


annual report 2005 coming together



 Northeast  
Health System

**A** At Northeast Health System, we routinely  
combine competence with kindness,  
high-tech with “high-touch.” We offer our patients  
high-quality and compassionate care.

# W

We are very proud of a new book that chronicles the history of Beverly Hospital and the creation of Northeast Health System. Called *The Best Care Possible: From Beverly Hospital to Northeast Health System, 1888 – 2005*, the book recounts the organization’s growth and expansion through the decades, much of it in response to constantly changing medical knowledge and technology.

As you read the book, and as you walk through the halls of the many facilities that now comprise Northeast Health System, you can’t help but notice that one thing hasn’t changed: the high caliber of the physicians, nurses, and other health professionals who care for our patients and clients. Every day they demonstrate that competence and compassion are timeless, that the relationship between physicians and their patients and families is at the very heart of good medicine, and that community-based medicine is an enduring model that has stood the test of time.

As gratifying as it is to reflect on our past, we cannot do so at the expense of focusing on the future, and applying ourselves to the next set of evolutionary changes in medicine and in the delivery and financing of healthcare. Our renovations and expansion are the most visible elements of the changes we are implementing today. Inside the bricks and mortar are innovative new programs, processes and partnerships designed to better respond to the needs of our community and the demands of our marketplace.

This report includes examples of creative and productive collaborations that bring new and important benefits not only to our patients and clients, but also to our organization, our community, and our partners. Our collaborative spirit is also taking root in new and potentially exciting ways as we experiment with new forms of healthcare delivery and economic arrangements with our physicians. And there are also “bricks and mortar” changes on the horizon, such as the ambulatory services center we will open in Danvers in 2007 to meet a growing desire for more outpatient care sites.

Looking back over the past year, and the past century, it’s easy to see that our history and our future share one more common element: the generosity of our donors. We are pleased that this culture of philanthropy is growing even stronger as community members increasingly recognize the strength, the stability, and the value of our organization to the residents of the North Shore. To them, to our many volunteers, to our dedicated Board of Trustees, and to our tireless staff, we offer our gratitude and our pledge that we will continue to work toward assuring that our heritage of excellence will be our own legacy as well.



Stephen R. Laverty



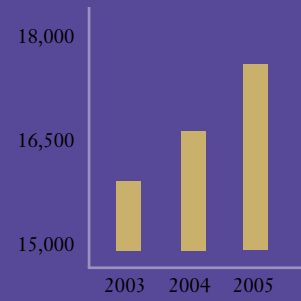
Henry J. Ramini, M.D.

Stephen R. Laverty  
President & Chief Executive Officer

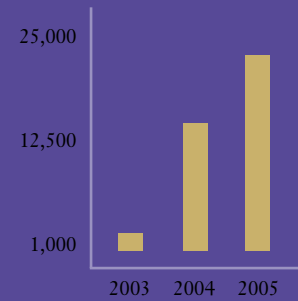
Henry J. Ramini, M.D.  
Chairman, Board of Trustees

community services

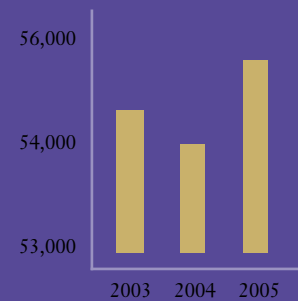
Northeast Health System is proud to provide our community with excellent healthcare. We continually work to understand and meet the needs of those we serve, and to constantly improve the care and service we provide.



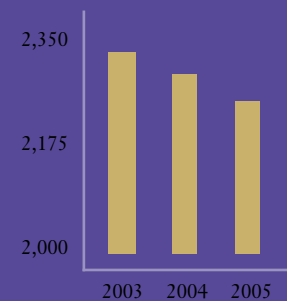
Total Admissions for Northeast Hospital Corporation



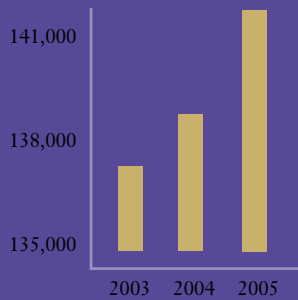
Total Lifestyle Management Institute Patients



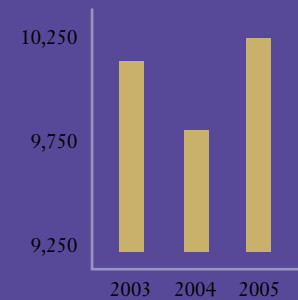
Total Emergency Department Visits for Northeast Hospital Corporation



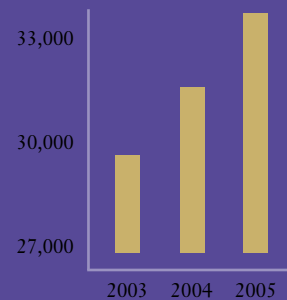
Total Number of Births at Beverly Hospital and the North Shore Birth Center



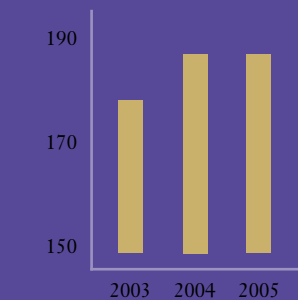
Total Northeast Hospital Corporation Outpatient Radiology Visits



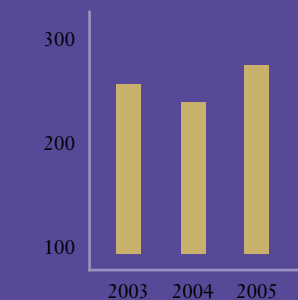
CAB Health & Recovery Services Clients Served  
*(Reduction in state/federal funding caused a reduction in services in 2004)*



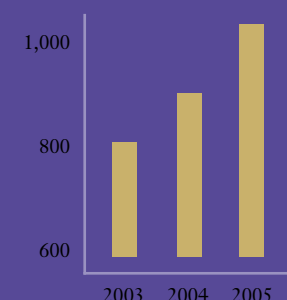
Health & Education Services Clients Served



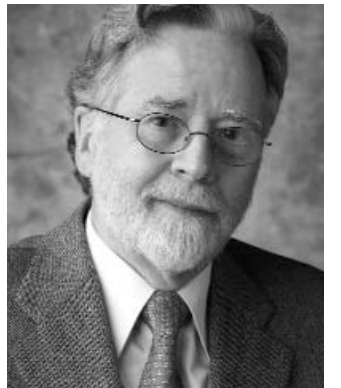
Alzheimer's Daycare Program Clients Served at Spectrum



Assisted Living Residents Served at The Herrick House and Heritage at Danvers



Long-Term Care Residents Served at Ledgewood & Seacoast



Augustine P. O'Keefe, M.D.

Those of us who choose healthcare as our life's work do so because we are drawn to a profession that enables us to help and to heal. But just as important as our commitment are the tools we use to do our work, and the colleagues with whom we collaborate. The dedicated healthcare professionals at Northeast Health System (NHS) are fortunate to have some of the best tools and technology at our disposal, as well as some of the most talented physician colleagues.

In addition to some new procedures profiled in this report — for example, our new electrophysiology capability for diagnosing and treating heart arrhythmias — we also have new specialists such as intensivists and hospitalists, who bring a high level of expertise to the care of critically ill and hospitalized patients, respectively. These are just a few examples of the ways in which medicine is changing, and the ways in which Northeast Health System brings services to the community that were once only available in large, mostly urban teaching hospitals.

This is an exciting time in medicine, and a particularly exciting time for the physicians at NHS. In cardiovascular care, for example, we are moving toward greater integration among cardiologists, vascular surgeons, and interventional radiologists, based on evolving treatments and technologies. The changes are vital and exciting, and require our skilled physicians to collaborate in new and more effective ways.

As we add new services and capabilities, we maintain our vigilant focus on patient safety at every level. We have a multi-tiered process that gives responsibility for different aspects of patient safety oversight to physicians, nurses, administration, and our Board of Trustees. A number of important committees with broad representation focus on safety and patient care, continually reviewing care processes, performance improvement initiatives, patient outcomes, and the implementation of best practices. As participants in the Campaign to Save 100,000 Lives, a nationwide effort that targets six preventable causes of hospital deaths, we are evaluating and addressing safety issues on many fronts.

Northeast Health System attracts new, highly skilled primary and specialty care physicians because of the caliber of our staff, our facilities, and our technology. Our medical staff is willing to explore and embrace new challenges, and bring new capabilities in-house whenever possible and appropriate. This is part of our commitment to our patients, one we are proud to uphold: to offer the best possible care to each and every patient, each and every day.

Augustine P. O'Keefe, M.D.  
President, Medical Staff

*When she was discharged from the Senior Adult Unit at Addison Gilbert Hospital, Rae Millbury, 76, had the help of a homecare nurse through NHS's North Shore PRN. Now she attends Spectrum Adult Day Health Program five days a week. "They keep her active," says her husband Bill. Another plus: Her visits to the Emergency Room have significantly decreased.*



Rae & Bill Millbury

Providing comprehensive services for seniors — including acute care, rehabilitation and long-term care, even home care — is a sound business strategy for Northeast Health System, creating multiple revenue streams. But the most important benefit is to the patients we serve and their families: the peace of mind of knowing that the care of an aging loved one is continually in good hands, no matter what level of care is required.

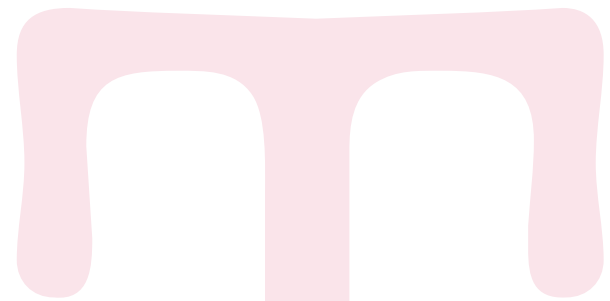
**Golden Opportunities.** For many aging patients, the end of a hospital stay doesn't always mean a return home. Sometimes an interim step is necessary, such as a stay in a skilled nursing facility or rehabilitation hospital.

For all patients, and especially for the elderly, moving from facility to facility, from one set of caregivers to another, and from one medical record system to a different one, can cause confusion, anxiety, and even gaps in care. For this reason, Northeast Health System (NHS) has worked hard to develop a complete continuum of care for aging patients, building figurative bridges among facilities, functions, and levels of care.

In a system the size of NHS, it is important to make sure everyone within the system knows the breadth of services available. "We've worked closely with our hospital case managers and social workers at both Beverly Hospital and Addison Gilbert Hospital," explains Cynthia Donaldson, administrative director of Seacoast Nursing and Rehabilitation Center, an affiliate of NHS located in Gloucester. "We have educated them about the extent of rehab and high-level care available within NHS." In addition to Seacoast, NHS operates Ledgewood Nursing and Rehabilitation Center (a joint venture with Kindred Healthcare) in Beverly, as well as two senior living facilities, Heritage at Danvers, and The Herrick House in Beverly.

Addison Gilbert Hospital's Senior Adult Unit in Gloucester offers a unique specialized setting specifically for the care of seniors in need of both medical and behavioral care. For Alzheimer's patients and others with dementia or related memory disorders, Beverly Hospital's Spectrum Program offers an adult day health program that provides socialization as well as regular physical and cognitive assessments. The Center for Healthy Aging, located in Danvers and Gloucester, is a multi-disciplinary outpatient clinic for seniors that offers a comprehensive array of primary and specialty care.

One big advantage of NHS's comprehensive system of care for seniors is that all staff work from the same medical record, and can access the patient's detailed medical history. "We offer complete care," says Donaldson, "including acute care, outpatient care, skilled nursing care, day care, and home care. We can care for patients in every setting. And we feel that when patients stay within our system there is better quality and better continuity of care."



**A Winning Combination.** This is the best kind of story, one in which everyone wins. And the most important winners aren't even in the story.

Leaders at several long-term care facilities affiliated with Northeast Health System (NHS) were challenged by the lack of qualified licensed practical nurses, or LPNs, available to care for patients. Leaders of the North Shore Community College (NSCC) LPN program were challenged by a shortage of teachers that kept them from admitting as many students into the program as they wanted, creating a perpetual waiting list.

When Laurie Roberto, MBA, heard about a group of long-term care facilities that created a joint program with a college, she had an "Aha!" moment. Roberto is executive director of Ledgewood Rehabilitation and Skilled Nursing Center (a joint venture of NHS and Kindred Healthcare). Together with Seacoast Nursing and Rehabilitation Center, another NHS affiliate, and Lifecare Center of the North Shore, Ledgewood formed the North Shore Long Term Care LPN Alliance and began to work with leaders at NSCC.

The Alliance secured a Massachusetts Workforce Training Fund grant and collaborated with the college to create a new joint LPN program, with some experienced Alliance nurses taking positions as part-time clinical instructors. Certified nursing assistants from several North Shore nursing centers enrolled in the two-year, part-time program.

"In the first class there were four students from Ledgewood and three from Seacoast," says Roberto. All but one finished the program, graduating in June 2005, along with eight others. Because of the close collaboration between the nursing facilities and the college, Roberto says the curriculum included complexities of regulations, reimbursement, documentation, and other issues specific to the long-term care industry.

Donna Lampman, MSN, RN, department chair of practical nursing at NSCC, says the partnership is valuable to the college because it increases student enrollment and more people become aware of the LPN program. "This is really an opportunity for the whole North Shore healthcare community," she says. "The college is fulfilling its mission. The long-term care facilities are supporting their employees, and gaining more skilled employees. It's a great relationship."

So everyone wins: the long-term care facilities, the college, and the students who gain new skills and higher-level jobs. But perhaps the biggest winners of all are the patients whose care these new nurses will deliver.



*Denisse Gonzalez worked full-time at Ledgewood as a Certified Nursing Assistant III while she attended the NSCC LPN program part-time. "It was difficult, especially being a single mother," she says. "But I was so grateful for the opportunity to go up the ladder. I can do so much more for my patients now." Her son Carlos, 9, says his mom is his hero.*

Vacancy rates for Licensed Practical Nurses in Massachusetts long-term care facilities hover around 12 percent, part of a larger nursing shortage. Part-time LPN programs such as the one created jointly by The North Shore Long-Term Care LPN Alliance and North Shore Community College help solve that problem by offering entry-level healthcare workers the opportunity to train for more skilled jobs while working.



Philanthropic support for Northeast Health System has grown stronger in recent years, making possible the development of important new programs and services. In a fiscally tight healthcare marketplace, operational revenues cannot always fund “extras” such as renovations, expansions, or innovative new services. Charitable contributions have and must continue to fund these and other efforts to continually provide the community with Care YOU Deserve.



*When it comes to deciding how to invest their philanthropic dollars, the Trusteys weigh several factors. “What we look for as investors is a great management team and a company with a great niche in its business,” says Joe Trustey. “We’ve been very impressed with everybody we’ve come across at Northeast Health.”*

Kris, Joe, Caroline, A.J., Claire & Anna Trustey and their dog Charlie

**Generous Helping.** With four children under the age of 14 and all the demands of a challenging career, Joe and Kris Trustey of Wenham would be excused if they kept their community activities to a minimum. But for the Trusteys, community involvement — including philanthropic support for Northeast Health System — is as central to their lives as family and business.

“We believe it is important to volunteer in our community,” says Kris Trustey, who is treasurer of the Hamilton-Wenham Education Fund and active in local schools, and her church, in addition to chairing her college’s class reunion gift campaign. These pursuits come in addition to supporting the activities of the Trustey children: A.J., 13, Caroline, 11, Anna, 8, and Claire, 4.

A managing partner at Summit Partners, a leading private equity firm, Joe Trustey is also on the board of St. John’s Preparatory School and chairman of the board of the Essex County Community Foundation, which generates support for non-profit organizations throughout Essex County. Joe has also raised money for health-related causes by participating in the Pan Mass Challenge and various triathlons.

“We’ve always felt strongly about Beverly Hospital,” says Kris. “All four of our children were born there, and we’ve spent a lot of time in the Emergency Room for everything from stitches to asthma to broken bones.” Kris also notes the value of Northeast Health System’s alliance with Children’s Hospital Boston. “When one of our daughters was younger, she required some surgery at Children’s. Having that link between the two institutions was huge for us.”

Recently, the Trusteys made a leadership commitment to Northeast Health Foundation’s Care YOU Deserve campaign. “We believe in donating locally, and healthcare has always been an area of our philanthropic interest,” explains Joe. The Trusteys feel that a contribution to the Care YOU Deserve campaign is a contribution to the quality of life on the North Shore. “When families with kids are evaluating communities, the first two things they look for are the quality of the schools and the quality of healthcare,” says Joe. “With the modernization of Beverly Hospital, we have a first-class healthcare facility to rival anything in any suburban Boston community.”



*At 83, Walter Coyle keeps busy, volunteering for a health-related foundation and guiding tours of the USS Constitution. Blessed with his own iron constitution, his first hospital stay was at 80, after a heart attack. After his second heart attack he had a defibrillator implanted, the second patient to undergo the procedure in Beverly Hospital's new EP lab. "I couldn't ask for better care," he says.*

**Productive Partnerships.** The maxim that "the only constant is change" is especially true in healthcare. Medical and scientific breakthroughs, new techniques and technology, and the changing needs of patients all mean that healthcare organizations can't stand still. At Northeast Health System (NHS), change is a way of life.

"This is an exciting time for us," says Peter Short, M.D., senior vice president of medical affairs. He rattles off a long list of new or planned initiatives, from new clinical programs to renovations at Beverly Hospital. Continually changing and growing and improving, he says, and finding better ways of meeting the community's needs, "is what separates the great hospitals from the good ones."

Through its strategic partnerships with other highly respected hospitals, NHS brings new capabilities in-house. Partnerships such as those with Children's Hospital Boston and Beth Israel Deaconess Medical Center (BIDMC) have enabled the hospital to bring top-notch specialty care to the North Shore without reinventing the wheel.

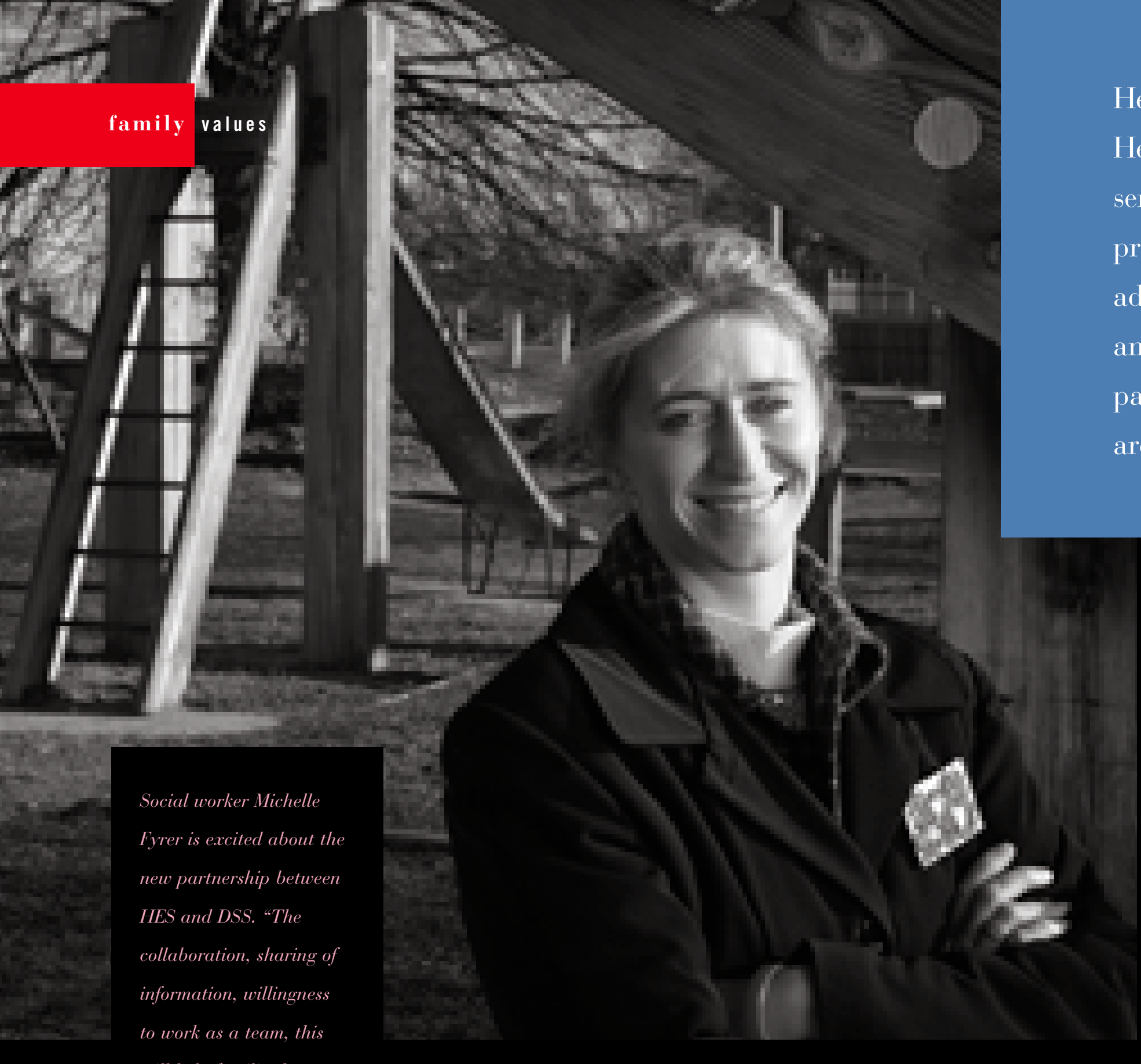
Now, through a joint effort between Beverly Hospital and Lahey Clinic in cardiac services, Beverly Hospital has brought electrophysiology (EP) services in-house for diagnosing heart arrhythmias and treating them by implanting a biventricular pacemaker or implantable defibrillator.

"Our partnership with Lahey brings in new skills and tools that allow our cardiologists to perform state-of-the-art interventional procedures, close to home," says Robert J. Rokowski, M.D., F.A.A.C., F.A.C.P., chief of cardiology at Beverly Hospital. Plans are also underway to add acute angioplasty capabilities in the spring of 2006.

Through an expansion of its ongoing relationship with BIDMC in the department of OB/GYN, Beverly Hospital is also offering expanded capabilities in gynecological oncology. Young B. Kim, M.D., director of the division of gynecological oncology at BIDMC is regularly available at Beverly Hospital to assist with advanced surgical procedures for certain types of cervical, uterine, and ovarian cancers, cases that previously would have been referred directly to BIDMC. "The program is a plus, because we are keeping patients here, and we have a professor of gynecological oncology to help us," says Jonathan Schreiber, M.D., chair of the department of obstetrics and gynecology at Northeast Hospital Corporation.

The physician practices affiliated with Beverly Hospital also continued to attract new primary care physicians, including David Blom, M.D., an experienced internist who has had his own practice for many years. Dr. Blom says he joined the hospital's medical staff because he was "impressed by the technology, the nursing, the physical plant, the range of new services they are bringing in, and the good relationship between the physicians and the hospital."

NHS is committed to continued investment in and delivery of high-quality medical services, as well as behavioral health and human services that improve the overall health and well-being of entire communities. But providing top-quality care means more than just meeting high standards of care. It means evaluating and expanding the range of services available to the community, and finding creative, cost-effective new ways to meet patients' needs.

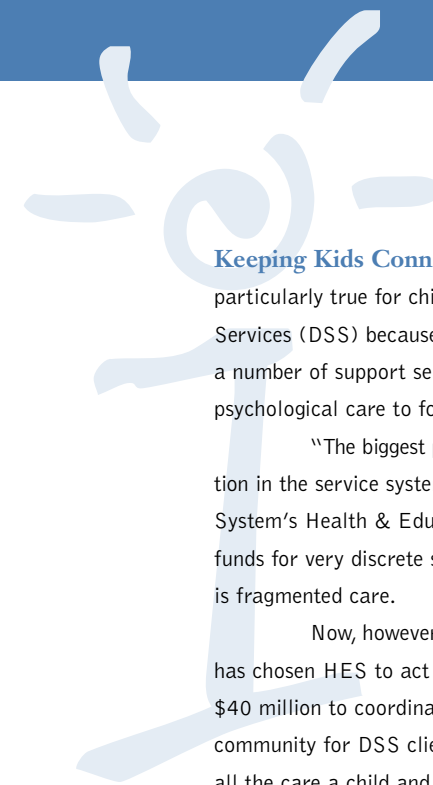


*Social worker Michelle Fyrer is excited about the new partnership between HES and DSS. "The collaboration, sharing of information, willingness to work as a team, this will help families be more successful," she says.*

*"We want to empower families not to need our help, but when they do, we will make sure they get it."*

Michelle Fyrer

Health & Education Services, Inc. (HES), part of Northeast Health System, is one of the largest behavioral health and social services networks in the Commonwealth of Massachusetts. HES provides behavioral health and substance abuse treatment in addition to services for victims of crime and loss, the homeless and those suffering with HIV/AIDS. Primary prevention, outpatient treatment, emergency care and residential placement are also part of the HES continuum.



**Keeping Kids Connected.** It really can take a village to raise a child. This is particularly true for children in the care of the Massachusetts Department of Social Services (DSS) because of abuse or neglect. For these children and their families, a number of support services are brought into play, ranging from medical and psychological care to foster care or residential placement.

"The biggest problem has been a lack of sufficient coordination and collaboration in the service system," says Paul O'Shea, president and CEO of Northeast Health System's Health & Education Services, Inc. (HES). "Typically the state gives out funds for very discrete services through separate contracts." Often, he says, the result is fragmented care.

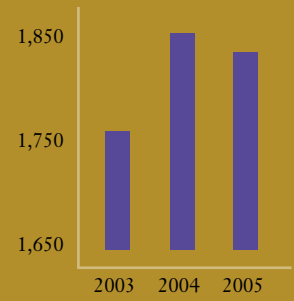
Now, however, all that is changing. Inaugurating a new model of care, DSS has chosen HES to act as the lead agency for much of the North Shore, giving it \$40 million to coordinate the purchase of family-based wraparound services in the community for DSS clients, as well as residential care. "It's our job to coordinate all the care a child and his or her family need," says O'Shea. This can range from a place to live to oil assistance or a YMCA pass.

Not only is the structure of the program changing, but so are the goals. "The goal is family reunification and family permanency," says O'Shea. Historically children who cannot live at home have been placed in residential programs, "sometimes for years," says O'Shea. And while this is still necessary in some cases, "Now we do everything we can to avoid out-of-home placements and keep these kids with family," he says. That might mean living with a relative or even a foster family. But the point is, says O'Shea, that "they will do better if they are able to stay in the community."

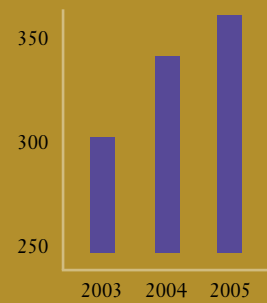
Social worker Michelle Fyrer, director of Family Networks in Lynn, manages all DSS-related services for HES in the Lynn area. She says that this model enables greater continuity and coordination with the family. "When kids are placed out of the home, sometimes there are no family visits for weeks. That's not good for anyone." Under the new scenario, she says, "families are involved from the beginning and there is a plan in place from the start to support the goal of reunification."



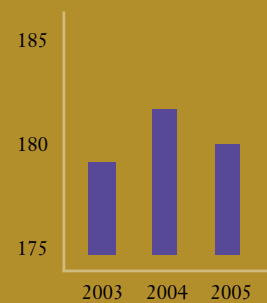
*It is our exceptional staff and volunteers  
who make Northeast Health System successful.  
Top-notch professionals want to work here  
because of our continual focus on quality  
and our dedication to community-based services.*



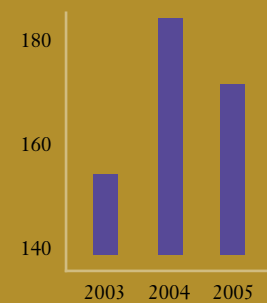
Beverly Hospital Total Employees



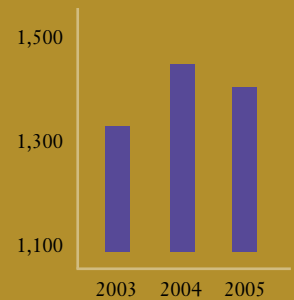
Addison Gilbert Hospital Total Employees



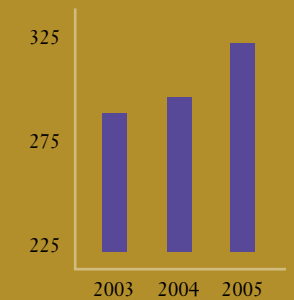
BayRidge Hospital Total Employees



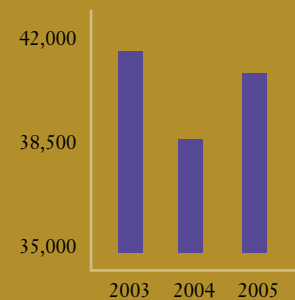
Beverly Hospital Hunt Center Total Employees



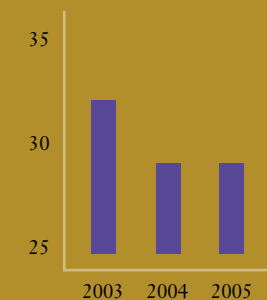
Health & Education Services Total Employees



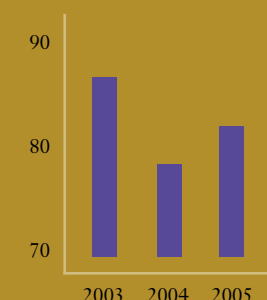
CAB Health & Recovery Services Total Employees



Volunteer Hours Total



Northeast Physician Practice Total Employees



Northeast Medical Practice Total Employees

**Addison Gilbert Hospital and Beverly Hospital**

- Northeast Hospitals received accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). JCAHO is an independent standard-setting and accrediting body dedicated to continuously improving the safety and quality of the nation's healthcare through voluntary accreditation. Northeast Hospitals earned the Joint Commission's Gold Seal of Approval for achieving greater than 95 percent compliance with national standards.
- Beverly and Addison Gilbert hospitals were designated as Primary Stroke Service Hospitals by the Massachusetts Department of Public Health (DPH). The designation means that the hospitals have successfully met the criteria required to provide a high level of stroke care to patients. It also shows the commitment to improving the care and outcomes for stroke patients.
- Beverly Hospital implemented a program to upgrade its fire alarm system to a new technology that allows for wireless signaling and communication with the City of Beverly Fire Department. The hospital collaborated with the City of Beverly by funding the main receiver system and its installation at the fire department's communications center. The cost of the donated equipment, installation and associated engineering total nearly \$100,000.
- Northeast Health System awarded its first The Board of Trustees' Philip D. Herrick Award at the 2005 Annual Meeting, honoring physician excellence and community commitment, to Ronald Newman, M.D. Dr. Newman is a member of the Beverly and Addison Gilbert hospitals medical staff and Director of the Hospitalist Service.

- Beverly Hospital and Lahey Clinic together designed the Heart Health Connection to bring coordinated and complete cardiac care to residents of the North Shore. By combining the longstanding cardiac tradition of the two healthcare organizations, the Heart Health Connection delivers everything from innovative prevention and risk reduction programs to diagnostic and life-saving critical care services.
- Beverly Hospital implemented a team of board-certified intensivists from Lahey Clinic to oversee and care for critically ill patients in Beverly Hospital's 12-bed Intensive Care Unit (ICU). This collaboration further enhances the level of tertiary services available in the community and better serves the critical care needs of patients on the North Shore.
- Beverly Hospital opened a free patient and visitor parking garage. The four-story, 405-space garage is one of the most visible projects within the \$50 million master facilities plan underway at Beverly Hospital.
- Beverly and Addison Gilbert hospitals' medical staff awarded two scholarships, each in the amount of \$1,000. The scholarships were awarded to Kathleen Maney of Ipswich, MA, and Danielle Visone of Middleton, MA. Each year, the medical staff awards \$2,000 in scholarships to a student or students in the hospitals' primary care service area.
- Each year, Proctor & Gamble Pharmaceuticals honors nurses from around the country who demonstrate extraordinary clinical competence and patient care practices. Proctor & Gamble named Beverly Hospital nurse Pat Mullen, RN, as a recipient of the company's Gastrointestinal Nurse of the Year award. Beverly Hospital is one of several hospitals throughout the country to receive this award.

- Thomas M. Seman, M.D., a pediatrician on the medical staff at Beverly Hospital and North Shore Pediatrics, was named one of Boston's top doctors by *Boston Magazine*. In the February 2005 issue of *Boston Magazine* dedicated to health topics, top doctors were picked in the areas of Obstetrics, Chiropractics, Radiology/Oncology, Pediatrics, Sports Medicine, Dermatology, Orthopedics, Otolaryngology, Cardiology, Gastroenterology, Dentistry, and Internists.
- Addison Gilbert Hospital's Senior Adult Unit received an Official Senate Citation in celebration of the unit's one year anniversary. The unit is designed specifically to provide behavioral healthcare services for the senior community.
- The Beverly Hospital Lifeline Program reached more than 2,000 subscribers in FY 05, up from 1,990 in FY 04.

**BayRidge Hospital and Inpatient Behavioral Health Services**

- Beverly Hospital's Leland psychiatric unit and BayRidge Hospital each expanded their beds to provide increased utilization and access to care for patients.
- BayRidge Hospital received accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
- The consolidation of the Department of Mental Health licensure for the Leland unit and BayRidge Hospital reflects the successful coordination and integration of care and integration of clinical standards of the two services.

**North Shore Birth Center**

- The North Shore Birth Center was awarded a Certificate of Accreditation by The Commission for the Accreditation of Birth Centers (CABC). The Certificate symbolizes the excellence the North Shore Birth Center has achieved in providing quality care to childbearing families.
- The North Shore Birth Center celebrated 25 years of providing women's health services. Since opening its doors in 1980, the Certified Nurse Midwives of the North Shore Birth Center have not only delivered nearly 6,000 babies, but have provided many of those "babies" with well woman care, gynecological care, family planning, educational classes and support groups.

**Northeast Physician Hospital Organization (PHO)**

- Northeast Physician Hospital Organization (NEPHO) was recognized by Harvard Pilgrim Health Care (HPHC) by being named to the 2005 Physician Group Honor Roll in recognition of outstanding commitment to high-quality care. This is the third year in a row that the NEPHO physicians have been recognized by HPHC. The HPHC's "Quality Honor Roll" award is given to physician groups and healthcare systems that achieve the top performance level on a series of clinical quality measures.

- Northeast Physician Hospital Organization (NEPHO) was presented with a Nesson Award for Innovation from Partners Community HealthCare, Inc. (PCHD). The award recognized the NEPHO's electronic medical record (EMR) program. EMRs replace paper records and afford physicians and offices a way to improve the efficiency, quality and safety of patient care.

- Fifteen of Northeast Physician Health Organization (NEPHO) physicians were rated as 2005 Best Practices physicians by Tufts Health Plan. Physicians of Garden City Pediatric Association in Beverly, North Shore Pediatrics in Beverly and Leonard Horowitz, M.D., a family practitioner, were designated as Best Practices physicians. The designation was based on the use of Navigator by Tufts Health Plan, which tiers member copayments based on which tier the hospital service area falls into. The ranking was based on a combination of quality, patient satisfaction and cost efficiency.

**Long-Term Care**

- The North Shore Long-Term Care LPN Alliance, a collaborative effort between Ledgewood Rehabilitation and Skilled Nursing Center, a joint venture of Northeast Health System and Kindred Healthcare, Seacoast Nursing and Rehabilitation Center, a Northeast Health System affiliate, and Life Care Center of the North Shore, honored 14 graduates for successfully completing the Practical Nursing Program at North Shore Community College.
- Ledgewood Rehabilitation and Skilled Nursing Center received accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

**CAB Health & Recovery Services, Inc.**

- CAB Health & Recovery Services was one of four agencies statewide awarded Department of Public Health funding to launch a residential treatment program for teens. The program is now operating in Danvers.
- CAB Health & Recovery Services was one of nine agencies selected for a grant from the Massachusetts AIDS Partnerships for outreach to young women in the sex-trade industry on the North Shore.
- CAB Health & Recovery Services Essex County Drug Court was the featured agency at the North Shore United Way Annual Meeting and Breakfast 2004.
- CAB Health & Recovery Services no-cost booklet, "Could we do this better? Improving Business Processes at a Substance Abuse Agency" is featured among the "Best Practices and Case Studies" at Niatx, The (National) Network for the Improvement of Addiction Treatment.
- CAB Health & Recovery Services was awarded a Center for Disease Control grant for prevention case management to homeless women at high risk for HIV/AIDS.

**Health & Education Services, Inc**

- Health & Education Services (HES) was awarded four major contracts with the Department of Social Services (DSS) to provide family-based wraparound services to several communities in the area. HES was chosen as the Lead Provider Agency in Haverhill, Cape Ann and Lynn as well as being chosen as the Regional Resource Center for the entire Northeast region.

- Health & Education Services was awarded a \$20,000 grant from Blue Cross Blue Shield of Massachusetts Foundation (BCBSMA Foundation) for its work with MassHealth and uninsured patients.
- Health & Education Services received accreditation from The Commission on Accreditation of Rehabilitation Facilities for a three year period for its Opiate Addiction Treatment program located on the campus of Addison Gilbert Hospital.
- Health & Education Services received the following funding: \$61,000 from the North Shore United Way; \$5,000 from The North Shore/Cape Ann Community Health Network; \$1,500 from The Forest Foundation; \$1,000 from The Andrew Preston Charitable Foundation; and \$25,000 from The Eleanor Cray Cottle Charitable Trust.
- Health & Education Services negotiated converting Department of Mental Health (DMH) residential bed money into a new DMH adolescent mentoring and respite care service covering the whole Northeast area.
- Health & Education Services' North Star Adventure program was awarded Department of Mental Health (DMH) contracts to deliver experiential education in several sites across the Northeast in partnership with local YMCA's and Boys and Girls Clubs to serve DMH youth.
- Health & Education Services' Children's Connection program was awarded a contract by MBHP to deliver a Transitional Care Unit residential service. This service is a step-down bed for youth in hospital beds awaiting permanency placement who no longer need to be in a hospital setting.

**Northeast Health System, Inc.**

**Combined Statements of Operations: Years ended September 30, 2005 and 2004**

	2005	2004
<b>Unrestricted revenue and other support:</b>		
Net patient service revenue	\$309,782,988	\$283,273,462
Other revenue	\$12,070,015	\$12,070,552
Net assets released from restrictions used for operations	\$791,391	\$883,500
<b>Total unrestricted revenue and other support</b>	<b>\$322,644,394</b>	<b>\$296,227,514</b>
<b>Expenses:</b>		
Salaries and wages	\$146,222,612	\$131,782,275
Physician salaries and fees	\$17,678,625	\$16,291,146
Fringe benefits	\$33,384,084	\$29,918,117
Supplies and contracted services	\$96,553,017	\$86,084,133
Uncompensated care pool assessment	\$2,900,229	\$2,498,007
Provision for bad debts — net	\$8,804,020	\$7,806,375
Depreciation and amortization	\$14,030,298	\$12,370,133
Interest	\$3,641,529	\$3,772,960
<b>Total expenses</b>	<b>\$323,214,414</b>	<b>\$290,523,146</b>
<b>(Loss) Income from operations</b>	<b>(\$570,020)</b>	<b>5,704,368</b>
<b>Nonoperating gains – Net</b>	<b>\$2,823,957</b>	<b>\$3,481,696</b>
<b>Excess of revenue and gains over expenses</b>	<b>\$2,253,937</b>	<b>\$9,186,064</b>
<b>Other changes in unrestricted net assets:</b>		
Net assets released from restrictions for purchase of property, plant and equipment	\$217,906	\$57,599
Minimum pension liability adjustment	(\$2,693,833)	\$5,105,518
Change in net unrealized gains and losses on investments	\$6,996,632	\$4,840,856
<b>Total other changes in unrestricted net assets</b>	<b>\$4,520,705</b>	<b>\$10,003,973</b>
<b>Change in unrestricted net assets</b>	<b>\$6,774,642</b>	<b>\$19,190,037</b>

**Northeast Health System, Inc.**

**Combined Balance Sheet: Years ended September 30, 2005 and 2004**

<b>Assets</b>	<b>2005</b>	<b>2004</b>	<b>Liabilities and net assets</b>	<b>2005</b>	<b>2004</b>
<b>Current assets:</b>			<b>Current liabilities:</b>		
Cash and cash equivalents	\$12,923,364	\$21,881,427	Accounts payable and accrued expenses	\$16,415,147	\$17,412,822
Patient receivables, less allowance for uncollectible accounts of \$6,343,000 in 2005 and \$5,458,000 in 2004	\$35,575,078	\$31,990,249	Accrued wages and vacation payable	\$13,636,165	\$12,481,711
Current portion of assets whose use is limited or restricted	\$1,283,324	\$1,166,297	Accrued interest expense	\$283,306	\$488,592
Supplies at cost	\$4,572,104	\$4,058,716	Estimated third-party settlements	\$12,307,816	\$14,140,415
Prepaid expenses and other current assets	\$7,371,048	\$6,402,792	Current installments on long-term debt	\$4,860,546	\$4,144,940
			Other current liabilities	\$2,017,067	\$950,552
<b>Total current assets</b>	<b>\$61,724,918</b>	<b>\$65,499,481</b>	<b>Total current liabilities</b>	<b>\$49,520,047</b>	<b>\$49,619,032</b>
<b>Assets whose use is limited or restricted:</b>			<b>Other liabilities:</b>		
Board designated investments	-	\$3,680,393	Pension liability	\$13,781,241	\$11,843,149
Assets held in Captive	\$2,436,732	-	Post-retirement medical benefits	\$4,657,989	\$5,569,783
Assets held by trustee under bond indenture agreements	\$21,607,496	\$4,520,157	Estimated malpractice costs	\$3,425,131	\$855,000
Donor-restricted assets for specific purposes	\$8,898,001	\$7,670,149	Other noncurrent accrued liabilities	\$804,050	\$1,736,162
Donor-restricted assets for permanent endowment	\$6,248,570	\$6,246,098			
<b>Total assets whose use is limited or restricted</b>	<b>\$39,190,799</b>	<b>\$22,116,797</b>	<b>Total other liabilities</b>	<b>\$22,668,411</b>	<b>\$20,004,094</b>
<b>Property, plant and equipment – Net</b>	<b>\$139,781,019</b>	<b>\$116,881,994</b>	<b>Long-term debt:</b>		
<b>Other assets:</b>			Revenue bonds	\$112,272,149	\$76,906,174
Unamortized financing costs	\$4,645,318	\$2,144,922	Other	\$2,103,792	\$3,302,050
Long-term investments	\$82,213,861	\$75,308,478	<b>Total long-term debt</b>	<b>\$114,375,941</b>	<b>\$80,208,224</b>
Other noncurrent assets	\$15,060,833	\$14,993,125	<b>Total liabilities</b>	<b>\$186,564,399</b>	<b>\$149,831,350</b>
<b>Total other assets</b>	<b>\$101,920,012</b>	<b>\$92,446,525</b>	<b>Net assets:</b>		
			Unrestricted	\$139,776,855	\$133,002,213
<b>Total</b>	<b>\$342,616,748</b>	<b>\$296,944,797</b>	Temporarily restricted	\$10,026,924	\$7,865,136
			Permanently restricted	\$6,248,570	\$6,246,098
			<b>Total net assets</b>	<b>\$156,052,349</b>	<b>\$147,113,447</b>
			<b>Total</b>	<b>\$342,616,748</b>	<b>\$296,944,797</b>

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Paul J. Hannaway, M.D.  
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**Anesthesiology**

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Emma L. Cataldi, M.D.  
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Charles Ho, M.D.  
Jonathan G. Jaques, M.D.  
Frederick D. Kuemmerle, M.D.  
Michael A. Natale, M.D.  
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**Cardiology**

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Francis X. Cleary, M.D.  
S. Lawson Derby, M.D.  
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Bruce G. Hook, M.D.  
Roy M. John, M.D.  
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Lance A. Larsen, M.D.  
David T. Martin, M.D.  
Gregory F. Michaud, M.D.  
Mario E. Motta, M.D.  
Richard William Nesto, M.D.  
David L. Rabin, M.D.  
David J. Roberts, M.D.  
Robert J. Rokowski, M.D.  
David E. Schwartz, M.D.

**Clinical Nutrition**

Brenda E. Richardson, M.D.

**Dermatology**

Kristina Cicoria, M.D.  
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Ellen Lacomis, M.D.  
Mark A. Lewis, M.D.  
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Hans E. Von Weiss, D.O.

**Emergency Medicine**

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Saul Cohen, M.D.  
Kenneth R. DeVellis, M.D.  
Stephen Friedman, M.D.  
Shamai A. Grossman, M.D.  
Theodore Guldemond, D.O.  
Robert Carter Hall, M.D.  
Hamilton R. Hayes, M.D.  
John Kierans, M.D.  
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Kirsten Malsnee, M.D.  
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Donald Alan Pasquarello, M.D.  
David A. Rideout, M.D.  
Stephen A. Schillinger, D.O.  
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Sandra Wozniak, M.D.

**Endocrinology**

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**Family Practice**

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Mark E. Allara, M.D.  
Spencer R. Amesbury, M.D.  
Alexander Angelov, M.D.  
Steven A. Barrett, M.D.  
Gregory Bazylewicz, M.D.  
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Cherylyn Black, M.D.  
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Alain Chaoui, M.D.  
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Gail L. Ellis, M.D.  
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Leonard M. Horowitz, M.D.  
Aimee Hromadka, M.D.  
Kristina G. Jackson, M.D.  
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Harlow F. LaBarge, M.D.  
Andrew S. Lenhardt, M.D.  
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Thomas S. Pearce, M.D.  
Bruce W. Smith, M.D.  
Richard L. Smith, M.D.  
Hugh M. Taylor, M.D.  
Andrew Ting, M.D.  
Tina Waugh, M.D.

**First Assistant/OB/Gyn**

Charles Blander, M.D.  
Sharadchandra Chitre, M.D.

**First Assistant/Surgery**

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Peter B. Germond, M.D.  
Kenneth W. Gregg, M.D.  
Chandrakant Patel, M.D.  
Robert Sloane, M.D.

**Gastroenterology**

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Michael DeMarkles, M.D.  
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Martin Hahn, M.D.  
Lewis L. Kramer, M.D.  
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Michael G. Newman, M.D.

**General Surgery**

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John Thomas Dooley, M.D.  
Henry A. Frissora, M.D.  
Mayo Johnson, M.D.  
Thomas W. Johnson, M.D.  
George P. Kacoyanis, M.D.  
Susan V. Karol, M.D.  
Randolph D. Maloney, M.D.  
Carol Naranjo, M.D.  
David F. Smail Jr., M.D.  
Edward Splaine, M.D.

**Gerontology**

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Keith Champney, M.D.  
Kevin J. Ennis, M.D.  
Neil N. Mann, M.D.

**Gynecology**

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Linda Duska, M.D.  
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**Hospitalist Service**

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Negin Hajizadeh, M.D.  
Eric B. Hatton, M.D.  
Alexey Makogonov, M.D.  
Elias Massoud, M.D.  
David Nazemi, M.D.  
Ronald Newman, M.D.  
Eric Reines, M.D.  
Angel Tsai, M.D.

**Infectious Disease**

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**Infertility/Reproductive Medicine**

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Joseph A. Hill, M.D.  
John M. Murphy, M.D.  
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**Internal Medicine**

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Adrienne Bradley, M.D.  
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Christopher Gill, M.D.  
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Carl Erik Johnson, M.D.  
Zaven E. Jouhourian, M.D.  
William D. Kenyon, M.D.  
Thomas J. Lapine, M.D.  
James Maguire Jr., M.D.

Nathalie Majorek, M.D.  
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Cynthia Lynn Mazzoni, M.D.  
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**Midwifery**

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**Nephrology**

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Emma Massicotte, M.D.  
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Hugh M. O'Flynn, M.D.  
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Richard M. Ozuna, M.D.  
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Jeffrey A. Polansky, M.D.  
Sherwin H. Ritter, M.D.  
Jeremy M. Shore, M.D.  
John Byron Sledge III, M.D.  
David P. St. Pierre, M.D.  
John F. Tilzey, M.D.  
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**Otolaryngology**

**Ear, Nose and Throat**

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James L. Demetroulakos, M.D.  
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Terry J. Garfinkle, M.D.  
John G. Hernandez, M.D.  
Charles J. Leidner, M.D.  
Richard E. Mugge, M.D.  
Anna Petropoulos-Weissleder, M.D

**Pain Management**

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William G. Heisey, M.D.  
Charles Ho, M.D.  
Jonathan G. Jaques, M.D.  
John V. Zipper, M.D.

**Palliative Care**

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**Pathology**

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