVENUE AND OTHER SUPPORT

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient service revenue</td>
<td>$425,999,199</td>
<td>$425,552,477</td>
</tr>
<tr>
<td>Other revenue</td>
<td>$7,189,311</td>
<td>$8,992,300</td>
</tr>
<tr>
<td>Net assets released from restrictions used for operations</td>
<td>$1,282,318</td>
<td>$1,023,688</td>
</tr>
<tr>
<td><strong>Total unrestricted revenue and other support</strong></td>
<td><strong>$434,780,828</strong></td>
<td><strong>$435,568,465</strong></td>
</tr>
</tbody>
</table>

#### EXPENSES:

<table>
<thead>
<tr>
<th>Expense</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages</td>
<td>$196,304,042</td>
<td>$196,599,763</td>
</tr>
<tr>
<td>Physician salaries and fees</td>
<td>$33,901,510</td>
<td>$35,021,604</td>
</tr>
<tr>
<td>Fringe benefits</td>
<td>$47,640,300</td>
<td>$46,325,951</td>
</tr>
<tr>
<td>Supplies and contracted services</td>
<td>$114,959,471</td>
<td>$115,510,545</td>
</tr>
<tr>
<td>Uncompensated care pool assessment</td>
<td>$2,466,337</td>
<td>$2,779,285</td>
</tr>
<tr>
<td>Provision for bad debts — net</td>
<td>$10,510,272</td>
<td>$10,078,529</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>$19,728,647</td>
<td>$20,681,479</td>
</tr>
<tr>
<td>Interest</td>
<td>$3,449,624</td>
<td>$3,566,984</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>$429,360,223</strong></td>
<td><strong>$430,204,340</strong></td>
</tr>
</tbody>
</table>

#### INCOME FROM OPERATIONS

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income from operations</strong></td>
<td>$5,420,605</td>
<td>$5,364,125</td>
</tr>
<tr>
<td>Nonoperating gains (Losses) — net</td>
<td>$2,738,538</td>
<td>$(2,851,869)</td>
</tr>
<tr>
<td><strong>Excess (Deficit) of revenue and gains over expenses</strong></td>
<td><strong>$8,179,143</strong></td>
<td><strong>$2,512,256</strong></td>
</tr>
</tbody>
</table>

#### OTHER CHANGES IN UNRESTRICTED NET ASSETS:

<table>
<thead>
<tr>
<th>Amount</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets released from restrictions for purchase of property, plant and equipment</td>
<td>$663,850</td>
<td>$394,342</td>
</tr>
<tr>
<td>Pension and post-retirement related adjustments</td>
<td>$(16,327,809)</td>
<td>$(5,326,133)</td>
</tr>
<tr>
<td>Change in net unrealized gains and losses on investments</td>
<td>$(51,262,599)</td>
<td>$7,287,576</td>
</tr>
<tr>
<td>Other change</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total other changes in unrestricted net assets</strong></td>
<td><strong>$(40,826,294)</strong></td>
<td><strong>$4,355,865</strong></td>
</tr>
</tbody>
</table>

#### DECREASE IN UNRESTRICTED NET ASSETS

<table>
<thead>
<tr>
<th>Amount</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Decrease in unrestricted net assets</strong></td>
<td><strong>$(12,447,151)</strong></td>
<td><strong>$6,888,101</strong></td>
</tr>
</tbody>
</table>