proud to be
northeast health system
Life is full of moments that make us proud. Some are big—like graduating or getting married—and some are small but still important, like tying your shoes for the first time, or watching your child do so.
At Northeast Health System, our work is also full of big and small moments that make us proud. These can range from completing a successful surgery, to helping with the delivery of a new baby, to being a compassionate listener or simply offering a kind smile.

Behind these moments and thousands like them that happen throughout the system every day, lie the hard work and commitment required to keep an organization such as ours moving forward and continually improving. We are proud to offer top-quality care in all our locations, and we understand the relentless commitment to excellence that this requires.

This report highlights just a few of the programs and services that Northeast Health System is particularly proud of. And while we feel great about the recognitions and awards we have received as a result, what we are most proud of is the lasting relationship we have—as individuals and as an organization—with the people we are privileged to serve.
We are proud to report that during 2006, Northeast Health System rose to meet significant challenges and emerged stronger and more certain about the value of high-quality, community-based care than ever before. At the same time, we are constantly evolving in order to create positive change that benefits the communities we serve.

For the organization’s leaders, the year was marked by Partners HealthCare’s decision to terminate its affiliate reimbursement contract with our organization. This is but one indication of the highly competitive healthcare marketplace. The strong support we received from our elected officials, and from all three of the region’s major insurance company payers who renegotiated favorable, three-year contracts with us, validated the indispensable role we play as a provider of care on the North Shore.

During this past year we also issued $30 million in tax exempt bonds to help finance our new Medical and Day Surgery Center set to open in Danvers in late 2007. By loaning us funds at extremely attractive rates, the marketplace has also demonstrated confidence in our future.

These affirmations are a tribute to the thousands of individuals who work here. From Board members to caregivers to support staff throughout our divisions and locations, each person contributes to our well-deserved reputation as an organization that delivers on its promise of top-quality, compassionate care, close to home.

We continue to improve access and excellence among our three business units—acute care, behavioral health, and senior health services—meeting the full spectrum of needs in our communities. We know that standing still is not good enough. Our vision—to provide exceptional, full-service, and constantly evolving acute care to the marketplace—requires vigilance.

We are guided in our work by the Institute of Medicine’s transforming report on how to make healthcare safer and more effective, efficient, patient-centered, timely and equitable. To meet these goals we are taking many important steps, including redesigning our information systems so they better support the delivery of evidence-based medicine. We are also reducing fragmented care by enabling our workforce to collaborate more effectively across organizational boundaries, something that our system is perfectly designed to promote.

This report highlights just a few ways in which we continually enhance the care we deliver. Whether it is our participation in a national effort to reduce preventable hospital deaths or the designation of Beverly Hospital as a Level III trauma center and primary stroke service hospital, the core values are the same: to maintain excellence in all we do so that we can provide the best possible care to each and every person we serve.

Stephen R. Laverty
President & Chief Executive Officer

Henry J. Ramini, M.D.
Chairman, Board of Trustees
For physicians, there is no greater reward than working in partnership with patients to improve or maintain their health. But there are other rewards we value, such as working with high caliber colleagues, and with an organization where the investment in continuous improvement is significant, and the pursuit of perfection is a way of life. Northeast Health System (NHS) offers physicians all these benefits.

I am honored to follow my predecessors in this position, and grateful to them for their strong leadership on so many fronts. Thanks to their efforts and the commitment and hard work of so many others, we have continued our important collaborations with our tertiary partners—Beth Israel Deaconess Medical Center, Lahey Clinic, and Children’s Hospital Boston—and made some important additions to our services and capabilities in the past year.

These include the addition of intensivists to our intensive care unit and hospitalists on our obstetrical unit, both of which have been shown to improve quality and safety; enhanced gynecological oncology services; advances such as interventional cardiology, digital mammography, and breast MRI; designations of excellence in both trauma care and in the care of stroke patients; and the success of our new Senior Adult Unit at Addison Gilbert Hospital. Some of these programs are highlighted in this report.

NHS physicians and nurses deserve enormous credit for their ability to meet today’s needs while addressing tomorrow’s challenges. For physicians, this has included the conversion of patient charts from paper to electronic medical records (EMRs), a significant task to add to the everyday workload of a busy practice. But the physicians and their staffs recognize that EMRs are essential tools going forward, enhancing both the quality and safety of care.

Hospital staff nurses have embraced a new and exciting model of collaborative care at the bedside introduced this past year. Now, at the first sign that a patient’s condition may be changing, the nurse can summon a Rapid Response Team, a team of critical care specialists who are available on a moment’s notice. The team supports the bedside nurse in stabilizing the patient, a model that has led to a gratifying decline in the rate of inpatient cardiopulmonary arrests.

Providing high-quality healthcare is truly a team effort, and as physicians in the community or in the hospital, we cannot accomplish our best work without the support of the organization and all the individuals in it. To this end, we value the open lines of communication among our physicians, administration and the Board of Trustees, because that communication assures that we are all focused on the same goal: delivering high-quality, effective and compassionate care to all our patients.

Jonathan Schreiber, M.D., FACOG, FAC
President, Medical Staff
Salem resident Carrie Ann Toohey perfectly summarizes the value of Health & Education Services’ (HES) Health Access and Integration Program. “My mental health IS my physical health,” she says. “They are not separate.”

For Ms. Toohey, the nurse practitioner she sees at HES’s Salem clinic “fills in the gaps in my healthcare. I have a great primary care doctor, but he can’t do every little thing.”

Ms. Toohey, 37, began seeing Janine Post-Anderle, N.P., when she experienced a personal crisis and was referred to the program for counseling and related care. “Janine and I have a real relationship. She is very patient and always answers my questions, and really cares about my well-being.”

With her health and well-being stabilized, Ms. Toohey spends less time at the doctor’s office, and more time doing what she enjoys: volunteering at the Salem Senior Center and the American Red Cross, learning ballroom dancing, and playing Mahjong with her friends.
For patients with mental illness, healthcare has traditionally been delivered in two distinct and often unrelated categories: mental healthcare, and care that addresses physical needs. This has resulted in fragmented care, and worse: research shows that many medical problems among individuals with mental illness go undiagnosed and untreated, which can perpetuate a downward spiral of poor overall health and early death.

In a groundbreaking program that serves as a model of integrated care, Health & Education Services (HES), one of the behavioral health components of Northeast Health System, is breaking down the wall between these two types of care by providing integrated, comprehensive mental health and primary care to patients with serious and persistent mental illness.

“This is typically a very disenfranchised population,” says Judith Boardman, R.N., Ph.D., vice president for quality management at HES. “Many are not working or are disabled, and can’t advocate effectively for themselves. We have found when people are able to access appropriate routine primary care, they become healthier, which allows them to better manage their overall health. They become more involved in healthcare choices and decisions, which ultimately improves quality of life and leads to a more active and independent lifestyle.”

Janine Post-Anderle, nurse practitioner (N.P.), provides primary care for patients at HES’s multi-service behavioral healthcare site in Salem. “Patients have easier access to primary care since they are already getting their mental healthcare here,” she says. “And the clinicians have a greater ability to collaborate and compare notes.” Ms. Post-Anderle also says she is able to spend more time with patients than typical primary care providers.

“We are one of two programs that we know of nationally that is integrating primary care into the behavioral healthcare setting,” says Dr. Boardman. As a result, Dr. Boardman has been invited to make presentations about the program at both national and international healthcare education and research forums.

HES has increased access to appropriate primary care for these patients by 50%
Technology that advances the quality and safety of medical care is not just about the latest imaging system or laser therapy. It also includes technology to improve communication and timely access to important information about patients.

For doctors’ practices, that means replacing the age-old paper medical record with an electronic version. This way, critical information from the record can be accessed outside the doctor’s office—in the emergency room, for example—or when the doctor is not in the office but is on-call at home. For these reasons, as well as their ability to sort and aggregate important clinical information, electronic medical records (EMRs) are fast becoming the standard.

Northeast Physician Hospital Organization (NEPHO), owned by New England Community Medical Group and Northeast Health System (NHS), is in the midst of implementing an aggressive plan to convert patients’ paper records to computerized medical records.

By the end of 2006, 83 percent of the network’s primary care physicians were using an electronic medical record system. The remainder of the network’s primary care and specialist physicians are scheduled for EMR implementations in 2007 and 2008.

Todd Lowthers, manager of physician services for NEPHO, says this is the result of a group effort. “The adoption of an electronic medical record system requires a significant commitment of financial and other resources by practices,” he says. “Through the efforts and commitments of the physicians, their staffs, the EMR team, Information Systems and GE Healthcare, we have made great progress over the past 18 months. These computerized systems change the way medical care is delivered.”

“This requires an enormous amount of hard work,” agrees Jeanne Holland, NEPHO’s executive director. “Everyone knows that EMRs have become essential tools in delivering high-quality, safe and effective care.” NEPHO received an award in 2006 for its leadership in the area of EMRs, and is regularly recognized for its excellence in the delivery of quality care, having been named by Harvard Pilgrim Health Care to its physician group honor roll for the fourth year in a row for exceeding the 90th percentile on all HEDIS quality of care measures.
Physicians increasingly rely on computers to help with everything from diagnostic imaging to appointment scheduling. In his gynecology practice, David DiChiara, M.D., chief of OB/GYN, has converted his patients’ paper records to electronic medical records.

“The advantages are enormous,” he says. “We can access information anytime, anywhere. For patients, it means that when things transpire over the weekend or at night, or in the Emergency Room, we have that information all in one place.”

While the job of converting records can be daunting, Dr. DiChiara says it is worth it. “There is a huge repository of data that can help us take better care of our patients. Not only can we access accurate medical information about a patient any time, but we also have the ability to sort data by condition, and see where we need to improve.”

For example, he says, the program can highlight patients in need of preventive mammography or cervical cancer screenings, so he and his colleagues can address the importance of the screenings with patients.

88% of the patients affiliated with Northeast PHO physicians will have an electronic medical record.
With almost nine years of experience as a nurse and team leader at Beverly Hospital, Margaret Graves, R.N., B.S.N., has taken care of many types of patients. And like most nurses, she sometimes turns to a colleague for an opinion about a worrisome patient.

Now, Ms. Graves turns to the hospital’s Rapid Response Team when a patient exhibits worrisome changes in vital signs or mental status. “The team is such a helpful resource,” she says. “You don’t realize until you call them how helpful they really are.”

Bringing critical care expertise to the patient’s bedside, the Rapid Response Team doesn’t take over for the nurse, but supports him or her. “The team helps me deliver the best care,” says Ms. Graves. “Together we can troubleshoot a patient’s symptoms and often nip things in the bud.”

Northeast Hospitals has fewer surgical site infections and cases of ventilator-associated pneumonia than the national average.
Knowing you helped save a life is the greatest reward any healthcare provider can receive. Knowing you helped save many lives is even better.

That's a feeling that staff throughout Northeast Health System can share in as a result of the organization's participation in a national campaign to reduce unnecessary hospital deaths. Launched in December 2004 by the Cambridge, MA-based Institute for Healthcare Improvement, the 100,000 Lives Campaign invited hospitals throughout the nation to implement some or all of six specific evidence-based best practices that are known to improve patient outcomes.

“We knew this was something we wanted to be a part of,” says Gregory A. Bird, R.N., senior vice president of patient care services and chief nursing officer. “It is our obligation to continually improve the quality and safety of the care we provide.”

Like most high-quality hospitals, Northeast Hospitals already had many of the interventions in place. The challenge is to assure that the processes that support them are robust and reliable, that all the necessary steps are taken every time, and that processes that aren’t yet in place can be implemented effectively.

The interventions include specific steps for treating heart attack patients, preventing pneumonia in patients requiring ventilators, preventing infections in surgical patients and those with intravenous catheters called central lines, preventing medication errors, and creating Rapid Response Teams that bring critical care expertise right to a patient’s bedside at the first sign that his or her condition may be worsening.

The proof is in the outcomes. Northeast Hospitals has fewer surgical site infections and cases of ventilator-associated pneumonia than the national average, and is in the top 10 percent of all hospitals for the high quality of cardiac care. The new Rapid Response Teams are credited with a dramatic reduction in the number of “Code 99” (cardiopulmonary arrest) events as well.

“If the evidence supports better outcomes with a best practice, then we’ll work to implement it,” says Diane Dick, assistant vice president of quality assurance. “Our commitment to our patients is to always do the right thing.”
There are few things scarier than rushing a loved one to the Emergency Room, whether it’s a child who’s been in an accident or an adult with symptoms of a stroke. In both examples, getting immediate care is critical. Even better is getting immediate care from healthcare professionals with advanced training in trauma and stroke care, like the ones at Beverly Hospital and Addison Gilbert Hospital.

In fact, Beverly Hospital is the only verified Level III Trauma Center on the North Shore and the only verified Level III Pediatric Trauma Center in Massachusetts, designations the hospital earned in 2006. In addition, both Beverly and Addison Gilbert hospitals are designated Primary Stroke Service Hospitals, indicating that both hospitals have established clinical standards of practice that improve stroke care and outcomes. Special affiliations enable both hospitals to quickly transport children to Children’s Hospital Boston and adult stroke patients to Beth Israel Deaconess Medical Center or Lahey Clinic when appropriate.

Achieving these distinctions is the result of considerable work and focus on the part of many departments and individuals. It requires highly specialized training for emergency department nurses, and board-certification or eligibility for physicians. In addition, specific trauma protocols must be implemented and coordinated among the emergency department, operating room, blood bank, laboratory, and many other departments and staff members. “Trauma care is often considered an emergency department endeavor, but it is a hospital-wide achievement,” says Eileen Havey, R.N., trauma program manager.

Effective stroke care also entails specialized training to deliver rapid diagnosis and treatment. Pre-printed order sets in place at both hospitals help speed the process, and multidisciplinary expertise provided by care teams assures that patients receive all appropriate care. “I’m very proud of the sense of teamwork that we’ve developed related to stroke throughout both hospitals,” says Ann Panka, R.N., M.S.N., stroke program manager.

Beverly Hospital’s volume of trauma admissions has increased by 20%
Being in the right place at the right time saved Bill Frank's life. The right place was Beverly Hospital's Emergency Department, and the right time was shortly after he had fallen off a ladder while cleaning his gutters.

After the mishap he felt a little embarrassed and a little sore, but not badly hurt. Nevertheless, he agreed to let his wife drive him to the hospital to get checked. It was a good decision, because it was what he didn't feel that was threatening his life.

Unbeknownst to Mr. Frank, his spleen had been injured in the fall and was filling with blood. Fortunately, trauma nurse Lindsay Pappas R.N., immediately detected signs of trouble and quickly activated the hospital’s stat trauma team, initiating a chain of events, including emergency surgery, that saved his life.

Without that surgery, Mr. Frank would most certainly have bled to death. Instead, he returned to his Ipswich home after a five-day hospital stay, with a new respect for ladders, his wife, and the Beverly Hospital Emergency Department staff.
Kevin and LeeAnn Lyons of Danvers each have good reasons for generously supporting Northeast Health System with their philanthropy. For LeeAnn, the reasons are intensely personal. Kevin shares those reasons, and adds some other practical views as well.

“I had a daughter who had brain cancer,” says LeeAnn. “Sarah’s doctor was wonderful. He kept her at Beverly Hospital as much as possible, instead of sending her into Boston. Having her close to home was a godsend.” Diagnosed at 9, Sarah lived to be 20.

“How do you thank an organization that held your hand through the toughest time of your life?” LeeAnn answered by thinking about what other families might appreciate as they go through tough times. So in memory of Sarah, the Lyons, along with their friends and family, contributed a Family Room in the new Special Care Nursery. “I stayed with Sarah, even when she was older. It’s so important to keep families together, especially during a child’s illness,” says LeeAnn. As a further expression of her philanthropy, LeeAnn also volunteers at Beverly Hospital.

Kevin, a 4th-generation owner of Danvers-based Lyons Ambulance Service, knows firsthand the importance of this community asset. “I can’t emphasize enough how much good Northeast Health System does for our community,” he says. “They are a first-class operation that brings an exceptional level of care close to home.”
For more than a century, Beverly Hospital and Addison Gilbert Hospital—now part of Northeast Health System (NHS)—have enjoyed a warm relationship with residents of the North Shore. That’s because the giving goes both ways: NHS provides top-quality healthcare and community members give generously to support the organization’s mission.

Philanthropy, in the form of charitable contributions, is an essential element of high quality healthcare, and will enable NHS to continually enhance its capabilities and keep up-to-date with technology and equipment. Never has that been more clear than during NHS’s implementation of its Master Facilities Plan, which involves major renovations, expansions, and upgrades of clinical and patient care areas at Beverly Hospital, additional office space and treatment rooms at Addison Gilbert, and the creation of a new Medical and Day Surgery Center in Danvers.

“Our fundraising campaign, called ‘Care YOU Deserve,’ has one primary focus,” says Michael Valentine, president of Northeast Health Foundation. “That’s to maintain the highest standards of patient care for the people we serve.”

Philanthropic support is helping to make possible Beverly Hospital’s new and expanded Emergency Department with a new entrance and waiting area, and separate, state-of-the-art treatment facilities for adults and children, new operating suites as well as new outpatient surgery waiting area and additional post-anesthesia care units. Other changes in recent years have included a new Endoscopy Suite with modern facilities and equipment to treat patients with gastrointestinal disorders, a new computerized tomography (CT) scanner for the diagnosis of cancers and other tumors, and a new and enlarged Special Care Nursery. At Addison Gilbert, donations have helped in the expansion of the plastic surgery and urological services and new senior behavioral health facilities.

“It’s impossible to provide the levels of service we wish to provide with operating revenues alone,” says Valentine. “We count on support from people of the North Shore as much as they count on us.” For more than a century, it has been a winning formula.

Since 2002, when Northeast Health Foundation was created, contributions from the community have totaled more than $12 million.
Beverly Hospital, Addison Gilbert Hospital, and the Beverly Hospital Hunt Center received a proclamation from Beverly Mayor William Scanlon for implementing a smoke-free policy.

Executive Chef Colin Targett was recognized at the American Culinary Federation National Convention in Philadelphia.

Northeast Hospital Corporation staff members received O’Brien Region Awards for outstanding commitment to high-quality service. Chief clinical dietician Irene Siedlacko, won Food Manager of the Year. Executive Chef Colin Targett, won Culinary Manager of the Year and clinical nutrition manager Lynn Larson, won the Clinical Support Award.

BayRidge Hospital and Inpatient Behavioral Health Services

BayRidge Hospital was selected as a recipient of the Department of Mental Health Commissioner's Distinguished Service Award.

BayRidge Hospital celebrated its 10th anniversary.

CAB Health & Recovery Services, Inc.

The North Shore branches of the American Association of University Women designated CAB as a Family Friendly Workplace.

Mary Wheeler and Marty Barry were both nominated for the Massachusetts Commission on the Status of Women's Unsung Hero Award 2006.

The Community Health Education Center recognized Mary Wheeler and Amy Delaney for their work with CAB's street outreach program in Lynn.

The Commission on Accreditation of Rehabilitation Facilities re-accredited CAB's methadone and detox programs.

Michael Levy, Ph.D., was elected as chair of the National Community Treatment Providers' Caucus.

Northeast Senior Services

Ledgewood Rehabilitation and Skilled Nursing Center received a deficiency-free survey score from the Department of Public Health.

Seacoast Nursing & Rehabilitation Center presented Art McCann, president of the Friends of Seacoast, the "Service to Seniors" community award.

Seacoast Nursing & Rehabilitation Center was awarded a $15,000 grant from the Resident Empowerment Program.

Northeast Physician Hospital Organization (PHO)

For a fourth consecutive year, the physician members of the Northeast Physician Hospital Organization were recognized by Harvard Pilgrim Health Care by being named to the 2006 Physician Group Honor Roll.

Northeast Physician Hospital Organization was recognized by General Electric for innovative use of the GE Centricity® Practice Management and Centricity® Electronic Medical Records.

Health & Education Services, Inc.

Judith Boardman, Ph.D., was awarded the Excellence in Outcomes Award for her contributions to the field of behavioral health quality and outcomes management.

Paul O'Shea was awarded the Robert A. Dorwart, M.D., Award for his leadership and long-term commitment to mental health prevention and treatment and to the delivery of high-quality care.

Cape Ann Social Club celebrated its 25th anniversary.
### Northeast Health System, Inc. and Affiliates

**Combined Statements of Operations:** Years ended September 30, 2006 and 2005

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2005</th>
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</thead>
<tbody>
<tr>
<td><strong>Unrestricted revenue and other support:</strong></td>
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<tr>
<td>Net patient service revenue</td>
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<td>Other revenue</td>
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<td>Net assets released from restrictions used for operations</td>
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<td><strong>Total unrestricted revenue and other support</strong></td>
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<td><strong>Expenses:</strong></td>
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<td>Salaries and wages</td>
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<td>Physician salaries and fees</td>
<td>$20,869,788</td>
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<td>Fringe benefits</td>
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<td>Supplies and contracted services</td>
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<td>Uncompensated care pool assessment</td>
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<td>Provision for bad debts — net</td>
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<td>Depreciation and amortization</td>
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<td>Impairment of long-lived assets</td>
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<td>Interest</td>
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<td><strong>Total expenses</strong></td>
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<td><strong>Income (Loss) from operations</strong></td>
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<td><strong>Nonoperating gains – Net</strong></td>
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<td><strong>Excess of revenue and gains over expenses</strong></td>
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<td><strong>Other changes in unrestricted net assets:</strong></td>
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<td>Net assets released from restrictions for purchase of property, plant and equipment</td>
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<td>$217,906</td>
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<td>Minimum pension liability adjustment</td>
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<td>$(2,693,833)</td>
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<td>Change in net unrealized gains and losses on investments</td>
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<td><strong>Total other changes in unrestricted net assets</strong></td>
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<td>Cumulative effect of change in accounting principle</td>
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<td><strong>Change in unrestricted net assets</strong></td>
<td>$11,083,920</td>
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Northeast Health System, Inc. and Affiliates

Combined Balance Sheets: Years ended September 30, 2006 and 2005

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<thead>
<tr>
<th>Assets</th>
<th>2006</th>
<th>2005</th>
</tr>
</thead>
<tbody>
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<td></td>
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<tr>
<td><strong>Current assets:</strong></td>
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<td>Cash and cash equivalents</td>
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<td>Patient receivables, less allowance for uncollectible accounts of $7,026,000 in 2006 and $6,343,000 in 2005</td>
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<td>Current portion of assets whose use is limited or restricted</td>
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<td>Supplies at cost</td>
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<td>Prepaid expenses and other current assets</td>
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<td><strong>Total current assets</strong></td>
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<td><strong>Assets whose use is limited or restricted:</strong></td>
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<td>Assets held by trustee under bond indenture agreements</td>
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<td>Assets held in malpractice trust</td>
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<td>Donor-restricted assets for specific purposes</td>
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<td>Donor-restricted assets for permanent endowment</td>
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<td><strong>Total assets whose use is limited or restricted</strong></td>
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<td><strong>Property, plant and equipment – Net</strong></td>
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<td><strong>Other assets:</strong></td>
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<td>Long-term investments</td>
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<td>Unamortized financing costs</td>
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<td>Other noncurrent assets</td>
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<td><strong>Total other assets</strong></td>
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<td><strong>Total</strong></td>
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<td>$342,616,748</td>
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## Liabilities and net assets

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<thead>
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<td><strong>Current liabilities:</strong></td>
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<td>Accounts payable and accrued expenses</td>
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<tr>
<td>Accrued wages and vacation payable</td>
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<tr>
<td>Accrued interest expense</td>
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<td>Estimated third-party settlements</td>
<td>$12,524,726</td>
<td>$12,307,816</td>
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<td>Current installments on long-term debt</td>
<td>$4,442,171</td>
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<td>Other current liabilities</td>
<td>$1,920,086</td>
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<td><strong>Total current liabilities</strong></td>
<td>$51,666,345</td>
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<td>Accrued pension liability</td>
<td>$9,508,732</td>
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<td>Post-retirement medical benefits</td>
<td>$4,193,430</td>
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<td>Professional liability reserves</td>
<td>$4,797,786</td>
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<td>Other noncurrent accrued liabilities</td>
<td>$2,847,664</td>
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<td><strong>Total other liabilities</strong></td>
<td>$21,347,612</td>
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<td><strong>Long-term debt:</strong></td>
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<td>Revenue bonds</td>
<td>$140,884,124</td>
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<td>Other</td>
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<td><strong>Total long-term debt</strong></td>
<td>$142,764,801</td>
<td>$114,375,941</td>
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<td><strong>Total liabilities</strong></td>
<td>$215,778,758</td>
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<td><strong>Net assets:</strong></td>
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<td>Unrestricted</td>
<td>$150,860,775</td>
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<td><strong>Total net assets</strong></td>
<td>$168,192,189</td>
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<td><strong>Total</strong></td>
<td>$383,970,947</td>
<td>$342,616,748</td>
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</table>
2006 Medical Staff

Allergy and Asthma
Jeanne E. Gose, M.D.
Paul J. Hannaway, M.D.
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<table>
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<tr>
<th>Department</th>
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<tr>
<td>Medicine</td>
<td>Jaymie Aqadaa, M.D.</td>
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<tr>
<td>Internal Medicine</td>
<td>Lorene A. Boll, M.D.</td>
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<tr>
<td>Infectious Disease</td>
<td>Omar Cheema, M.D.</td>
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<td>Hospitalist Program</td>
<td>Hyolm Chun, M.D.</td>
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<td>Intensivist Program</td>
<td>Hamid Golkari, M.D.</td>
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<td>Infertility/Reproductive Medicine</td>
<td>Shapi Haebel, M.D.</td>
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<td>Sashikanth Kodali, M.D.</td>
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<td>Alexey Makogonov, M.D.</td>
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<td>Intensive Care</td>
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<td>Midwifery</td>
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<td>Neonatal Medicine</td>
<td>Ivana Galic, M.D.</td>
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<td>Nephrology</td>
<td>Robert M. Canova, M.D.</td>
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<td>Mitchell S. Jacobson, M.D.</td>
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<td>Anne E. Jennings, M.D.</td>
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<td>Dipak Sheth, M.D.</td>
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<td>Mahesh Wadhwa, M.D.</td>
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<td>Neurology</td>
<td>Timothy R. Kellhber, M.D.</td>
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<td>Stephen R. LoVerme Jr, M.D.</td>
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<td>Konrad A. Mark, M.D.</td>
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<td>Raymond Kevin Ryan, M.D.</td>
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<td>Neurosurgery</td>
<td>Terence P. Doorly, M.D.</td>
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<td>William G. Hesey, M.D.</td>
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<td>Michael Medlock, M.D.</td>
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<td>Sydney N. Paly, M.D.</td>
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<tr>
<td>Obstetrics/Gynecology</td>
<td>Laurel A. Bauer, M.D.</td>
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<td>Dean A. Blas, M.D.</td>
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<td>Mary C. Boyd, M.D.</td>
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<td>Deborah A. Bradley, M.D.</td>
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<td>Natércia Luisa Kontudes, M.D.</td>
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<tr>
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<td>Oral Surgery</td>
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<td>Orthopedic Surgery</td>
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<td>John J. Boyle Jr., M.D.</td>
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