Saint Mary's Health System, Inc.

&

Tenet Healthcare Corporation's

Certificate of Need Application

Completeness Responses

October 1, 2014

Saint Mary's

tenet HEALTH

October 1, 2014

VIA HAND DELIVERY

Office of the Attorney General
55 Elm Street, P.O. Box 120
Hartford, CT 06141-0120
Attn.: Gary W. Hawes, Esq., Assistant Attorney General

Office of Health Care Access, Department of Public Health
410 Capitol Avenue
Hartford, CT 06134
Attn.: Steven W. Lazarus

RE: Application of Saint Mary's Health System, Inc.'s and Tenet Healthcare Corporation for Transfer of Assets, OAG Docket No. 14-486-02 and OHCA Docket No. 14-31927-486

Dear Attorney Hawes and Mr. Lazarus:

Saint Mary's Health System, Inc. ("Saint Mary's") and Tenet Healthcare Corporation ("Tenet") hereby submit the attached Completeness Responses and related Exhibits as requested in your letter dated September 26, 2014. The original, six (6) hard copies and (3) electronic copies of this filing will be hand delivered to Mr. Lazarus' office. Two (2) hard copies and one (1) electronic copy will be hand delivered to Attorney Hawes' office.

Please contact us if you have any questions or need anything further. Thank you for your assistance in this matter.

Very truly yours,

BROWN RUDNICK LLP

Robert J. Anthony

Pullman & Comley LLC

Collin P. Baron

Enclosures

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STATE OF CONNECTICUT
Office of the Attorney General
Department of Public Health, Office of Health Care Access

SAINT MARY'S HEALTH SYSTEM, INC. and TENET HEALTHCARE CORPORATION	:	
DOCKET AG No. 14-486-02 and OHCA Docket No. 14-31927-486	:	**October 1, 2014**

RESPONSES TO COMPLETENESS QUESTIONS

In response to the Completeness Questions sent out by the Office of the Attorney General and the Department of Public Health's Office of Health Care Access dated September 26, 2014, the Applicants submit the following Responses:

Qualifications and Experience

1. **Identify the six health plans owned by Tenet, the markets in which they conduct business and provide evidence of the safeguards that are in place to avoid a conflicts of interest between these business and patient referrals to Tenet owned hospitals.**

   Tenet owns and operates six licensed health plans. The names of the plans and states in which they are located are as follows:

   Allegian Health Plan, Texas
   Chicago Health System Plan, Illinois
   Golden State Health Plan, California
   Harbor Health Plan, Michigan
   Phoenix Health Plan (Medicaid), Arizona
   Phoenix Health Plans (Medicare Advantage), Arizona

   In order to safeguard against conflicts of interest between these businesses and patient referrals to Tenet-owned hospitals, with the exception of Allegian Health Plan, all plans are open network plans (i.e., non-exclusive plans). As such, physicians and patients are free to choose where care will be provided. Allegian Health Plan offers an HMO product in our Valley Baptist network, which provides cost advantages to members who use a defined network, which includes the Valley Baptist hospitals. However, the defined network approach is a typical HMO model, that the members ultimately have full control over provider selection.

2. Identify the 11 other accountable care networks ("ACOs"), besides the Detroit Medical Center Pioneer ACO, owned and operated by Tenet, the markets in which they operate and provide evidence of how these ACOs have improved quality and lowered the cost of health care for patients and third-party payers.

As many other hospital organizations have developed ACOs over the past few years, we have operational ACOs in the following markets. Those with an asterisk denote a Medicare Shared Savings Program ACO.

- Philadelphia, PA
- Boston, MA *
- Atlanta, GA
- South Florida
- Chicago, IL *
- San Antonio, TX *
- El Paso, TX
- Houston, TX
- Phoenix, AZ *
- Orange Co, CA*
- Modesto CA

Tenet ACOs hold six agreements with CMS; one Pioneer ACO in Detroit and five MSSP ACOs. Additionally, Tenet has a growing portfolio of private sector ACO arrangements, including agreements with some of the largest Blue Cross plans in the nation; IBC, Florida Blue, Blue Shield of CA. Our Statewide ACO agreement with Blue Cross Blue Shield of Texas is expected to be effective as of January 1, 2015. Tenet has more than 50 value-based ACO agreements in place, including a growing number with national and regional payers. Tenet prides itself on the ability to work within the value-based payment models designed by each payer. While there are similarities among them, each payer has a unique structure to their ACO programs. We submit that Tenet's flexibility on design and structure of ACOs has positioned Tenet ACOs as a nationally recognized leader in collaboration and innovation.

To cite specific examples of recent success, our Philadelphia ACO network is made up of physicians from Drexel College of Medicine and Tenet's Hahnemann University Hospital. This ACO is contracted with the local Blue Cross plan (IBC) and recently received formal results for the first year of the ACO agreement. Through better communication and proactive discharge planning, potentially preventable admissions for ACO patients were reduced by more than 15%. In another market, our Boston MSSP ACO was able to reduce costs by 7.8% as reported by CMS. Our Boston ACO is a collaboration among two Tenet hospitals (St. Vincent's and Metrowest Medical Center) and the Metrowest Accountable Health Organization PHO. Not only does Tenet appreciate the need for flexibility with payer arrangements, but these examples demonstrate our ability to effectively drive results in a variety of ACO structural settings.

3. **Besides Baptist Health System's participation in the CMS Acute Care Episode ("ACE") demonstration project, please identify Tenet's other experiences with bundled payment initiatives and provide evidence of how these initiatives have improved quality and lowered the cost of health care for patients and third-party payers.**

   Recently, Baptist Health System expanded its participation in the Medicare bundled payment initiative and entered the post-acute bundle program. Our early results show that the effort has realized $430,000 in savings from one DRG (470) in just the first quarter of the year. The primary areas contributing to the success came from better coordination and utilization with skilled nursing and inpatient rehab facilities.

   In addition, our Chicago Health System hospitals participate in the BPCI Model 2 program. The specific DRGs vary by hospital but include more than ten DRGs covering joint replacement, cardiology, PCI, pneumonia, COPD and CHF. Results are expected next month.

4. **Please explain in detail why, by owning both hospitals in Waterbury, Tenet expects to realize significant benefits from ACOs, bundled payment initiatives and other value-based contracting arrangements (Application, p. 22)? Cite specific examples (case studies) where Tenet's common ownership of two hospitals within the same municipality has resulted in realizing these benefits, provide data to quantify these benefits and demonstrate how they would be applicable to the patient population and payer mix of SMHS.**

   By owning both hospitals in Waterbury, Tenet expects to realize significant benefits by more effectively coordinating the care delivered in Waterbury. By developing a clinically integrated network of providers, initiatives such as ACOs, bundled payment initiatives and other value-based contracting arrangements can be pursued, and become the vehicles of achieving care coordination.

   Tenet's pricing with third party payers is at levels that reflects the fact we are a low cost provider. Under ACO arrangements, shifting business from higher cost providers to a Tenet ACO network of hospitals, OP facilities and physicians reduces the total medical costs for employers and third party payers. More importantly, ACO arrangements provide a tighter alignment for patient care coordination for the patient since real utilization data is more comprehensive is available on a real time basis, thereby allowing the providers to engage more proactively in care interventions. As a specific example, our Philadelphia ACO has seen improvement in its utilization of ACO providers with use of in network ER improving 14% and OP Surgery improving by 11%.

   The Arizona Care Network is a joint venture ACO between Tenet's Abrazo Health System and Dignity Health in Phoenix, Arizona. Phoenix Children's Hospital also participates in the ACO. The ACO includes 14 acute care hospitals, more than 2,600 physicians affiliated with their respective hospital systems, as well as 39 Urgent Care/Emergency Centers and 36 imaging centers. The ACO was recently awarded the exclusive narrow network designation

for a regional employer in Phoenix as a result of the coordinated effort through our ACO to deliver broad access and competitive pricing to the employer, with the long term ability to improve the health status of the beneficiaries and lower overall costs.

5. **Please identify specific strategies and plans regarding how common ownership of the two hospitals in Waterbury will improve health care access, quality of care and reduce costs for patients and third-party payers. Cite specific examples (case studies) where Tenet's common ownership of two hospitals within the same municipality has resulted in achieving these improvements, provide data to quantify these improvements and demonstrate how they would be applicable to the patient population and payer mix of SMHS.**

   Tenet's recent acquisition of Texas Regional Medical Center at Sunnyvale ("TRMC") in Sunnyvale, Texas is an example of how our coordination in markets where Tenet owns more than one hospital can make an immediate positive impact on the community. TRMC and Tenet's Lake Pointe Medical Center in Rowlett, Texas are in close proximity in East Dallas, draw patients from the same general areas and are operated by common Tenet leadership. Tenet places a high priority on access to our facilities and physicians, as well as delivering the right care at the right place at the right time. To this end, Tenet seeks to have all hospitals, outpatient centers and employed physicians contracted with all payers. Tenet seeks to be a low cost provider and generally, Tenet hospitals compete very favorably on cost in the communities that Tenet serves. At the time Tenet acquired TRMC, the hospital was out of network with most payers, (including United Health Care and most Aetna products), which not only placed patients and employers at risk of having to pay materially higher fees, but creates a situation where there is little coordination of care among network providers. Since the transaction closing of TRMC, the hospital and all affiliated provider entities were moved to in-network status with every major payer such that access and service are enhanced, and costs are lowered for employers and patients. Tenet strives for its hospitals to be included in all health plans' networks so as to make our hospitals accessible to all people of the communities Tenet serves across the country. Tenet strives to be a value for consumers relative to other health care provider options.

6. **Please provide specific examples of Tenet's successful operation of hospitals with a combined Medicare/Medicaid payer mix of greater than 70% and a Medicaid payer mix greater than 25% (measured by patients not revenues). Identify strategies or programs implemented at these hospitals to reduce the hospital's exposure to operating deficits caused by payment reductions instituted by government-sponsored health care programs and take advantage of value rather than volume-based reimbursement programs.**

   Hialeah Hospital and Palmetto General Hospital in Dade County, Florida, are Tenet owned facilities that have Medicare/Medicaid payer mixes of greater than 70% and a Medicaid payer mix greater than 25% (measured by patients not revenues). Both of these facilities achieved EBITDA margins greater than 13% in the most recent fiscal year, demonstrating Tenet's successful operation of these particular hospitals.

Both of these hospitals have achieved a high a level of operating efficiency due to a combination of local programs implemented in Dade County and programs supported by Tenet's Home Office in Dallas.

With respect to the local programs in Dade County, Tenet has partnered with physician groups that manage groups of Medicaid patients to develop tailored programs for those populations. Additionally, in Dade County Tenet has invested in developing programs focused on senior populations: e.g., Senior EDs, ACE Units, Geropsyche Units.

Tenet's Home Office Performance Management and Innovation (PMI) department provides the following functions designed to maximize efficiency:

LABOR

- Labor/productivity targets by department based upon individual unit and volume to ensure efficient staffing
- Education of leaders in how to complete and implement staffing grids to drive efficiency and reduce overtime and utilization of costly contract labor
- Guidance on implementation of "Top of License" to ensure that nurses are performing tasks that fully utilize their licensed capabilities (i.e., working at the "top of their license") and not spending valuable nursing time on tasks that can and should be performed by others who are less skilled
- Guidance on proper utilization of full time to part time in order to pool employees to eliminate unnecessary over time and "call offs" (a secondary benefit of this is a reduction in turn-over, which is very costly)

THROUGHPUT

- Excess Day reviews and implementation of "TEMPO": TEAM ENGAGEMENT TO MANAGE PATIENT OUTCOMES
- Discharge by 12:00 noon reviews and analysis of areas for improvement
- Appropriate utilization of ICU versus Medical/Surgical beds
- ER length of stay improvement
- ER left without being seen reduction
- Surgery Case on time starts
- Surgery Start average delay reduction
- Surgery case turnaround time improvement
- Reduction of OR Cancellations
- Right product/right time reviews for OR supplies, reducing or eliminating product waste
- LEAN Daily Management implementation, which has resulted in an average of $431,000 of savings within the first year of utilization, through employee engagement and identification of areas that require operational improvement

- Full LEAN engagement (ER/Inpatient/OR) has have generated savings opportunities that range between $2.1M and $4.6M per year in process driven efficiency

SUPPLY and SOURCING COSTS

- Medication Utilization Management programs for both conversions to generic, conversions from IV to PO and product conversions
- Physician Preference Item scaling based upon tiers of volume from larger system perspective (leverage)
- Food and Nutrition Services Review: external contracting with leveraging of value, standardized regional menus, staffing appropriateness, reduction in waste meals
- Clinical Contracting: leveraging of scale and removal of fee for service contracting to align with facility payments (DRG/CASE, etc.)
- Document Management programs to assess utilization of printers and copiers by type, load, and utilization of color printing
- Security Contracting: national service level agreements, reviews of technology versus manpower
- Reprocessing programs

Changes in Ownership

7. **Reference is made to Applicants' responses to Questions 13 and 17 of the Application wherein Applicants state in the first instance that the New SM Hospital will be wholly owned by a subsidiary of Tenet and then, in answer to Question 17 which asks for a description of the proposed corporate relationship between the New SM Hospital and the proposed partnership between Yale-New Haven Health System Corporation ("YNHHSC") and Tenet, state "it is the intention of VHS of Connecticut, LLC to transfer its ownership interest post-closing to an 80-20 joint venture between a Tenet affiliate and YNHHS." In light of these responses, please provide the following information:**

   a. **Why does VHS of Connecticut, LLC not appear as the direct owner of the VHS Saint Mary's Health System, LLC ("VHS SMHS") on the corporate organization chart supplied by Applicants page 72 of the Application when it is a party to and identified as the parent of VHS Saint Mary's Health System, LLC in the APA and is shown as the as the direct owner of such entity in the corporate organization chart that was submitted at page 1908 in OHCA Docket No. 13-31838-CON/AG Docket No. 13-486-01 (the "GWHN Application") to which Tenet is a co-applicant?**

      An error was made in the organization chart on page 72 of the Application. VHS of Connecticut, LLC will be the direct owner of VHS SMHS upon closing of the transaction as shown on page 1908. See response 7(b) below regarding post-closing ownership.

b. Based on the descriptions found at pages 1908 and 1233-34 of the GWHN Application that the 80-20 joint venture of Tenet and YNHHSC will be a Regional Provider Organization ("RPO") that, among other things, will serve as the exclusive vehicle of YNHHSC and Tenet to acquire ownership interests in health care facilities in Connecticut among other states, please confirm Applicants' intention to transfer Tenet's ownership interest in VHS SMHS to the RPO joint venture post-closing.

Tenet confirms its intention to transfer its ownership interest in VHS SMHS to the RPO joint venture between Tenet and YNHHSC post-closing.

It should be noted that there are limited exceptions to the agreement of YNHHSC and Tenet to utilize the RPO as the exclusive entity to acquire healthcare facilities.

c. If it is the intention of Tenet to transfer its interest in VHS SMHS to the RPO joint venture, please explain why this is being done post-closing instead of being accomplished through this Application.

SMHS and Tenet both believe that negotiating and closing a transaction between the two parties would provide for a simpler and more efficient negotiation, which would provide more clarity for the parties' constituents and regulatory bodies engaged in the review process. To reiterate, while Tenet intends to transfer ownership to the RPO joint venture after the closing, YNHHS, which will be a minority and passive owner, will not participate in the operations of the Hospital.

d. Please provide a corporate organizational chart (Organizational Chart 1) depicting the ownership of the RPO in the New SM Hospital post-closing and include therein any other hospital or health system that the RPO currently plans to have an ownership interest in, including but not limited to the entities that are proposing to acquire and/or operate the hospital assets of Greater Waterbury Health Network, Inc. ("GWHN"), the Eastern Connecticut Health Network, Inc. ("ECHN") and the Bristol Hospital and Health Care Group, Inc. ("BHHCG"), and all affiliates of YNHHSC that would have a direct or indirect ownership interest in any of the entities depicted on the chart (for each entity shown on the chart that is owned by more than one entity, please also provide the percentage of ownership held by each entity).

Included as Exhibit 7d is Organization Chart 1.

e. In a separate chart (Organization Chart 2) please depict the relationship between the entities shown in Organization Chart 1 and (i) the Regional Risk Organization ("RRO) that has been described at page 1234 of the GWHN Application as a 50/50 joint venture of Tenet and YNHHSC (please also depict therein all the providers currently planned to be participating in the RRO and the ownership percentage held by the RPO in each entity) and (ii) the Regional Physician Network Organization ("RPNO") that has been described page 1234 of the GWHN Application as including the physician organizations associated with the providers owned by the RPO, the physicians associated with the YNHHSC hospitals and other mutually agreed upon independent physician organizations (please also depict therein all the physician organizations currently planned to be participating in the RPNO including, if applicable, the medical foundation affiliated with the New SM Hospital).

Included as Exhibit 7e is Organization Chart 2.

f. Once Tenet's interest in VHS SMHS is transferred to the RPO joint venture, please describe what Applicants' intend will be YNHHSC's ability to impact or change the governance or controlling body of VHS SMHS or the medical foundation affiliated with the New SM Hospital.

After Tenet's interest in VHS SMHS is transferred to the RPO joint venture, YNHHSC, as a 20% owner of the RPO joint venture, will not have any ability to change the governance or controlling body of VHS SMHS. In addition, despite its ownership interest in VHS SMHS, YNHHSC will not have any ownership interest or governance role in the medical foundation affiliated with the New SM Hospital.

8. Reference is made to Section 11.14(b) of the Asset Purchase Agreement ("APA") attached at Exhibit A to the Application, which provides that during the five-year period following the Effective Time of the transaction, the Local Health System Board shall have the right to approve any "merger, dissolution, consolidation, sale or other disposition" of the New SM Hospital or all or substantially all of Tenet's assets in Waterbury, Connecticut, subject to certain exceptions. Please answer the following:

a. What is the rationale and purpose for exempting from this covenant a sale to an unaffiliated buyer who is then currently operating similar facilities in the State of Connecticut?

The purpose of exempting an unaffiliated buyer then operating similar facilities in Connecticut is to distinguish between health systems currently operating similar facilities in Connecticut from those that are not. In the instance of the latter the Local Health System Board would have the right to decide whether ownership of the Hospital could be transferred to buyer that is not currently operating in the state. This was a negotiated term between the parties. Tenet preferred that the Local Health System Board not have any such approval authority, regardless of whether the unaffiliated buyer was operating in

the state. SMHS preferred approval authority with respect to any transfer of ownership. The compromise provision as reflected in the APA affords the Local Health System Board the right to review and approve a sale to a new owner with no current experience in Connecticut that would perhaps face a difficult regulatory process.

b. **With respect to the exception whereby the covenant will not apply to "any merger, sale or other transaction that does not relate solely or principally to the Hospital, or relates to a broader group of facilities or assets other than the Hospital," would the Local Health System Board have the right to approve a sale if all of SMHS' assets being sold in this transaction were being resold post-closing to a non-exempt buyer (i.e., is this a transaction that would be considered to be relating principally to the Hospital under the terms of the APA)?**

If (i) all of the assets of SMHS being sold in this transaction were being resold post-closing; (ii) the sale was not part of a larger transaction; and (iii) the buyer was not an affiliate of Tenet or an operator of a hospital in Connecticut, the Local Health System Board would have the right to approve the transaction.

9. **With respect to Saint Mary Hospital Foundation's right of first opportunity to purchase the Hospital from Tenet within the first five years following the Closing (Section 11.18 of the APA):**

a. **How will Tenet develop the purchase price to be offered in the Hospital Sale Notice?**

The purchase price and transaction terms to be set forth in a Hospital Sale Notice will be the same as the price and terms negotiated between Tenet and the proposed third party purchaser.

b. **Will this right only apply to a sale of the Hospital, not of the other Facilities being sold in this transaction and, if so, what is the rationale for exempting the other Facilities?**

There is no intention to exclude "Facilities" from the scope of Section 11.18 of the APA and no intention to include, within the scope of Section 11.18, a sale of a portion of the Facilities made in the ordinary course of business.

c. **Are the parties required to negotiate in good faith to try to reach agreement?**

Connecticut law imposes on parties to a contract a duty to negotiate in good faith.

d. If Tenet and the Foundation do not reach agreement, will Tenet be free to enter into an agreement on whatever terms it desires, or must the final third party agreement be on terms and conditions more favorable to Tenet than those proposed by the Foundation?

If Tenet and the Foundation do not reach an agreement on terms of a sale as described in the APA, unless Tenet sends a subsequent Hospital Sale Notice, Tenet may only enter into an agreement to sell upon substantially the same terms, including purchase price, described in the original Hospital Sale Notice. The provision negotiated by the parties was a "right of first opportunity", not a "right of first refusal".

e. What is the rationale for limiting the Foundation's rights under this provision to the first five years following Closing?

The Foundation's rights under Section 11.18 of the APA were limited to five years based on arms-length negotiations between the parties. SMHS wanted a longer term and Tenet wanted a shorter term (or no term at all).

Questions Regarding Charity and Uncompensated Care

10. In the answer to Question 50 of the Application, Applicants state that the New SM Hospital "is committed to providing the same, if not greater, financial assistance and community benefit" as currently provided. Applicants also state that "Tenet's policies will be compared to the Hospital's policies, and the New SM Hospital will utilize the policies that give greater financial assistance to the uninsured and underinsured." In light of these statements, please answer the following:

a. What are Tenet's policies regarding the provision of financial assistance and community benefit? Please provide copies of same.

As stated in question 46 of the Application the New SM Hospital will adopt SMHS' current charity care policy.

Included as attachment (10a THC Charity Care and 10a Compact) are copies of Tenet policies regarding charity care and the compact with the uninsured. Given hospital's unique role in the communities they serve, providing community benefits is a necessary condition to being a successful hospital. Tenet's expectation is that every one of its hospitals is committed to being an integral component in the communities that it serves, and consequently providing community benefits is a core activity.

b. For each category of net community benefit expense reported in Part 1, Section 7 of Schedule H in the Form 990 attached at Exhibit CC, please provide a breakdown of how each expense was calculated and a listing of the specific community benefit projects or services to which the expenses were allocated by dollar amount.

- Financial Assistance $93,747 – This relates to cost of charges written off as a result of the Hospital's charity care policies. A cost to charge ratio was applied to the gross charges written off to determine the cost value of the charity care.
- Medicaid $11,336,422 – This relates to the Medicaid shortfall when comparing Medicaid payments to costs. The Hospital multiplied Medicaid gross charges by a cost to charge ratio to determine cost. Then compared to related payments received. We also factored in the Hospital Tax and supplemental DSH payments when calculating the Medicaid shortfall.
- Community Health Improvement services and community benefit operations $277,269 – These expenses relate to Community Health Education ($89,818), Community Based Clinical Services ($13,797), Health Care Support Services ($40,047), Other Community Health Improvement Services ($29,107), Dedicated Staff ($5,456), Community Health Needs Assessment ($42,855) and Other Community Benefit Operations Resources ($56,189). The related actual costs of these services were compiled to determine the amount of benefit.
- Health Professions Education $2,535,770 – These benefits relate to the Residency Program ($2,209,145), Nursing Education ($192,004), Other Allied Health Professions ($36,050), Continuing Health Professions Education ($1,152) and Other Students Education ($97,419). The benefits were calculated using actual revenues and expenses for the related education.
- Subsidized Health Services $3,206,488 – These benefits relate to service lines that are subsidized, such as Behavioral Health ($766,279), Emergency Services ($1,113,894), Observation ($1,002,498), Series/Recurring ($180,175) and Obstetrics ($143,642). The benefit was determined by our cost accounting related to the service lines. We excluded the Medicaid shortfall in these services lines so as not to double count the community benefit.
- Research $110,871 – This benefit relates to expenditures related to the Cancer Registry. The amounts were calculated using actual expenses.
- Cash and In-Kind Contributions $78,505 – This benefit relates to donations of cash ($18,750) and In-Kind Contribution ($59,755). The amounts were calculated using actual donations and calculations of people's time associated with the related community benefits.

See attached IRS Form 990 for Saint Mary's Hospital, Inc. (Exhibit 10b) for further information.

c. For each category of expense projected in Table 15 of the Application, please provide a breakdown of how each expense was calculated and a listing of the specific community benefit projects or services to which the expenses are anticipated to be allocated by dollar amount.

Tenet plans to utilize Saint Mary's Hospital's existing charity care and community benefit policies and programs.

- Financial Assistance – There was an issue with performing asset verifications during fiscal year 2013, due to system limitations. Had asset verification been performed, we would have expected charity care to be more consistent with fiscal year 2012 asset verification write-offs of $1.3 million. As such we estimated that charity care at cost would be approximately $1.3 million for FY15. We assumed 1% growth in each year going forward.

- Medicaid – The fiscal year 2015 was based off of the FY13 actual and also includes $5.5 million of additional shortfall from Medicaid as a result of the reduction in DSH payments. We assumed 1% growth in each year going forward.

- Community Health Improvement services and community benefit operations – The estimate was calculated using actual FY13 benefit and factoring in 1% growth in FY15 and each year going forward.

- Health Professions Education – The estimate was calculated using actual FY13 benefit and factoring in 1% growth in FY15 and each year going forward.

- Subsidized Health Services – The estimate was calculated using actual FY13 benefit and factoring in 1% growth in FY15 and each year going forward.

- Research – The estimate was calculated using actual FY13 benefit and factoring in 1% growth in FY15 and each year going forward.

- Cash and In-Kind Contributions – The estimate was calculated using actual FY13 benefit and factoring in 1% growth in FY15 and each year going forward.

d. In reference to Table 16 on Page 87 of the Application, are the projected numbers net of "direct offsetting revenue"? If not, please revise the Table to reflect this.

There are no direct offsetting revenues associated with these community building activities.

e. **Section 11.14(c) of the APA states that Tenet will "[u]se commercially reasonable effort to cause the Hospital to continue to provide community programs and services to improve access to health care services in the community and to improve the health status of the elderly, poor, immigrant and other at-risk populations in the such community, with such programs and services to include the provision of free care, mission and pastoral care programs, and community benefit programs consistent with the general levels of care as provided to these communities by Sellers prior to Closing." In the context of this provision of the APA, please explain the following:**

(i) **How is this contractual language consistent with the commitment to providing the same, if not greater, financial assistance and community benefit language used in the Application?**

The contractual language of Section 11.14(c) of the APA and Tenet's response to Question 50 of the Application are slightly inconsistent. Tenet intends to abide by its commitment described in its response to Question 50 which is somewhat stronger than the contractual language of Section 11.14(c). Tenet and SMHS will clarify this in the final APA that the parties would execute.

(ii) **Explain why Tenet is not obligated without condition to provide funding for the community programs and services at no less than currently provided by SMHS or, alternatively, why it is not obligated to exercise best efforts in this regard.**

As explained in the preceding answer, Tenet will abide by its commitment to provide financial assistance and community benefit described in its response to Question 50, i.e. it will be the same, if not greater, than is now provided.

(iii) **Describe specifically what "commercially reasonable efforts" would be, and give examples of circumstances where continuing to provide such community programs and services at the same level as SMHS currently provides would not be "commercially reasonable".**

As described in the preceding answer, the "commercially reasonable efforts" provision described in Section 11.14(c) of the APA is superseded by Tenet's response to Question 50 of the Application.

f. Section 11.11 of the APA states that Tenet shall "operate the Hospital in accordance with the "community benefit standards" set forth in Revenue Ruling 69-545 ...[and] maintain charity and indigent care policies at least as favorable as those in effect at the Hospital at the time of the Closing." However, the covenants in Section 11.11 are "subject in all respects to changes in Law, policy, or regulation." Law is a defined term in the APA that includes the policies and regulations of Governmental Entities. This being the case, please explain what the terms "policy" or "regulation" are intended to mean as used in Section 11.11.

Tenet's covenants described in Section 11.11 of the APA are subject to only to changes in "Law" as such term is defined in the APA. The parties will amend the APA to delete references to changes in "policy" and "regulation".

Questions Regarding Tenet's Capital Commitment

11. In Section 11.16 of the APA, Tenet agrees to spend or commit in a binding contract to spend not less than $85,000,000 in the seven years following the Effective Time on capital expenditures, "including expansion or development of healthcare services, development of a comprehensive ambulatory network, creation of a physician platform, expansion and integration of clinical and information technology, quality improvement programs, expenditures on new capital or equipment replacement, and the acquisition of, development and improvement of hospital, ambulatory, medical office space, or other healthcare services in the greater Waterbury, Connecticut community." With respect to this commitment, please answer the following:

a. Is this commitment inclusive or exclusive of the $55 million that Tenet and its joint venture partner have committed to spend post-closing in connection with the acquisition? If it is inclusive, please state how the $85 million will be allocated between the two Waterbury hospitals and their affiliates?

Tenet's commitment to spend not less than $85 million is inclusive of the $55 million commitment made with respect to the acquisition of Greater Waterbury Health Network, Inc. Tenet's process for assessing and prioritizing capital needs begins with annual strategic planning process at each of its hospitals and/or markets. This process is driven from the bottom up (i.e. local leadership teams lead the effort) and is the foundations for the annual operating and capital budgets for our hospitals and markets. Soon after the transaction's closing, Tenet will engage the local medical staffs, advisory boards, and management teams to develop a comprehensive strategic capital plan that aims to best serve the healthcare needs of the entire Waterbury community. This will include investments at VHS St. Mary's Health System and VHS Waterbury Health System, as well as new access points for the community through the development of a comprehensive ambulatory network. These investments are determined by (in order of priority) i) patient safety/life safety requirements, ii) routine maintenance/replacement for equipment and facilities, (iii) strategic initiatives such as new projects, service lines or facility expansions.

b. The $85 million capital commitment is conditioned by language in the APA relieving Tenet of the obligation if "any legal requirement is enacted or imposed after the closing that (i) discriminates against or adversely affects a disproportionate number of for-profit healthcare entities, or (ii) causes Tenet to suffer a material decline in earnings". With respect to this conditional language, please address the following:

(i) Has this conditional language been included in other APAs or similar agreements that Tenet has used to acquire other hospitals and, if so, when and under what circumstances has it been triggered to relieve Tenet of a financial obligation?

In previous transactions, Tenet has included conditional language with respect to a capital commitment; however, in no instance has Tenet triggered any of the provisions associated with the conditional language.

(ii) Now that the issue of for-profit hospitals and health systems being able to form medical foundations in Connecticut has been resolved, what are examples of legal requirements that Tenet would consider to be discriminating against or affecting a disproportionate number of, for-profit hospitals or other for-profit health care entities?

Examples of legal requirements that Tenet would consider to be discriminatory against or affecting a disproportionate number of for-profit hospitals or health systems include: (a) repeal or modification of Connecticut P.A. 14-168 that allows for-profit hospitals and health systems to organize and be the member of a medical foundation; (b) amendment to P.A. 14-168 in a way that would restrict a for-profit hospital or health system from operating a medical foundation; (c) a new law that would impose an excise tax on a for-profit hospital or health system; (d) a new law that would set reporting standards including but not limited to quality indicators that would be higher than not-for-profit counterparts; (e) any new law that would limit the ability of for-profit hospital systems to grow or expand their service lines or offerings, or partner with other companies or persons in the healthcare industry; and (f) a new law that would require operating parameters, including staffing, different from not-for-profit counterparts.

(iii) What is intended to be encompassed by the term "health care entities" as used in the provision?

The term of "health care entities" was meant to be inclusive, not exclusive. Without limitation, this would include entities involved in the ownership (directly or indirectly), operation, or management of acute care hospitals, post-acute care center, ambulatory surgery centers, walk-in and urgent care centers, imaging centers dialysis facilities, physician practices, health plans, and other healthcare-related businesses.

(iv) What is the disproportionate affect being compared against (e.g., is it measured only against non-profit entities) and how will it be measured (e.g., if the legal requirement has a disproportionate impact on for-profit entities outside of Connecticut but does not affect for-profit entities within the State, will the provision still be triggered)?

A legal requirement or change that adversely affects a disproportionate number of for-profits is a trigger intended to relate only to Connecticut for-profits and is intended to be measured against the effect, if any, of such legal requirement or change on a comparable Connecticut non-profit entity.

(v) What is the time period over which a material decline in earnings would be measured and by what percentage over such time period would Tenet's earnings have to decline to be considered material?

Like most agreements, the APA does not define the meaning of "material", in this instance as such word would be used to measure a decline in earnings. If Tenet were to claim relief from its commitment based on a material decline in earnings, there is a dispute resolution provision in the APA as well as a provision allowing for a court to order specific performance of Tenet's obligation.

(vi) Please explain whether the parties considered requiring Tenet to put the $85 million in escrow or otherwise setting it aside to ensure its availability and, if this was considered, why no such obligation exists.

SMHS did not consider requiring Tenet to put the $85 million in escrow or otherwise set the money aside as SMHS is satisfied that Tenet has the financial resources and a proven track record to satisfy its commitments. In addition, such a requirement is not a "market" provision as related to capital commitments made by parties in hospital transactions, as it would be costly to escrow up to $85 million for up to seven (7) years (and an inefficient use of capital) for parties to set aside large amounts of money. This transaction cost would ultimately be borne by the parties and their constituents.

c. Cite at least three specific examples from separate hospital acquisition transactions where Tenet agreed to and fulfilled a similar post-closing capital commitment (i.e., an obligation to spend at least $75 million in no more than 7 years). For each example, identify the terms of the contractual commitment that was fulfilled, Tenet's process for assessing and prioritizing capital needs, the implementation strategy it used, and an evaluation of the overall success of the implementation.

Tenet's process for assessing and prioritizing capital needs begins with annual strategic planning process at each of its hospitals and/or markets. This process is driven from the bottom up (i.e., local leadership teams lead the effort) and is the foundations for the annual operation and capital budgets for our hospitals and markets. Capital project selection is determined as follows in order of priority: (i) Patient Safety/Life Safety

needs, (ii) routine maintenance/replacement for equipment and facilities, (iii) strategic initiatives such as new projects, service lines or facility expansions.

Most of Tenet's acquisitions have involved hospital systems that have had some degree of capital access problems, and consequently have latent capital needs. Tenet works closely with the management teams of the facilities to develop an early list of capital needs and projects. This effort, which is an estimate of ongoing routine capital requirements and the overall transaction economics help drive the amount of capital commitment made.

The acquisition of the Detroit Medical Center ("DMC") in Detroit, MI and the acquisition of the Baptist Health System ("BHS") in San Antonio, TX represent the two examples of Tenet's committing to spend at least $75 million post-closing in no more than seven years. Other acquisition related commitments were less than $75 million.

For the DMC acquisition, Tenet committed to a total of $850 million over a six-year period following the closing date of the transaction. Approximately $500 million was identified as needed renovations, expansions or new facilities. Approximately $350 million was committed to fund expected routine capital expenditures over the first six years.

The DMC commitment is currently halfway through the commitment period, but the projects that have come online have been recognized by the community as resounding successes. Among those completed projects are the following:

- New Children's Hospital of Michigan Specialty Center, a 106,550 square foot facility encompasses five floors and providing specialty care to pediatric patients in a dedicated ambulatory setting.
- New emergency room for Sinai Grace Hospital capable of seeing over 100,000 patients per year
- Renovation of the Rehabilitation Institute of Michigan, one of the nation's leading provider of rehabilitation services to patients with brain injury
- New Heart Hospital opened July 2014

Baptist Health System acquisition was a five hospital system in San Antonio, TX, acquired by Tenet in October 2003. In the transaction, Tenet committed $200 million over a six-year period following the closing. However, in the six year period after the closing, Tenet invested over $400 million in the system, more than doubling the transaction commitment. In fact, since January 2003, over $1 billion has been invested by Tenet in the San Antonio market.

Our ownership and investments in San Antonio have resulted in the following:

- Growth of North Central Baptist Hospital from 126 beds to 387 beds.
- Replacement of Southeast Baptist Hospital, now known as Mission Trail Baptist Hospital comprising 110 beds.

- Renovation and expansion of the 40 year old Northeast Baptist Hospital to a 379 bed facility.
- New medical office buildings at North Central Baptist Hospital, Northeast Baptist Hospital and Mission Trail Baptist Hospital.
- First system to offer robotic-assisted surgery in San Antonio.
- First system to provide patient care access to the far west of San Antonio via the development of a four story ambulatory care building
- First health care system in San Antonio to be accredited (all five campuses) as Certified Chest Pain centers.
- First health care system in San Antonio to be designated (all five campuses) accredited stroke centers.
- First health care system in San Antonio to install electronic ICU.
- Expanded ambulatory imaging sites to seven sites.
- Started Medfirst, a network of primary care sites.
- Opened five free standing emergency departments.
- Grown jobs from 4,100 full time equivalent employees to 6,100 full time equivalent employees.

In addition to the above, we have also opened a new hospital in New Braunfels, TX, approximately 35 miles from San Antonio.

d. Cite at least three specific examples from separate hospital acquisition transactions where Tenet developed successful comprehensive ambulatory networks and physician platforms for hospitals within a period of no more than seven years. For each example, identify the baseline starting point for these networks and platforms at the time of the acquisition and provide evidence showing their growth in terms of both the numbers and types of providers, as well as growth in revenues and other contributions made to improving the hospital's health care services and financial viability.

The current healthcare environment is materially different than it was even five to seven years ago. The passage of the Affordable Care Act ("ACA") in 2010 represents the most significant change in our health care delivery system since Medicare implemented the prospective payment reimbursement methodology in 1983. The ACA is precipitating a shift from 'Fee for Service' to a value-based reimbursement methodology, or 'Fee for Value'. Hospitals are seeing cuts in reimbursement as a result, and are required to be positioned to assume financial risk for managing the health of populations from the communities they serve. As a consequence, significant investments are required in developing clinically integrated networks, which involves material capital commitments to information technology as well as increasing the number of integrated distribution points, including ambulatory locations and physician clinics.

Therefore, this current effort to expand ambulatory and physician platforms in a clinically integrated system is relatively new as a result of the changing environment. Consequently, ambulatory and physician development today is not comparable to ambulatory and physician development five to ten years ago.

Tenet has been devoting increasing resources over the last several years throughout the company to be prepared for a Fee for Value environment. Ranging from Conifer Health Solutions' Value Base Care products and services to Tenet's Outpatient Services Division to Tenet's Physician Resources division, the company has developed the resources for our hospitals to be best positioned for success in this challenging environment. In 2012 Tenet had 3 Urgent Care centers operated by our Outpatient Services Division (OSD). OSD added more than 15 centers in 2013, and is expected to add 40-45 centers by the end of 2015.

Tenet has been actively working to create an outpatient footprint that meets the needs of the growing communities in which we serve. Our Outpatient facilities typically include 4 types of assets 1) Diagnostic Imaging Centers 2) Urgent Care Centers 3) Freestanding Emergency Departments and 4) Ambulatory Surgery Centers. These are all designed to increase access for our patients at the appropriate level of care. In many cases, these centers provide a convenient, value-based alternative to the inpatient setting. For example, in El Paso, Texas to serve the growing need for urgent pediatric care, MedPost Urgent Care for Kids was opened across from Sierra Providence East Medical Center. Additionally, in markets that serve large geographic areas, outpatient assets offer access to urgent/emergent care closer to home. In some markets this benefits EMS providers by allowing them to keep emergency response vehicles in service. Ultimately, our outpatient services strive to provide the right care in the appropriate setting by providing convenience, access, and value.

Several examples of our approach to the development of our ambulatory services and physician platform around our hospital systems follow, in markets entered through acquisition:

<u>El Paso</u>

Hospital Assets:

- SPHN – Northwest Hospital (Future)
- Sierra Providence East Medical Center
- Sierra Medical Center
- Providence Memorial Hospital

Ambulatory Assets:

- Tenet Sunview Imaging (Las Cruces, NM)
- Satellite ED - Northeast
- Paso Del Norte Surgery Center
- MedPost Urgent Care - Viscount
- Satellite ED – Horizon City
- Total Care Imaging - Gateway
- Total Care Imaging – Northeast
- Sierra Providence Urgent Care

- MedPost Urgent Care Kids
- Total Care Imaging – East
- Satellite ED - East
- Total Care Imaging – Sierra
- El Paso Day Surgery Center
- Total Care Imaging – West
- MedPost Urgent Care – Sunland Park
- Total Care Imaging – Central

Phoenix

Hospital Assets:

- Paradise Valley Hospital
- Arrowhead Hospital
- Maryvale Hospital
- Phoenix Baptist Hospital
- Arizona Heart Hospital

Ambulatory:

- Abrazo Satellite ED - Peoria
- MedPost Urgent Care - Gilbert
- MedPost Urgent Care - Laveen
- Surgical Elite of Avondale
- West Valley Hospital
- Abrazo Satellite ED - Buckeye

San Antonio

Hospital Assets:

- Baptist Hospital – North Central
- Resolute Health Hospital
- Baptist Medical Center
- Mission Trail Baptist Hospital
- St. Luke's Baptist Hospital
- Northeast Baptist Hospital

Ambulatory Assets:

- M&S Imaging – North Central
- MedPost Urgent Care – Stone Oak
- Gastro Consultants of San Antonio – North Central
- Theda Oaks Surgery Center
- M&S Imaging – Overlook
- MedPost Urgent Care – Thousand Oaks
- Resolute Health Urgent Care – New Braunfels

- Baptist Emergency Hospital (5)
- Resolute Health Urgent Care - Seguin
- Gastro Consultants of San Antonio Surgery Center – NE
- MedPost Urgent Care - Deerfield
- M&S Imaging – Westover Hills
- M&S Imaging – Downtown
- M&S Imaging – Mission Trail
- Gastro Conslts of San Antonio Surgery Center
- M&S Imaging & PET Center
- Healthlink

The acquisition of assets in the Detroit market serves as a demonstration in ambulatory and overall network growth. Using data from 2010-2014, Tenet has invested $80 Million in 146,000 square feet of ambulatory construction. Since 2010, outpatient visits have grown 30% and the number of employed physicians has grown from 60 to 210 providers.

In regards to physician platforms, Tenet's overarching strategy is to achieve clinical integration with its physician partners. Tactically this can be achieved a number of ways including employment, professional service agreements and integrated care models with independent practicing physicians. This approach also includes identifying and serving the clinical needs of the communities where we are located. We have nearly 36,000 affiliated physicians in 14 states, of which we employ nearly 2,000.

e. Identify, in order of priority, the five most critical capital projects in terms of construction and renovation of Hospital buildings that SMHS' Board and senior management have currently identified and include the estimated dollar amounts associated with each project.

- Renovations required for permanent replacement of MRI $1,000,000
- Upgrade elevators $750,000
- Upgrade patient rooms $1,150,000
- Upgrade to energy efficient lighting (Interior and parking garages) $750,000
- Relocate and renovate Cardiac Rehab $500,000

Major investments and expenditures in facilities and/or information technology have been deferred pending the outcome of the proposed transaction.

f. Identify, in order of priority, the five most critical capital projects in terms of medical equipment and information technology for the Hospital that SMHS' Board and senior management have currently identified and include the estimated dollar amounts associated with each project.

- Replacement MRI $1,500,000
- Replacement and upgrade to house wide Monitor system $2,500,000
- Replace 16 slice CT with a 64 slice unit $800,000

- Replace Cath Lab imaging equipment $816,000
- Replace Endoscopes $532,000

Major investments and expenditures in facilities and/or information technology have been deferred pending the outcome of the proposed transaction.

Questions Regarding ERDs and CHNA Initiatives

12. In the Application at page 30 and Section 11.13 of the APA, Tenet commits to both continuing the Catholic identity of St. Mary's as well as adhering to the Ethical and Religious Directives for Catholic Health Care Services. Those Directives prohibit the provision of certain medical services, particularly related to reproductive health services. With respect to this commitment and Tenet's experiences with Catholic hospitals identified in Exhibit E, please provide the following information:

a. specific examples of how Tenet hospitals have collaborated with non-Catholic hospitals located within the community to coordinate care and services not offered to patients by the Catholic hospitals as a result of these Directives;

For informational purposes, attached as Exhibit 12a is St. Mary's Medical Center's Annual Report to Bishop Gerald M. Barbarito.

There a number of instances where medical condition or personal treatment preferences of St. Mary's Medical Center patients were not consistent with the ERDs. Working with these patients physicians, these patients were seamlessly transferred to Tenet's other facility in the community. In some cases patients returned to St. Mary's for additional care not in conflict with the ERDs.

b. the demographics and payer mix of St. Mary's Medical Center (Application at p. 250) and a detailed description of its women's health and charity care programs.

	Palm Beach County	Florida
2013E Population	1,372,171	19,552,860
Population Change (2010-2013E)	3.9%	4.0%
Greater than 65	22.5%	18.7%
Persons under 18	19.7%	20.6%
Per capita income	$ 33,239	$ 26,451
Median Household Income	$ 52,806	$ 47,309
People below the poverty level	14.0%	15.6%

St. Mary's Medical Center Payer mix (by volume)
Medicare: 15%
Medicaid: 48%
Commercial: 22%
Other: 15%

c. Please describe Archbishop Blair's concerns as described in his letter dated June 23, 2014 (Application, p. 236) and state how these concerns have been addressed.

Archbishop Blair expressed concerns regarding preservation of the hospital's Catholic identity and assurances that the hospital would successfully continue to serve as a Catholic health care facility operated in accordance with the moral, ethical, and social teachings of the Roman Catholic Church as expressed in the Ethical and Religious Directives. Sections 11.13 Maintenance of Catholic Identity and 11.14 Continuing Operations of the Facilities were included in the agreement with Tenet to address his concerns.

13. In response to Question 24 of the Application, Applicants state that the New SM Hospital will continue to support the three year implementation strategy regarding the initiatives identified in the Community Needs Health Needs Assessment conducted by the Greater Waterbury Health Improvement Partnership. Please cite specific examples that quantify how Tenet-owned hospitals have addressed community needs and reduced cost as a barrier to care in the following areas:

a. Improving Access to Care

In conjunction with the introduction of insurance exchanges and the expansion of Medicaid, Tenet launched an education and enrollment initiative called Path to Health to inform newly eligible individuals about their coverage options under the Affordable Care Act ("ACA"). This campaign is a joint effort among Tenet hospitals, Conifer Health Solutions and more than 350 community-based partner organizations. Since the start of the campaign, local hospitals and Tenet's partners have held more than 460 enrollment and educational events, produced more than 1 million pieces of educational material, sent direct mail pieces to nearly 250,000 households and provided enrollment assistance to nearly 13,000 consumers.

Tenet has been actively working to create an outpatient footprint that meets the needs of the growing communities in which we serve. Tenet's Outpatient Services Division currently operates 197 outpatient facilities that include 4 types of assets 1) Diagnostic Imaging Centers 2) Urgent Care Centers 3) Freestanding Emergency Departments and 4) Ambulatory Surgery Centers. Tenet's outpatient strategy focuses on the MedPost Urgent Care network launched in May 2014. Since 2013 Tenet's urgent care footprint has grown from 15 centers in 2013 with plans to add an additional 40-45 center by year end 2015. These are designed to increase access for our patients at the appropriate level of care. In many cases, these centers provide a convenient, value-based alternative to the inpatient setting.

For example, in El Paso, Texas to serve the growing need for urgent pediatric care, MedPost Urgent Care for Kids was opened directly across from Sierra Providence East Medical Center. The outpatient linkage with Tenet's inpatient network provides access to enhanced quality and clinically integrated care, but in a lower cost setting.

Additionally, in markets that serve large geographic areas, outpatient assets offer access to urgent/emergent care closer to home. In some markets this benefits EMS providers by allowing them to keep emergency response vehicles in service. Ultimately, our outpatient services strive to provide the right care in the appropriate setting by providing convenience, access, and value.

As an example of a way in which Tenet has worked with non-profit community partners to expand access is the development of the Faith Family Clinic in San Antonio, Texas. In 2008 a group of leaders from the Baptist Health System (BHS) investigated the possibilities of a non-profit charity clinic on the Westside. BHS leadership met With the CEO of Baptist Child and Family Services (BCFS) the Executive Program Director at that time, to develop a business plan.

Through the generosity of many organizations, hospitals, businesses and individuals Family Faith Clinic was able to open its doors with minimal expense. A second clinic was opened on the campus of Northeast Baptist Hospital in an effort to provide continuity of care to the patients coming out of the hospital as well as appropriate referrals from the emergency room. Over 394,000 people in Bexar County are currently without health insurance and lack access to preventive health care. Faith Family Clinic has become the medical home to over 9,000 members of the working community who do not have insurance to afford the high costs of medical care today. These services include primary care services, dental, vision, prescription assistance, mental health, and a variety of other screening and prevention programs.

b. Providing Mental Health and Substance Abuse Services

Currently there are 27 Hospitals in 8 Regions that have Behavioral Health Programs: 17 Hospitals Inpatient Units, 13 Hospitals with Geriatric Inpatient Units and 2 Hospitals with Adolescent Inpatient Units. Other services include Biofeedback Therapy, Chemical Dependency, and eating disorders.

Additionally, Tenet has recognized the overall demand for Behavioral services and is proposing expansion of Behavioral services than include an adolescent/pediatric program and several Geriatric Behavioral Units.

One example of a mature mental health program is in the Birmingham market, where Brookwood Medical Center ("Brookwood") is largest mental health provider in the state of Alabama and is the primary referral center for mental health in the region. Brookwood has recently expanded its ability to provide mental health services by increasing the number of psychiatric beds from 93 to 138 and plans to add 12 additional psychiatric beds before the end of the year.

From a clinical perspective, Brookwood has increased the number of physicians that serve this mental health population by aligning with three additional psychiatrists over this past year. The care continuum for Brookwood's mental health patients is strengthened by Brookwood's home health agency, which helps reduce readmissions

thereby reducing the total cost of caring for Brookwood's mental health population. Brookwood has also partnered with the Jefferson-Blount-St. Clair District to provide capacity to mental health patients in the event there is limited capacity at state run facilities.

Lastly, Brookwood utilizes a Psychiatric Rapid Response Team that responds to patients receiving care at Brookwood outside the behavior health unit that demonstrate mental health symptoms. The Psychiatric Rapid Response Team has been so effective at Brookwood that this care delivery strategy has since been recognized as a best practice and deployed at other Tenet facilities.

As previously mentioned, Tenet has plans to make significant investments in behavioral health at other locations. This programmatic development is an example of service line development capabilities that leverage operational and clinical experience from multiple geographies to provide quality services to communities where an unmet need exists.

c. Addressing Obesity and Chronic Diseases

Tenet's commitment to addressing the health concerns of the communities in which we serve would not be complete without mention of efforts to reduce the incidence of obesity and chronic disease. As mentioned above, Baptist's Health System's Family Faith Clinic works with community partners to address chronic conditions affecting underserved populations. Additionally, our markets frequently offer seminars meant to help patients better understand and manage chronic disease. For example, the Sierra-Providence Health Network offered a dozen obesity and chronic disease management seminars in 2013.

One example of our commitment to managing chronic disease and obesity is the recent opening of St. Christopher's Hospital for the Urban Child, a 30,000-square-foot medical office building on the pediatric hospital's North Philadelphia campus designed to address the medical, social and legal issues that contribute to health disparities in children. The center will use a three-pronged approach to decrease health disparities by:

- Modifying factors that contribute to disparities by providing parenting education, screening for social concerns that affect child health, smoking cessation interventions for parents to reduce childhood asthma and providing legal and social services to address those concerns.
- Improving diagnosis and care in disease states with disparities by providing rapid access to needed subspecialty services, and care coordination within a medical home model.
- Reducing barriers to health-care access by using community-based care navigators to improve health education and adherence to treatment plans.

d. Reducing Tobacco Use

Tenet adheres to the Get With The Guidelines Heart Failure Program, a collaborative quality improvement initiative administered by the American Heart Association. The program provides hospitals with a web-based Patient Management Tool, decision support, robust registry, real-time benchmarking capabilities and other performance improvement methodologies toward the goal of enhancing patient outcomes and saving lives. As part of this program tracking the number of heart failure patients with a history of smoking cigarettes, who are given smoking cessation advice or counseling during hospital stay is necessary for participation. Additionally, we feel leading by example in this area is important. As a result, Tenet has gone smoke free at all of its hospital campuses and is utilizing tobacco screening as part of our company wellness program.

Questions Regarding Staffing and Quality of Care

14. At page 30 of the Application and Section 11.10 of the APA, Tenet commits "to offering employment to all active employees in good standing as of the Closing Date ...subject to the satisfactory completion by Buyer of Tenet's usual and customary hiring practices ..." Please provide the following information with respect to this statement:

a. Estimates or projections regarding the number of current employees, in particular patient care staff, expected to accept employment upon Closing;

Tenet expects very close to 100% of all employees, including patient care staff, to accept employment with the New SM Hospital. Based on previous acquisitions utilizing similar APA language and process of transition of employment, Tenet has experienced employee transition rates very close to 100%.

b. Recruitment policies and strategies Tenet would use to address possible shortfalls in patient care staffing;

As a national employer, Tenet has expertise in all areas of recruitment. The New SM Hospital would have immediate access to Tenet's network of recruitment sites and advertising and recruitment experts at both the regional and national level. Tenet also possesses best practice strategies that can be deployed in the case of any shortages and are based on employee type. These strategies would normally include both recruitment and retention.

c. Tenet's experience in recruiting quality nursing staff in nurse shortage areas.

Tenet has experience in recruiting all type of staff including nursing, in areas of short-term and longer-term shortage situations based both on position experience and geographical shortages. Our recruitment plans include several specific strategies to include, a multi-layered and broad-based national recruitment media plan which allows for national, regional, and local geographical nuances, job board recruitment media contracted nationally and available throughout the US, analysis of national recruitment

efforts related to results/outcomes, use of behavioral assessments to identify the most qualified, "best-fit" candidates to ensure continued retention which is even more important during specific shortage situations, both search engine optimization and search engine marketing used to maximize our recruitment advertisements outreach and visibility, and employee referral programs which help us recruit talented colleagues of current employees.

15. In response to Question 41 (nurse staffing) and 43 (ancillary caregiver staffing), Tenet states that there is no expected change to nurse to patient staffing ratios or the use of ancillary caregivers from the current levels through FY 2017. With respect to these responses please provide the following information:

a. How will the New SM Hospital be able to offer improved access to health care services and improved quality of care while maintaining current staffing levels?

Tenet is committed to providing access to high quality care to the communities it serves, and consequently staffs its operations to ensure that commitment. The projections detailed in the application "with CON" assume modest outpatient growth and flat inpatient growth, with the current the current service mix at SMH projected to continue with New SM Hospital. Consequently, given the modest volume growth predicted, there is no material change projected in staffing levels.

However, we will be making significant capital investments that we believe drive additional volumes. How much and in what clinical areas will be identified subject to a comprehensive long term strategic planning process to be initiated subsequent to the closing of the transaction. This planning process will include local management teams, medical staff leadership and representatives from the local governing board. The expectation will be new ambulatory access points around the community served resulting in increased access for patients and increased jobs for caregivers.

With regards to improving quality, our experience is that quality improvement is driven by identifying best practices, standardizing and adopting those processes, measuring the results and then adjusting the processes as necessary based on those results. Overall quality is improved and variation in clinical practice in reduced. We have found these efforts around quality improvement do not require increased staffing levels; in fact as these processes mature over time, efficiencies in staffing can be obtained.

Access to care and quality improvement are incredibly important to health care delivery, and we discuss below each those in more detail as it relates to current Tenet initiatives. These programs and the experiences gained from them will be available to New SM Hospital as well.

Access

Tenet has a demonstrated track record of improving access to healthcare, and will bring the same efforts to Connecticut. Tenet's Path to Health initiative is an example of Tenet's commitment to expanding access to insurance coverage options provided as a result of the Affordable Care Act ("ACA"). This campaign is a joint effort among Tenet hospitals, Conifer Health Solutions and more than 350 community-based partner

organizations. Since the start of the campaign, local hospitals and Tenet's partners have held more than 460 enrollment and educational events, produced more than 1 million pieces of educational material, sent direct mail pieces to nearly 250,000 households and provided enrollment assistance to nearly 13,000 consumers.

Tenet's robust outpatient care strategy is designed to increase convenient access points in a lower cost, convenient setting. Tenet's Outpatient Services Division (OSD) currently operates 197 Outpatient Centers that include ambulatory surgery centers, diagnostic imaging centers, urgent care centers and free standing emergency departments. These initiatives provide options for patients to receive care in convenient and lower cost locations separate from the hospital campus. A new and key component of Tenet's outpatient strategy is the MedPost Urgent Care network launched in May 2014. Since 2013 Tenet's urgent care footprint has grown from 15 centers in 2013 with plans to add an additional 40-45 center by year end 2015.

As an example of a way in which Tenet has worked with non-profit community partners to expand access is the development of the Faith Family Clinic in San Antonio, Texas a non-profit clinic providing primary care to the working uninsured. Started in in 2008, by a group of leaders from Baptist Health System (BHS), BHS's parent Vanguard Health System and Baptist Child and Family Services, a non-profit associated with the Baptist General Convention of Texas, the clinic has become the medical home to over 9,000 members of the working community who do not have health insurance. These services include primary care services, dental, vision, prescription assistance, mental health and a variety of other screening and prevention programs.

Improving Quality

Improving the quality of life of every patient who enters our doors is our core mission. Tenet's approach to delivering quality is governed by four main themes: Outcomes, Quality, Service, and Safety.

As part of this overall effort, last year we launched and/or refreshed a variety of initiatives to improve our level of care, and the New SM Hospital will have access to these initiatives in a multitude of clinical areas. Several of the quality improvement initiatives being deployed across the Tenet enterprise are described below:

Blood Utilization

Tenet's blood utilization initiative is one of several examples where Tenet is using data to reduce clinical variability and improve patient outcomes. Blood product administration can be lifesaving in the right circumstances, but we now recognize that transfusion carries with it significant clinical risks beyond just transmission of infection. The latest literature notes many untoward after-effects of liberal transfusion, including increased mortality, longer length of stay, increased hospital acquired infections, and even cancer recurrence. We have launched a comprehensive education campaign for our clinicians and compiled a set of best practice guidelines to encourage the judicious use of blood products

according to the latest available clinical literature. By tracking utilization data, hardwiring the ordering process, and building management structures around blood management, Tenet has demonstrated success in reducing transfusion variability and adhering to the evidence based medicine.

Clinical Care Councils

Clinical Care Councils are another way in which Tenet taps into its internal expertise to drive clinical quality. These councils are representative bodies of physicians, nurses, and other clinical staff (e.g., RTs, CRNAs) from across our national system in specific disciplines or domains. They convene monthly to provide insight, perspectives and expertise that shape practice to make care more consistent, utilizing the best available evidence and clinical standards. These councils provide clinical guidance in a multitude of clinical areas, including but not limited to Emergency Medicine, Critical Care, Palliative Care, Women's Services, Pediatrics, and Behavioral Health.

Sepsis Patient Care

Sepsis is the leading cause of inpatient mortality nationwide, and Tenet has launched a comprehensive program aimed at early identification and optimal therapy of this condition in our patient population. In its earliest beginnings, a pilot sepsis program was initiated at West Suburban Hospital in Chicago while it was still part of the Resurrection Health System. In July 2010, Vanguard Health Systems acquired West Suburban Hospital, expanded the sepsis initiative and ultimately demonstrated dramatic reductions in sepsis mortality and associated costs. This was not associated with any reductions in staffing.

Since that time, both Tenet and Vanguard and their subsequently integrated organizations have developed a comprehensive sepsis management plan based, in large part, on the success demonstrated at West Suburban Hospital, now a Tenet facility. A comprehensive, system-wide rollout of the associated toolkit is being planned for FY 15.

Critical Care Initiatives

Between 2009 and 2013, Vanguard Health Systems introduced a comprehensive transformation of critical care (ICU) service delivery across all of its 28 hospitals. The program involved the appointment of intensivist medical directors in all ICU's, introduction of intensivist-led multidisciplinary teams of nurses, pharmacists, respiratory therapists, dieticians and others as well as mandatory intensivist co-management of all ICU patients, all in keeping with established Leapfrog guidelines. The process for identifying which patients would most benefit from critical care services was examined to ensure this vitally important resource was being used in the most optimal way possible. New measurement systems were introduced to track organizational development, implementation of evidence-based best practices, quality outcomes and costs. The results indicated an across-the –board transformational shift in how critical care services are delivered with associated improvements in quality outcomes and reductions in

unnecessary variable costs. This program is presently being extended across the Tenet Health System. The program has not been dependent on nor associated with any reductions in staffing or alterations in nurse to patient ratios in ICUs.

Reductions in Retained Surgical Items Initiative

In 2013, Tenet teamed with a national expert on retained surgical item prevention and created a retained surgical item program for Tenet with phase one interventions focused on reduction of retained surgical sponges. For a rolling four quarters, 2012 to 2013, retained surgical items of any type were reduced 25% and retained sponge cases were reduced 57%. The program also targets reduction of waste in the number and type of sponges used during a patient procedure. In 2014 the program will be expanded to the new Tenet facilities and will focus on reduction of retained guide wires and other types of retained surgical packing events.

Comprehensive Unit Based Safety Program (CUSP)

In 2013 the CUSP collaborative targeted at reduction of central line associated blood stream infections (CLABSI). Forty-two hospitals participated in the six month long collaborative focused on reducing these infections in at least one Intensive Care Unit. In 2014, we are expanding the collaborative to include all Intensive Care Units and will be opening the project to the new Tenet facilities. A focus group of facilities will also be applying principals learned in the CUSP collaborative to reduce Catheter Associated Urinary Tract Infections (CAUTI) in their facilities. This program enlists point of care staff in changing practice at the bedside to reduce these events.

Falls

In 2013, programming focused on improving the reliability of interventions for the high risk fall patient. Total falls were reduced 6% with falls with any level of injury reduced 13% for a rolling four quarters, 2012 to 2013. In 2014, focus will be on refining interventions for the high risk patient as well as a pilot program for an electronic guardrails product in the central region.

Pressure Ulcers

Our company wide initiatives around pressure ulcers have focused on high reliability approaches transforming care to prevention, process measures, adoption of leading practice outcomes and innovation. These include standardized assessment, risk stratification and concurrent process adherence. In 2013, pressure ulcers (all stages hospital acquired) were reduced by 19% from calendar year 2012–2013. In 2014, the Wound Champion Group will be implementing a linen reduction program, Right Linen, Right Patient, which will further increase pressure ulcer reductions.

b. Provide specific examples and data from previous Tenet hospital acquisitions where nurse and ancillary caregiver staffing levels were maintained (or lowered) while access to care and quality of care was improved.

The acquisition of the Detroit assets serves as an example where access and quality have improved post acquisition. Using data from 2010-2014, Tenet has invest $80 Million in 146,000 square feet of ambulatory construction (including the 106,000 square foot Children's Hospital of Michigan Specialty Center). Since 2010, outpatient visits have grown 30% and employed physicians have grown from 60 to 210 providers. A pioneer in quality and safety, the DMC has been a leader in reporting its quality performance. DMC's system-wide EMR transformation allowed us to translate best practices into discrete care-process steps and incorporate those steps into decision support and other tools that make it easier to do the right thing, at the right time, every time. The DMC is in the 99th percentile of U.S. Hospitals in EMR adoption. This level of implementation-physician documentation, full clinical decision support system and full picture archive communication system have advanced system quality for patients with stroke, STEMI, sepsis, trauma and many other serious conditions.

The DMC's commitment to the community and population health is evidenced by their investment in several key programs, many which start at our front door. The DMC tests all patients with newly diagnosed pregnancy for HIV, herpes, and hepatitis in our emergency departments and arrange for rapid follow-up for prenatal care. The Healthy Detroit program detects diabetes and pre-diabetes among emergency department patients unaware of their status, uncovering these conditions in 43% of those tested. Such patients are directed to the DMC's Diabetes Education and Lifestyle Modification Program. Our poison control center at Children's Hospital of Michigan offers free critical emergency services to the entire state. Annually, we host multiple community health events, including the "DMC Big Shot Day", a mass vaccination event for the City that historically reaches thousands of residents. As the leading academic medical center in Southeastern Michigan, we offer the best in medical research and development, advanced technology and optimum clinical services to all patients. We currently have approximately 1200 clinical research studies underway at the DMC.

Overall, clinical staffing ratios have seen a slight decrease in overall patients/RN average ratio. This result is consistent with maturation of quality improvement programs as processes become standard, clinical variation is minimized and efficiencies are achieved. Additionally, investments have been made in workflow information technology, which also have increased efficiencies. All quality metrics have been maintained or improved since the transaction as evidenced by CMS Compare and Leapfrog.

16. In response to Question 45, Tenet credits its record of health and safety to a robust quality program ("Tenet Quality Program"). Please provide a copy of the Tenet Quality Program.

The "Tenet quality program" is not a formal written document but numerous programs and services aimed at continuous quality improvement, supporting our mission of helping people live happier, healthier lives. Quality is one of Tenet's core values and "at the core of everything we do and every decision we make." The healthcare industry is changing rapidly and Tenet has a plan to lead the charge by making safety, service and industry-leading clinical outcomes the cornerstones of our mission. We strive to achieve our goal by providing high-quality, high-value care backed by compassionate service, giving our caregivers the tools, technologies and resources they need to deliver the best care possible, and by always doing what's right for our patients, our employees and our communities. To that end we have a variety of quality initiatives that range from clinical care improvements to reduction in hospital acquired conditions. These programs are discussed in detail under section 15a.

17. In response to Question 45, Tenet indicates that it tracks key clinical indicators at its facilities "through a balanced scorecard with performance tied to the management incentive plan." Please identify and provide more detail on the key indicators that are tracked and provide copies of the scorecard and management incentive plan referenced.

Tenet uses an internally developed proprietary balanced scorecard to assess our performance given our overall success depends on achievements in multiple areas. Tenet's strategy and operating philosophy is built on transparency and continuous improvement across all dimensions, which are key themes in the balanced scorecard. The scorecard creates consistency throughout the company in how Tenet defines and evaluates performance, driving the cultural and operational benefits of our five pillars: Cost, Growth, Quality, Service, and People. Aggregate metrics of focus for 2014 are listed below for each of our five pillars:

- Cost: EBITDA performance & Cash Flow performance compared to budget
- Growth: Inpatient Admissions & Outpatient Visits performance compared to budget
- Quality: Value Based Purchasing – Clinical Processes of Care performance index & Readmission Rates performance
- Service: Inpatient Satisfaction rates performance & Physician Satisfaction performance
- People: Voluntary Turnover percentage performance

Additionally, we track dozens of other indicators across the five pillars that feed subsidiary dashboards utilized by various business units. Annual incentive plans can vary by business unit and level depending upon subsidiary annual goals for that unit.

As stated, these are internally developed proprietary management tools. Many of our performance measures are published via third party organizations such as CMS Compare, LeapFrog, etc., and are indicative of our overall performance as an organization.

18. In response to Question 45, Tenet also identified certain third party indicators that demonstrate its commitment to quality and safety. With respect to those indicators, provide the following:

a. The most recent LeapFrog Safety Scores for each of Tenet's hospitals;

Please reference Exhibit 18a for the most recent LeapFrog Safety Scores for each of Tenet's hospitals.

b. The names of the 26 facilities recognized as TJC top performers on key quality measures, the quality measures covered and the years they were recognized;

Please reference Exhibit 18b for the 26 facilities recognized as TJC top performers on key quality measures, the quality measures covered and the years they were recognized.

c. The 5 Magnet Hospitals identified by The American Nurses Credentialing Center and the years they were recognized.

The 5 Magnet Hospitals identified by The American Nurses Credentialing Center and the years they were recognized are as follows:

- St. Christopher's Hospital for Children, first recognized in 2009*
- Hahnemann University Hospital, first recognized in 2009
- Huron Valley – Sinai Hospital, first recognized in 2009
- DMC Rehabilitation Institute of Michigan, first recognized in 2013
- MacNeal Hospital, first recognized in 2012

*re-designation pending

19. Provide any material updates to the information provided in Note 15 (Claims and Lawsuits) of the Tenet's 10-K attached as Exhibit M to the Application and the Legal Proceedings item (Application p. 538) provided in Tenet's 10-Q attached as Exhibit N to the Application.

Tenet has not issued any material updates to those matters since the Application was filed. Thus Tenet has no updates to Exhibits M and N.

Questions Regarding Financial Matters

20. On page 32 of the Application, the Applicants indicate that as of May 31, 2014 SMHS' balance sheet totals for net working capital and pension liability were $10.9 and $52.5 million, respectively. These amounts were further used by the Applicants to generate Tables 2 and 3of the Application, which show how SMHS will use the proceeds of the transaction. Provide year-to-date net working capital and pension liability total amounts, and revise Tables 2 and 3 to reflect the same.

As of August 31, 2014, net working capital was $4.8 million and the pension liability was $52.6 million.

Tables 2 and 3 of the Application are updated to reflect the August 31, 2014 balance sheet and included on the next pages.

Table 2: Updated

Reference		*A*	*B*	*C*	*D*	*E=A+B+C+D*	*F=A-E*
			Excluded Entities				
	2013 Audit	Actual Aug 2014	Legacy Saint Mary's Hospital Foundation	Saint Mary's Indemnity Company, LLC	Eliminations	Total Excluded Entities	Base Balance Sheet
ASSETS							
Cash	$ 29,939	$ 27,784	$ 997	$ -	$ -	997	$ 26,787
Short term Investments	29	19	-	-	-	-	19
Current portion of assets whose use is limited	8,039	7,781	-	6,891	-	6,891	890
Accounts Receivable	30,768	27,749	95	363	(363)	95	27,654
Other Current Assets	4,834	6,596	4	5,913	(5,515)	402	6,194
Total Current Assets	73,609	69,929	1,096	13,167	(5,878)	8,385	61,544
Marketable Securities	22,365	25,341	4,243	-	-	4,243	21,098
Assets Whose Use is Limited							
By Donor and Held in Trust	15,258	15,755	-	-	-	-	15,755
For Estimated Self Insurance Liability	31,394	40,717	-	40,717	-	40,717	-
By Bond Indenture	4,324	4,067	-	-	-	-	4,067
Other	6	6	-	-	-	-	6
(less) current portion	(8,039)	(7,781)		(6,891)	-	(6,891)	(890)
Total Assets Whose Use is Limited	42,943	52,764	-	33,826	-	33,826	18,938
Property, Plant, and Equipment	64,952	62,451	5	-	-	5	62,446
Investment in Joint Ventures	10,697	9,955	-	-	-	-	9,955
Deferred Financing Costs	128	105	-	-	-	-	105
Other Noncurrent Assets	241	241	-	-	-	-	241
Total Other Assets	11,066	10,301	-	-	-	-	10,301
Total Assets	$ 214,935	$ 220,786	$ 5,344	$ 46,993	$ (5,878)	$ 46,459	$ 174,327
LIABILITIES AND NET ASSETS							
Current Portion of Long Term Debt	$ 2,490	$ 2,593	-	-	-	-	$ 2,593
Accounts Payable	20,985	14,945	20	-	-	20	14,925
Accrued Payroll Expenses	4,734	5,224	-	-	-	-	5,224
Due to Third Parties	6,035	2,999	-	-	-	-	2,999
Accrued Other Expenses	16,486	15,542	28	7,624	(363)	7,289	8,253
Total Current Liabilities	50,730	41,303	48	7,624	(363)	7,309	33,994
Long Term Obligations	20,374	17,891	-	-	-	-	17,891
Estimated Self Insurance Liability	21,908	30,009	-	26,647	-	26,647	3,362
Unfunded Pension Liability	58,823	52,087	-	-	-	-	52,087
Other Long Term Liabilities	10,172	10,075	-	-	-	-	10,075
Total Long Term Liabilities	111,277	110,062	-	26,647	-	26,647	83,415
Unrestricted	34,404	50,347	2,116	12,722	(5,515)	9,323	41,024
Temporarily Restricted	2,269	2,288	2,212	-	-	2,212	76
Permanently Restricted	16,255	16,786	968	-	-	968	15,818
Total Net Assets	52,928	69,421	5,296	12,722	(5,515)	12,503	56,918
Total Liabilities and Fund Balance	$ 214,935	$ 220,786	$ 5,344	$ 46,993	$ (5,878)	$ 46,459	$ 174,327

Reference	*G*	*H*	*G+H=F*	*H*	*I*	*J=H-I*	*E*	*K=J+E*
	Base Balance Sheet Allocation			**Total Retained by Seller**				
	Included in Transaction	**Retained by Seller**	**Base Balance Sheet**	**Retained by Seller**	**Net Debt**	**Retained by Seller after Net Debt**	**Total Excluded Entities**	**Total Retained by Seller**
ASSETS								
Cash	$ -	$ 26,787	$ 26,787	$ 26,787	$ 26,787	$ -	$ 997	$ 997
Short term Investments	-	19	19	19		19	-	19
Current portion of assets whose use is limited	-	890	890	890	$ 890	-	-	-
Accounts Receivable	27,654	-	27,654	-	-	-	95	95
Other Current Assets	5,582	612	6,194	612	-	612	402	1,014
Total Current Assets	33,236	28,308	61,544	28,308	27,677	631	1,494	2,125
Marketable Securities	-	21,098	21,098	21,098	-	21,098	4,243	25,341
Assets Whose Use is Limited								
By Donor and Held in Trust	-	15,755	15,755	15,755	-	15,755	-	15,755
For Estimated Self Insurance Liability	-	-	-	-	-	-	40,717	40,717
By Bond Indenture	-	4,067	4,067	4,067	4,067	-	-	-
Other	-	6	6	6	-	6	-	6
(less) current portion		(890)	(890)	(890)	(890)			
Total Assets Whose Use is Limited	-	18,938	18,938	18,938	3,177	15,761	40,717	56,478
Property, Plant, and Equipment	62,446	-	62,446	-	-	-	5	5
Investment in Joint Ventures	9,955	-	9,955	-	-	-	-	-
Deferred Financing Costs	-	105	105	105	-	105	-	105
Other Noncurrent Assets	241	-	241	-	-	-	-	-
Total Other Assets	10,196	105	10,301	105	-	105	-	105
Total Assets	$ 105,878	$ 68,449	$ 174,327	$ 68,449	$ 30,854	$ 37,595	$ 46,459	$ 84,054
LIABILITIES AND NET ASSETS								
Current Portion of Long Term Debt	$ 633	$ 1,960	$ 2,593	$ 1,960	$ 1,960	$ -	$ -	$ -
Accounts Payable	14,600	325	14,925	325	-	325	20	345
Accrued Payroll Expenses	5,224	-	5,224	-	-	-	-	-
Due to Third Parties	13	2,986	2,999	2,986	-	2,986	-	2,986
Accrued Other Expenses	7,674	579	8,253	579	306	273	7,289	7,562
Total Current Liabilities	28,144	5,850	33,994	5,850	2,266	3,584	7,309	10,893
Long Term Obligations	343	17,548	17,891	17,548	17,548	-	-	-
Estimated Self Insurance Liability	-	3,362	3,362	3,362	-	3,362	26,647	30,009
Unfunded Pension Liability	52,087	-	52,087	-	-	-	-	-
Other Long Term Liabilities	805	9,270	10,075	9,270	-	9,270	-	9,270
Total Long Term Liabilities	53,235	30,180	83,415	30,180	17,548	12,632	26,647	39,279
Unrestricted	24,423	16,601	41,024	16,601	11,040	5,561	9,323	14,884
Temporarily Restricted	76	-	76	-	-	-	2,212	2,212
Permanently Restricted	-	15,818	15,818	15,818	-	15,818	968	16,786
Total Net Assets	24,499	32,419	56,918	32,419	11,040	21,379	12,503	33,882
Total Liabilities and Fund Balance	$ 105,878	$ 68,449	$ 174,327	$ 68,449	$ 30,854	$ 37,595	$ 46,459	$ 84,054

Table 3: Updated

Assets Retained by Foundation	
Cash Balance after Debt Satisfaction	$ 107,977 *
Cash from Exlcuded Entities	997
Short term Investments	19
Accounts Receivable	95
Other Current Assets	1,014
Marketable Securities	25,341
By Donor and Held in Trust	15,755
For Estimated Self Insurance Liability	40,717
Other	6
Property, Plant, and Equipment	5
Deferred Financing Costs	105
Total Assets Retained by Foundation	$ 192,031
Liabilites Retained by Foundation	
Accounts Payable	$ 345
Due to Third Parties	2,986
Accrued Other Expenses	7,562
Estimated Self Insurance Liability	30,009
Other Long Term Liabilities	9,270
Total Liabilities Retained by Foundation	$ 50,172
Net Assets Retained by Foundation	$ 141,859
Total Liabilities and Net Assets	$ 192,031

* $15 million of the Cash Purchase Price is restricted as an indemnity reserve per the Asset Purchase Agreement and will held outside the Foundation

21. Please provide an itemization of the $10 million in reduced funding forecast for FY 2015 (Application p. 74).

The expected $10 million reduction in funding is itemized as follows:

- $5.5 million reduction in Medicaid DSH funding
- $3.3 million reduction in Medicare funding primarily as a result of updates to the wage index
- $0.7 million reduction in Meaningful Use payments
- $0.5 million reduction in grant funding related to the Harold Leever Cancer Center

22. Provide the specific funding source for the cash (e.g., cash equivalents) Tenet plans to use to purchase SMHS' assets for $150 million and to fund the $85 million in capital expenditures.

Tenet will fund the purchase of SMHS' assets and the capital expenditure commitments using cash available on Tenet's balance sheet.

23. At page 31 of the Application, in the description of the Sale of the Hospital in Excess of Purchase Price, Applicants state that, in the event of a sale of the New SM Hospital at any time prior to the third anniversary of the Closing, SMHS or its designee would receive 20% of the excess of the sale price above the price paid in this transaction. However, according to the relevant provision in the APA, Section 11.14(f), this right only applies to certain cash sales of the Hospital and all the other related health care facilities and assets owned (with majority control) by SMHS (as defined therein, the "Facilities"), and there would be significant deductions taken from the sale price before the 20% was calculated. With respect to this right to a portion of the excess sale price, please answer the following:

a. What is the rationale for making this right only applicable to a cash sale?

The parties negotiated the provision to be applicable to a sale of the Hospital for cash (or cash equivalents) and not in the event that Tenet enters into transaction whereby it receives back assets other than cash or cash equivalents (i.e., a "swap" of hospital facilities). In such an event, Tenet is not "liquidating" an investment (the protection that this provision was drafted to address), but reinvesting for other similar assets.

b. Since the Hospital is SMHS' "single most important asset" why is this right not applicable to a sale of the New SM Hospital alone?

The provision was intended to be triggered upon the sale, by Tenet, of the very same assets purchased from SMHS. This would include all of the Facilities, and not any one by itself. In addition, the right to 20% of the gain in a cash sale is applicable only to a sale of all of the Facilities and not to a sale of New SM Hospital alone to prevent unjust results. For example, a buyer may be willing to pay a large premium for New SM Hospital only on the condition that Tenet make major investments in the other Facilities or enter into agreements with the buyer unfavorable to Tenet regarding services to be provided by the other Facilities.

c. Aren't the deductions, which include any expenditures of Tenet or its affiliates with respect to the Facilities and their affiliated businesses in the community since the Closing, likely to eliminate the 20% excess that might be paid?

Any calculation of "gain" from the sale of the Facilities would need to be based not only on the Purchase Price, but also capital that Tenet invests in the Facilities after closing, in addition to a deduction for losses that Tenet has incurred in connection with the operation

of the business. This calculation was negotiated by the parties to be the most reflective of any "gain" that Tenet would realize on a sale of the Facilities and takes into account the continued operations of the Facilities after closing.

d. Since Section 11.14(f) also prohibits this covenant from applying to any merger, sale or other transaction that does not relate solely or principally to the Facilities, or relates to a broader group of facilities or assets than the Facilities, why is SMHS being denied the right to a portion of the excess sale price if its assets and those of GWHN are sold as a package deal?

The APA does not grant SMHS the right to share in an increased sales price under the circumstances cited for the same reason cited above in response to Question 23b (i.e. to prevent an unjust result). If, for example, facilities or assets other than the Facilities are included in a sale, a premium in the sales price over and above Net Hospital Value may be entirely due to investments made by Tenet unrelated to the Facilities or in obligations assumed by Tenet that are not reflected in the sales price.

24. In reference to Financial Attachments I(A) and I(B), Exhibits Y and Z, please address the following:

a. For Financial Attachment I(A), the Applicants submitted projections for SMHS without the CON in Column 2 only. Please revise Financial Attachment I(A) to also include projections of total revenue, expenses and volume statistics for SMHS without the CON in Columns 5, 8 and 11. Please note that these projections should equal the amounts on Financial Attachment I(B) for the New SM Hospital in columns 2, 5, 8, and 11. Please provide revised financial assumptions if necessary;

A revised Financial Attachment I(A) is attached at Exhibit 24a.

b. Please revise Financial Attachment I(A) to include actual amounts and three years of projections of FTEs and Inpatient Discharges for SMHS without the CON;

A revised Financial Attachment I(A) is attached at Exhibit 24a.

c. The Applicants failed to include the entity's name on each attachment. Please add the entity's name to the revised attachments; and

A revised Financial Attachment I(A) is attached at Exhibit 24a.
A revised Financial Attachment I(B) is attached at Exhibit 24c.

d. Explain the actual and three-year projections of zero dollar amounts for the Uninsured Net Patient Revenue reported in Financial Attachments I(A) and I(B) when patient population/payer mix data submitted by the Applicants (Table 8), shows a 3.3% total mix for the Uninsured population and assumes no changes in same as a result of the Asset Purchase.

The Uninsured population identified in Table 8 of the Application are classified as Self Pay for the purposes of the Financial Attachments I(A) and I(B). As Financial Attachments I(A) and I(B) indicate, the Self Pay revenue is expected to increase over the projection period in keeping with the other payer categories.

25. For the Financial Assumptions, Exhibits Y and Z, listed under Projected without CON- "Other Factors/Assumptions/ Adjustments for FY15" (Application p. 2391):

a. Explain why, with the exception of items 2(a) and 2(e), the same items listed for FY 15 do not carry over to impact FY16 and FY 17 revenues, expenses and volume statistics projections. If they do, please revise the financial assumptions and attachments to depict the same;

The assumptions listed for FY15 do carry over into FY16 and FY17 and the Financial Attachments reflect this statement. Each projected year is based upon the results from the prior year. As such, the items assumed for FY15 are inherently factored into the projected financials for FY16 and FY17. The FY16 assumptions presented are incremental to the FY15 assumptions.

b. Define "CDI" and provide a description of the CDI improvement and charge capture initiative/project";

"CDI" is defined as clinical documentation improvement. The Hospital is currently developing a program where nurses (who are trained in clinical documentation requirements) work with hospitalists and other physicians to ensure patient charts/records are appropriately and thoroughly documented. The program facilitates compliance and improves coding accuracy. The improved documentation generally results in coders being able to assign a higher DRG (diagnosis-related group) to the chart, which results in better reimbursement for the services performed.

The charge capture initiative project also facilitates better compliance and reimbursement for services performed. Consistent with the CDI project, the Hospital is developing training to ensure that all services provided and supplies used are included/captured in the bill. The initiative will increase reimbursement for services that are reimbursed on a percent of charge basis.

c. Provide a description of the "new practices" mentioned in item 2(g) that result in an increase in salaries. Provide the dollar amounts and volume increases of additional FTEs due to the new practices; and

The Hospital acquired an Oncology practice and a Digestive Disease practice in fiscal year 2014. The Oncology practice has approximately 16 FTEs and labor costs are estimated at approximately $1.9 million for fiscal year 2015. The Digestive Disease practice has approximately 15 FTEs and labor costs are estimated at approximately $3.2 million for fiscal year 2015.

d. Provide a description of the "supply cost initiative savings" that help offset the increase in Supplies and Drugs mentioned on item 2(i).

The reference to supply cost initiative savings refers to an initiative currently present at SMHS whereby improved pricing for supply and drug costs were recently negotiated and the annualized benefit of these savings are factored into the projected financials. In addition, SMHS recently qualifies for the 340b program allowing SMHS to receive better pricing terms for drug costs.

26. For the Financial Assumptions, Exhibits Y and Z, listed under Projected with CON- "Main drivers that apply each year",

a. Explain why the Applicants project a 0.5% increase in employee productivity and 3% increase in supplies and drugs when, in responding to Questions 22 and 28 of the Application, the Applicants stated that:

(i) the Asset Purchase will allow SMHS "to create efficiencies that result from being part of a system as large as Tenet, so that health resources are not wasted, which will also enable more patients to be served",

Efficiencies from being a part of Tenet are assumed in the projections for the New SM Hospital. Staffing productivity is assumed to increase 0.5% per year as a result of the initiatives and strategies implemented by Tenet's Performance Management and Innovation (PMI) department. A listing of the functions provided by the PMI department are included the response to Question 6.

(ii) ii. "The New SM Hospital would benefit from best practices and Tenet's evidence-based approach to clinical quality", and

The benefit of best practices and Tenet's evidence-based approach to clinical quality is not factored into the Financial Attachments. Once the New SM Hospital becomes party to payer agreements that reward quality, Tenet anticipates a positive financial impact to the New SM Hospital, however because these value based agreements

have not been formally entered into, the effects of such are not considered in the Financial Attachments.

(iii) **iii. "The Asset Purchase will also improve cost effectiveness of health care delivery in the region because the New SM Hospital will have reduced supply costs through Tenet's national vendor contracts.**

Supply expense savings related to Tenet's national vendor contracts are factored into the projected financials for New SM Hospital. It is assumed that that the national vendor contracts will generate savings of $1.2 million annually.

We believe the projections provided for the Application are conservative. In addition to the cost efficiencies in the projections, there are opportunities to capture additional savings through economies of scale brought by Tenet. Areas of opportunity include overhead functions such as human resources, legal and compliance, reimbursement, plant operations, information technology and recruitment of physician and other clinical professionals.

27. The Financial Assumptions project cuts in Medicaid DSH payments and Medicare due to the wage index factor adjustment. The Applicants also project a reduction in other operating revenue due to cuts in meaningful use incentives. What post-closing plans for the Hospital under current SMHS ownership and the New SM Hospital have been made to account for the changes in state and federal hospital funding?

Current SMHS Plan

Initiatives to offset projected cuts in Medicaid DSH payments and Medicare wage index include the following:

- Supply chain cost initiative savings, including 340b program
- Growth of new practices (Oncology and Digestive Disease)
- Clinical Documentation Improvement (CDI) and charge capture initiatives

The projected cuts and the above initiatives have been considered and factored into the three year projections in the financial attachments "without CON".

Incremental Effect of New SM Hospital

In addition to SMHS' current efforts to mitigate declining reimbursement, the New SM Hospital will benefit from economies of scale afforded in a number of areas:

- Supply chain
- IT systems
- Performance Improvement

- Overhead functions such as:

  - human resources,
  - legal and compliance,
  - reimbursement,
  - plant operations and
  - information technology

28. In reference to Table 14, on page 85 of the Application, please address the following:

a. Do the calculated percentages, numbers and dollar amounts for all financial measures under the Hospital's columns include data related to the Hospital only(i.e., not including affiliates)? If not, please revise the table to include Hospital only data;

Yes, the information previously included Saint Mary's Hospital Inc., not Hospital only. Reference Exhibit 28a for revised May tables.

b. The calculated operating performance and liquidity indicators results for the Hospital are the same as SMHS. Is this correct? If not, please revise the tables; and

Saint Mary's Hospital Inc.'s and Saint Mary's Health System Inc.'s financial measures are very similar and therefore would have the same performance indicators. Included are updated financial measures to include "Hospital only" and not Saint Mary's Hospital Inc as Exhibit 28a.

c. Provide for both the Hospital only (not including affiliates) and SMHS monthly financial statistics, as submitted to OHCA on September 12, 2014, for FY 2014 current month and year-to-date, and comparable period for FY 2013, for the months of July, August, September and October.

Exhibit 28c includes statistics for June, July and August tables for Hospital only and SMHS financial stats. September and October are not available at this time.

<u>Questions Regarding the Conversion Foundation</u>

29. In response to Question 9 in the Application Form, SMHS stated that "Saint Mary's Hospital Foundation, Inc., will continue as a separate tax-exempt 501(c)(3) organization and will receive the remaining proceeds following the completion of the transaction." (Application, Bates No. 44; hereinafter, "App. ___.")

Conn. Gen. Stat. § 19a-486c(a)(8) provides that the fair market value of the hospital's assets be transferred to a person who is unaffiliated with SMHS or Tenet in corporate structure, governance, or membership. The purpose of this provision is to insure the complete independence of the nonprofit conversion foundation from the for-profit hospital and the former non-profit hospital. Saint Mary's Hospital Foundation, Inc. ("SMHF") has such a

direct relationship with Saint Mary's Hospital, however, that it will be impossible for it to achieve the complete independence necessary for compliance with § 19a-486(c)(8).

In addition, the proposed new SMHF board would appear to overlap, at least at first, with current members of the hospital board and the SMHF board. And the SMHF board is supposed to appoint three members to the Local Health System Board ("LHSB"), the advisory board to the for-profit hospital. Moreover, the Archbishop participates on the proposed new SMHF board and maintains substantial connections to the new for-profit hospital, e.g., the Archbishop sits on the LHSB and appoints two additional members to that board.

As such, the Application's proposed conversion foundation cannot satisfy the requirements of § 19a-486(c)(8). Therefore, please describe, in detail the structure, governance, and membership of the charitable entity to which the fair market value of SMHS's assets will be transferred, including how the entity will structure itself to achieve § 501(c)(3) status.

The existing Saint Mary's Hospital Foundation will be reorganized and its existing relationship as a supporting organization of the hospital will change. The Foundation will continue as a Catholic institution, structured as a supporting organization of the Archdiocese of Hartford, and a tax-exempt 501(c)(3) public charity. The Foundation's governing documents, including its Certificate of Incorporation and By-laws, will be amended and restated, including the mission and purpose of the Foundation. The Board of Directors will be reconstituted and will transition to an entirely new membership over a 2-year period. Representatives of the Catholic Church, including the Archbishop or his designee, will participate on the board at all times.

Saint Mary's Hospital has been a Catholic organization from its inception. It was established as a Roman Catholic hospital in 1907 through the sponsorship of the Archdiocese of Hartford under Bishop Michael Tierney's leadership and has always been a sponsored ministry of the Archdiocese of Hartford. It was staffed by the Sisters of St. Joseph for nearly 100 years. The Archbishop of Hartford serves on its board and retains certain reserved powers, including the approval of the mission, purpose, and philosophy of the corporation and the right to approve alienations of property. To be a Catholic institution, an entity must adhere to the teachings and doctrine of the Church. Additionally, Catholic healthcare service providers must comply with the Ethical and Religious Directives as interpreted in the Archdiocese by the Archbishop of Hartford.

Donors, including individuals, the Archdiocese, parishes, and the Sisters of St. Joseph, have given to the hospital in recognition of its undisputed identity as a Catholic institution. In order to ensure that the intent of the donors to the Catholic hospital is served, the net assets from the sale must be distributed to a Catholic non-profit entity that will support and promote health care generally in the affected community.

That the net proceeds be distributed to a Catholic entity is required both by the Certificate of Incorporation of SMHS and the Hospital. The distribution of these funds to a restructured Foundation that retains its Catholic identity satisfies the intention of donors to the Catholic hospital. In order to preserve its Catholic identity, representatives of the Church, including the Archbishop or his designee, will serve on its board. Both the terms of Section 19a-486c(a) and the legislative history emphasizing the importance of honoring donors' intentions require this result. Moreover, the sale of assets of a Catholic entity is subject not only to civil law but to Canon law review and approval process.

In addition, the proposed governance structure satisfies the requirements of 19a-486(c)(8). Connecticut courts have long held that "[I]n construing statutes, we presume that there is a purpose behind every sentence, clause, or phrase used in an act and that no part of the statute is superfluous. . . . Because [e]very word and phrase [of a statute] is presumed to have meaning . . . [a statute] must be construed, if possible, such that no clause, sentence or word shall be superfluous, void or insignificant." *Lopa v. Brinker International, Inc.*, 296 Conn. 426, 433 (2010).

Connecticut General Statutes Section 19a-486c(a) directs the attorney general to deny an application for the sale of a nonprofit hospital if one of the enumerated conditions set forth in that subsection exists. It then lists 9 separate conditions that would give rise to a denial of an application. One of those conditions provides:

> (8) a sum equal to the fair market value of the nonprofit hospital's assets (A) is not being transferred to one or more persons to be selected by the superior court for the judicial district where the nonprofit hospital is located who are not affiliated through corporate structure, governance or membership with either the nonprofit hospital or the purchaser . . . , and (B) is not being used for one of the following purposes:
>
> (i) For appropriate charitable health care purposes consistent with the nonprofit hospital's original purpose.
> (ii) for the support and promotion of health care generally in the affected community, or
> (iii) with respect to any assets held by the nonprofit hospital that are subject to a use restriction imposed by a donor, for a purpose consistent with the intent of said donor . . . .

In order for condition 8 to exist and thereby give rise to a denial, the fair market value of the hospital's assets must both not be given to persons selected by the superior court who are not affiliated with either the nonprofit hospital or the purchaser and not be used for one of the purposes set forth in Subsection B.

In this instance, a sum equal to the fair market value of the hospital's net assets is to be used for the support and provision of health care generally in the affected community in compliance with Section (8)(B). As a result, condition 8 does not exist because the use purpose contained in Subsection B has been satisfied. If the legislature had intended any

other result, it would have established Subsection (A) and Subsection (B) as two distinct conditions and not have combined them as one condition 8. The statute thus does not require independence of corporate structure, governance, or membership when the use of the funds is for the support of health care in the affected community.

This understanding of Section 19a-486c(a)(8) adheres to the rules of statutory construction and the intent of the statute as discussed during the March 11, 1997 Public Health Committee public hearing at which House Bill 5645, An Act Requiring Advance Review and Approval of the Sale or Conversion of Nonprofit Health Care Facilities to For Profit Entities, was considered. The members of the Public Health Committee and the public wanted charitable assets donated to community hospitals to continue to be dedicated to the purpose of health care. During Attorney General Richard Blumenthal's testimony before the committee, he supported the testimony of Linda Miller and encouraged everyone to read her book When Your Community Hospital Goes Up For Sale. Attorney General Blumenthal (and others) testified that he wanted the intent of the donors to be served.

30. Please identify how the LHSB will be reconstructed so that there is no connection between it and the conversion foundation.

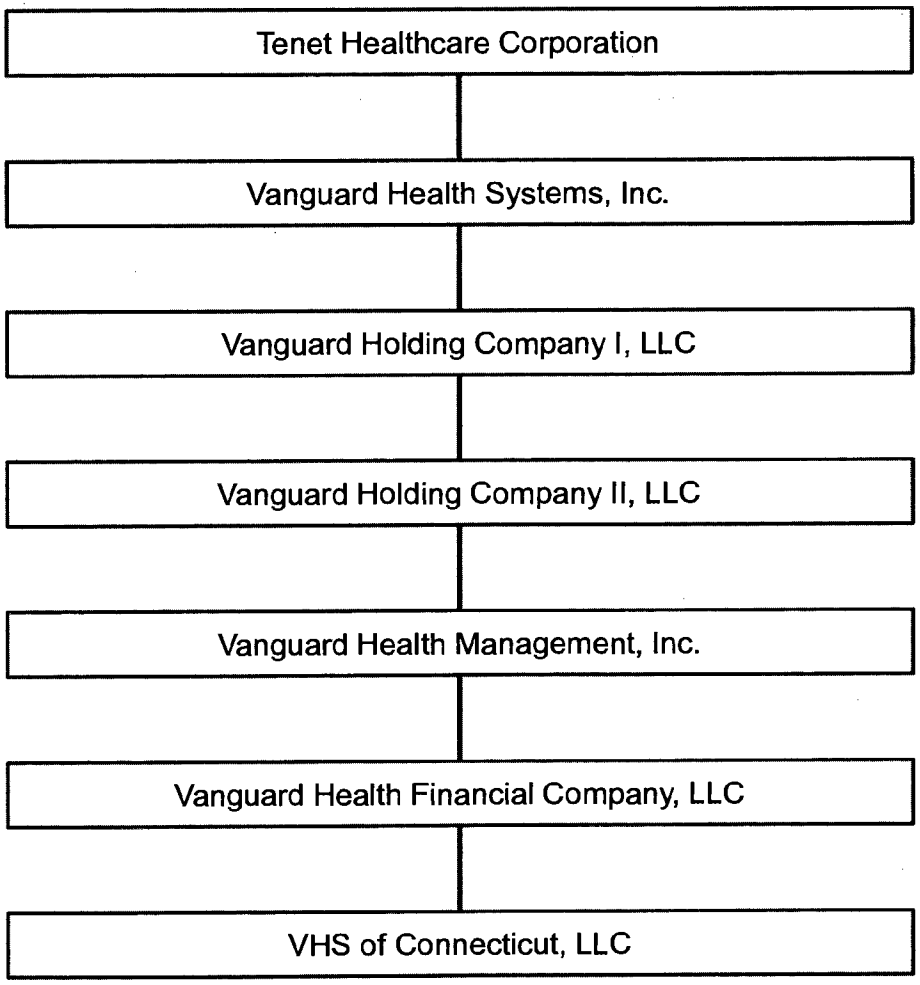
SMHS entered into an agreement with Tenet whereby the hospital would continue to adhere to the Ethical and Religious directives for Catholic Healthcare. Those directives impose an obligation to assess whether the arrangement is observed and implemented in a way that is consistent with Catholic teachings. The involvement of representatives of the Catholic Church, including the Archbishop or his designee, on the new hospital's advisory board is therefore essential to the Church's ability to observe the implementation of Catholic teachings.

The LHSB will consist of 12 members. Of these, 6 will be appointed by Tenet, 3 will be Church representatives appointed by the Archdiocese, and 3 will be appointed by the Foundation Board. Subsequently, new Board members will be identified through a board-directed nominating process. See also discussion above in response to question 29.

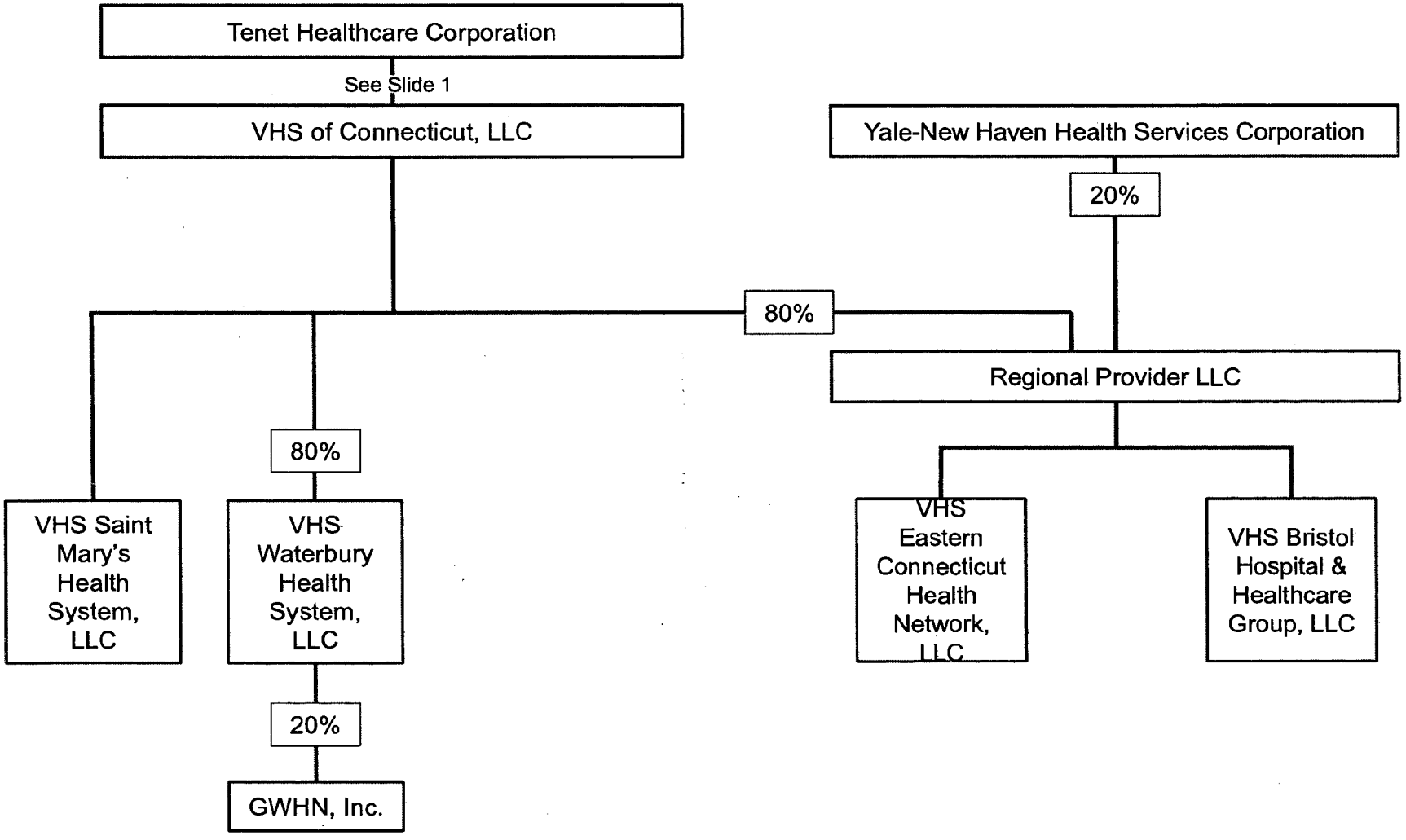
COMPLETENESS RESPONSES

EXHIBIT 7D

Organization Chart 1

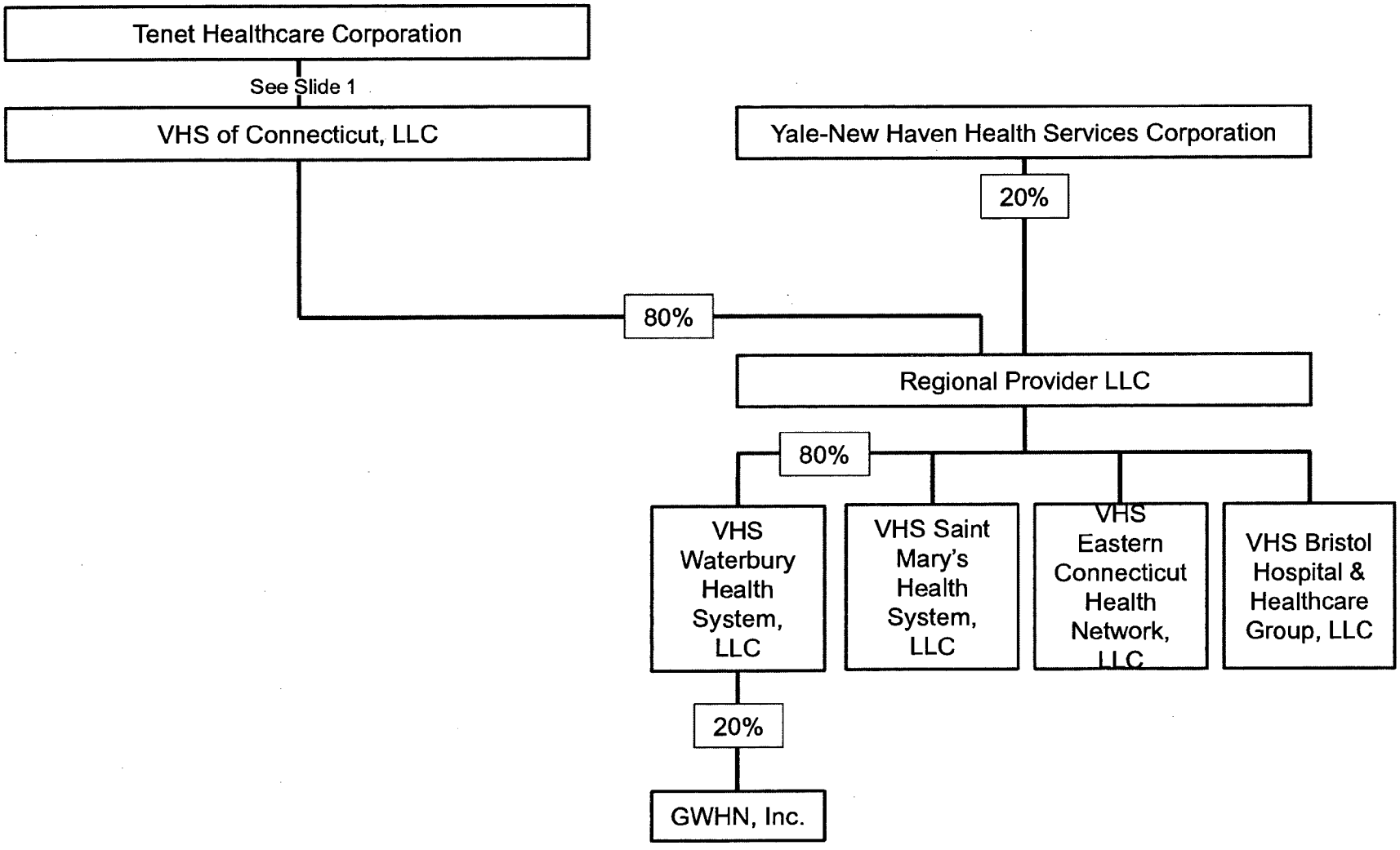


Organization Chart 1 – At Closing



Comp. Resp. 050

Organization Chart 1 – Post Closing

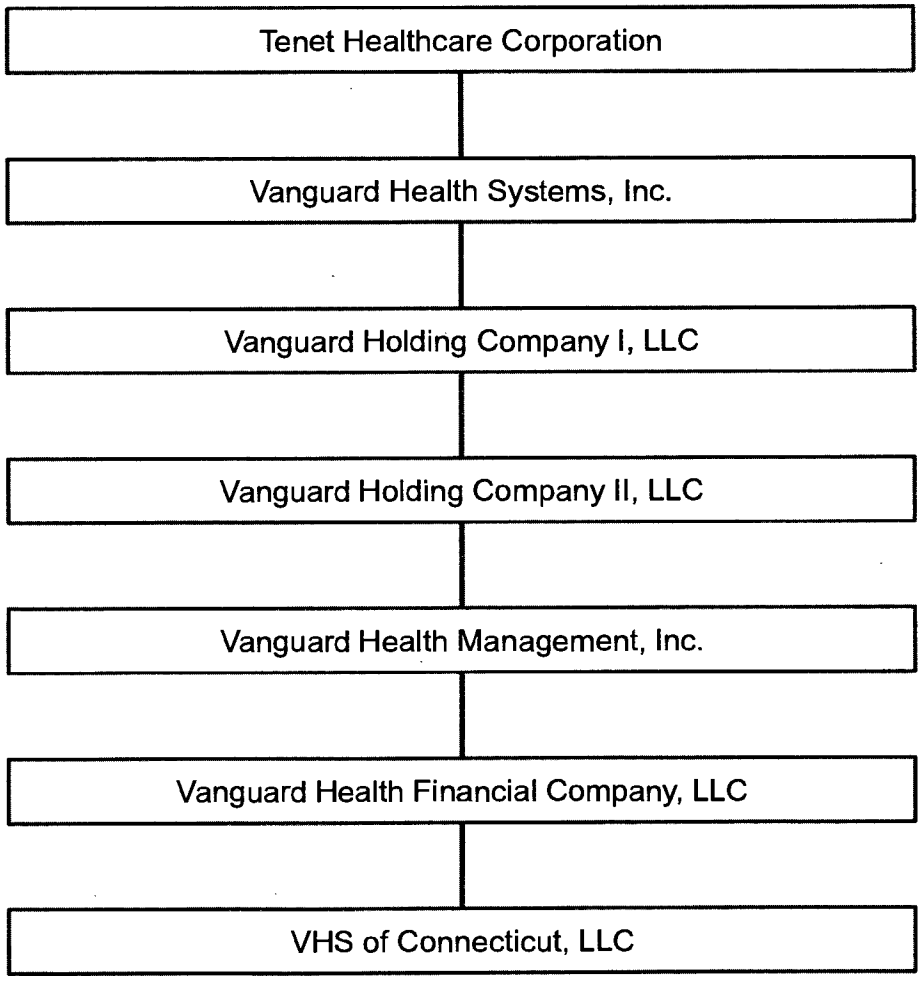


Comp. Resp. 051

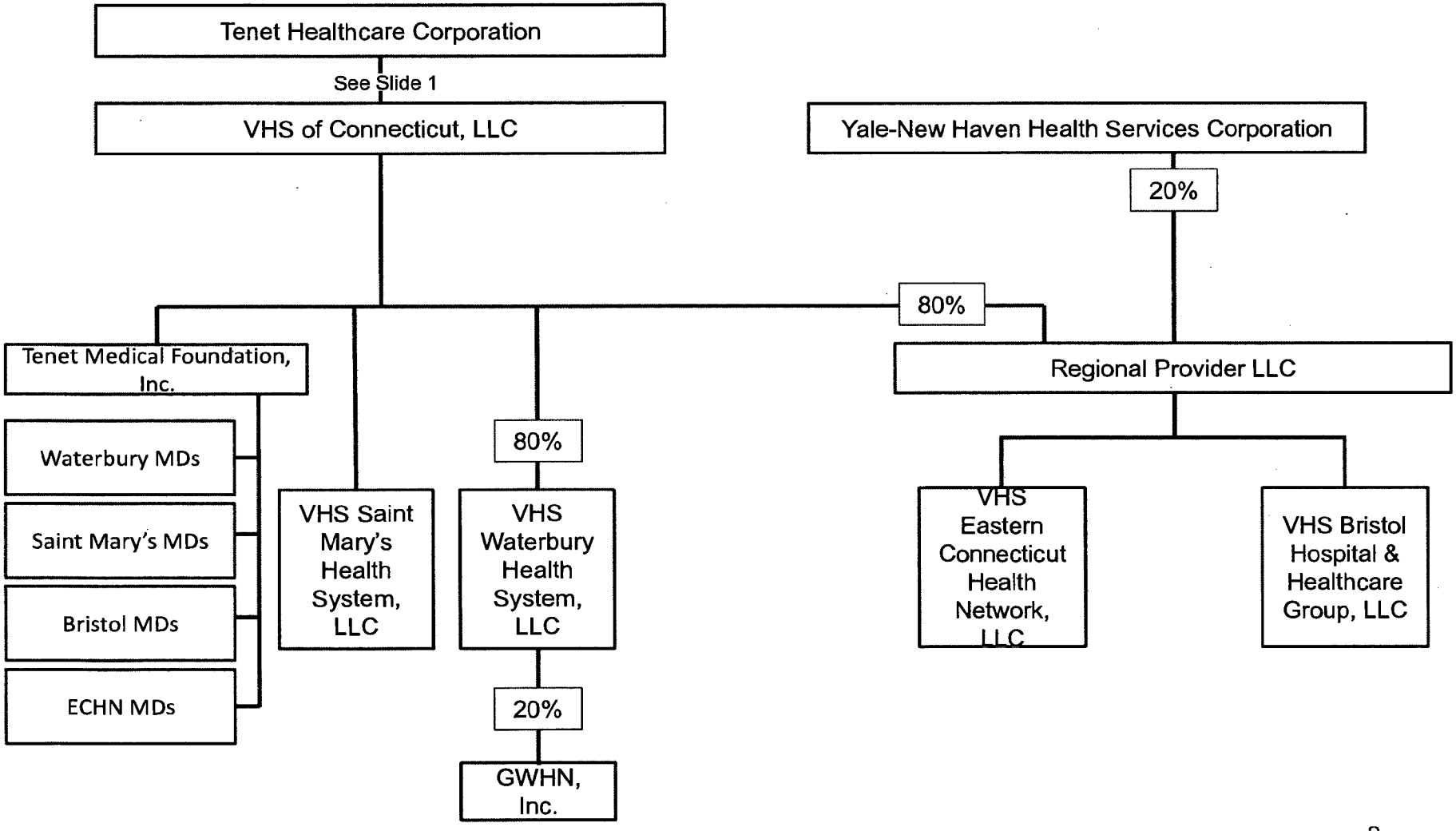
COMPLETENESS RESPONSES

EXHIBIT 7E

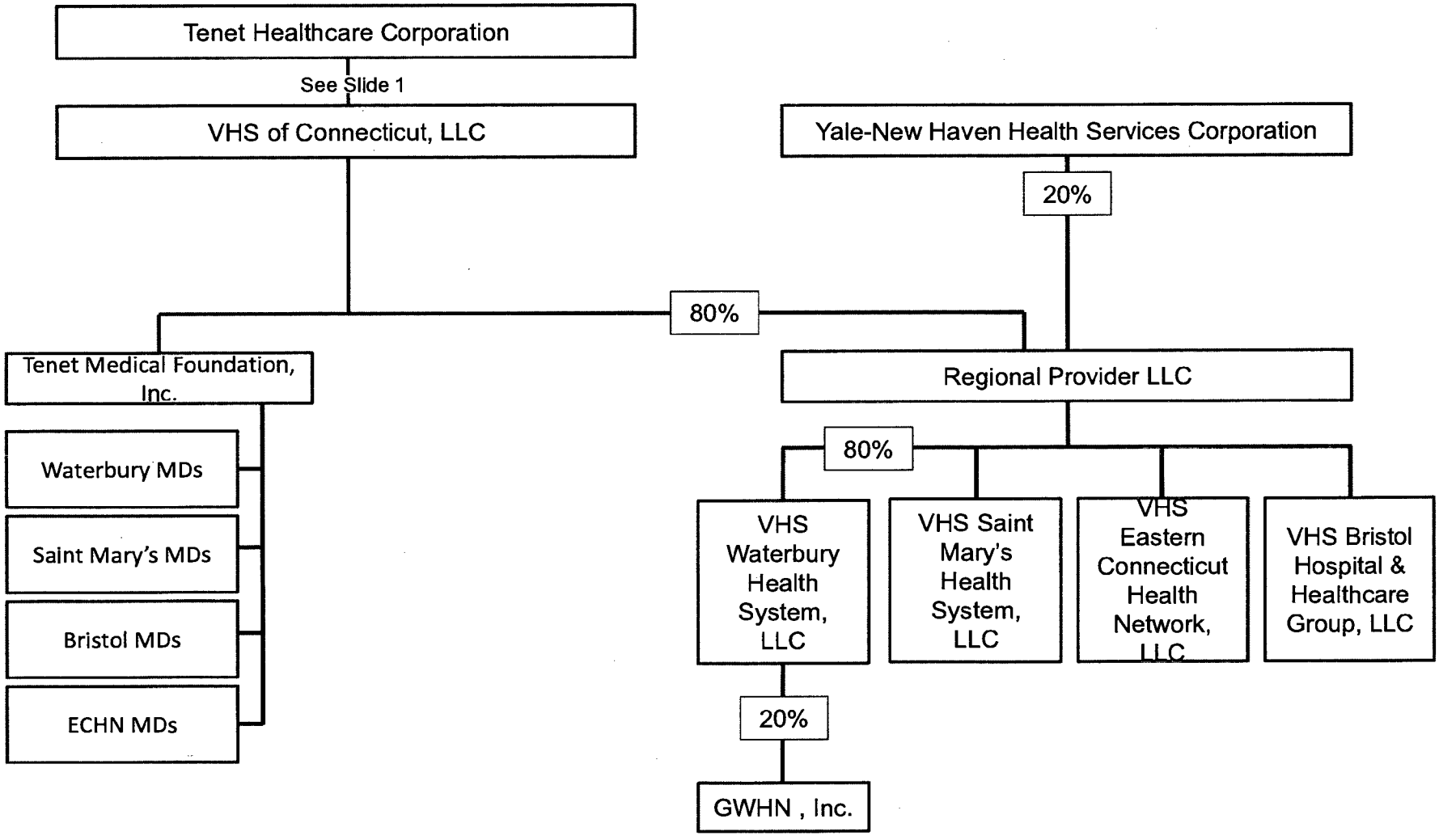
Organization Chart 2



Organization Chart 2 – At Closing

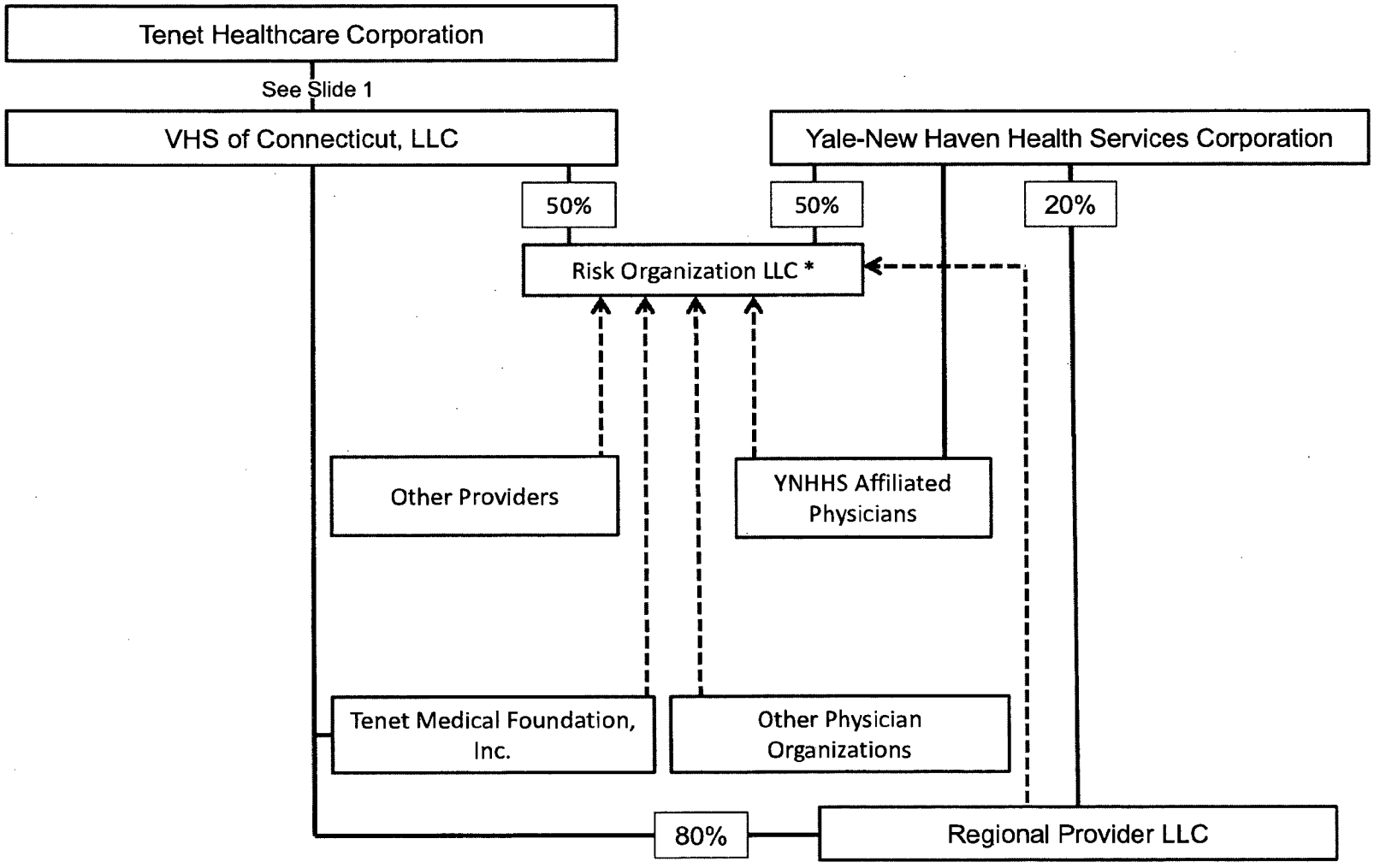


Organization Chart 2 – Post Closing



Comp. Resp. 055

Organization Chart 2 (cont.)



*Equity interests may be issued to additional members

COMPLETENESS RESPONSES

EXHIBIT 10A

Compact with Uninsured Patients

- Patients without insurance at Tenet hospitals will be treated fairly and with respect during and after their treatment, and regardless of their ability to pay for the services they receive.

- Tenet hospitals will provide financial counseling to uninsured patients. This will include help in understanding and applying for local, state and federal health care programs such as Medicaid.

- After uninsured patients* receive treatment at Tenet hospitals and are provided with financial counseling, they will be offered discounted pricing for the services provided at rates equivalent to the hospital's current managed care rates, which are substantially discounted from retail or "gross" charges.

- All patients without insurance at Tenet hospitals will be offered reasonable payments and payment schedules and, subject to their acceptance of the offer, will be billed at discounted local market rates. Whenever possible, this will occur before the patients leave the hospital, as part of the financial counseling process.

- Tenet hospitals will not pursue legal action for non-payment of bills against any patient who is unemployed or without other significant income. Before taking legal action for non-payment, our hospitals will assure that the patient is not eligible for any assistance program and does not qualify under the hospitals' charity care policy. Nor will our hospitals pursue legal action if the only recovery available would be to place a lien on the patient's home.

**Patients will not be considered "Uninsured Patients" if they reside outside of the United States and travel to the United States for the purpose of receiving specialized medical care.*

Table of Contents

Charity Care Policy

I. POLICY:

The determination of Charity Care generally should be made at the time of admission, or shortly thereafter. However, events after discharge could change the ability of the patient to pay. Designation as Charity Care will only be considered after all payment sources have been exhausted. The co-pay amount will be pursued for all charity accounts with the exception of deceased and homeless patients with no other guarantor. Patient account transactions for Charity Care must be posted in the month the determination is made.

The flat rate "co-pay" amount is based on patient type. Emergency patients and outpatients are required to pay $100 flat rate and inpatients are required to pay $200 per day, with a $2,000 cap.

In the event the account has been assigned as Bad Debt to SOS/CFC as part of the monthly SOS journal entry, it will reverse the PA recovery that was given on an account determined to be Charity Care.

Note: EMPLOYEES OF TENET SHOULD NOT, AT ANY TIME, INDICATE OR SUGGEST TO THE PATIENT THAT HE/SHE WILL BE RELIEVED OF THE DEBT BY WAY OF A WRITE-OFF TO CHARITY CARE UNTIL THE DETERMINATION HAS BEEN MADE.

II. SCOPE:

All Tenet Patient Accounting Platforms

III. PURPOSE:

To define Charity Care and to distinguish Charity Care from accounts assigned to Bad Debt. Additionally, to establish policies and procedures to ensure consistent identification, accountability, and recording of charity at all Tenet entities and facilities.

IV. DEFINITIONS:

Charity Care represents all healthcare services that are provided to patients who are financially unable to satisfy their debts, resulting from a determination of a patient's inability to pay, not their willingness to pay. Hospital charges for patient accounts identified as Charity Care at the time of admission or service are not recognized by the facility as net revenue or net receivables. If patient accounts are identified as Charity Care subsequent to the facility recognizing the charges as revenue, an adjustment is required to appropriately classify the revenue and any Bad Debt expense previously recorded.

Charity Care will be classified into four categories:

A. Charity Care – Statutory

Statutory Charity Care will be defined by facility participation in various Federal, State, and/or County uncompensated care programs. Criteria for such Charity Care must comply with governmental guidelines and/or State or County regulations. Statutory Charity Care also includes any Charity Care obligations as defined in contractual agreements documenting the acquisition of the facility. Each patient who appears eligible for Statutory Charity Care determination and requests such determination must complete a Confidential Medical and Financial Assistance Application (hereafter referred to as the Confidential Financial Application—or, as application—as illustrated in *Exhibit B*). The patient/guarantor must complete all areas of the application and attest to the accuracy of the information by signing the application. The application will be processed in accordance with the Tenet Charity Care Program Policy and Procedures.

Each facility may need to have a number of Statutory Charity Care accounts to provide for the separation and identification of Charity Care by specific program and/or obligation. Statutory Charity Care will generally be identified at the time of admission by the facility, Tenet Financial Assistance Center (TFAC), or while the patient is in-house; however, it may also be identified after discharge.

The following accounts have been added to the Acute Chart of Accounts:

1. 5950-3934 Charity Discount - Statutory I/P
2. 5950-4934 Charity Discount - Statutory E/R
3. 5950-6934 Charity Discount - Statutory O/P

B. Charity Care – Non-Statutory

Non-Statutory Charity Care is defined as patient Charity Care meeting Tenet's Charity Care criteria; however, there may not be State or County programs in which the facility participates or where the facility does not have specific obligations to provide Charity Care. TFAC will determine eligibility for Non-Statutory Charity Care. The determination will be performed after the Confidential Financial Application is submitted for processing. An effort will be made to secure a signed application, but this may not be possible in all cases and will not prevent an account from being qualified by TFAC as Charity Care.

The following account descriptions have been revised in the Acute Chart of Accounts:

1. 5950-3935 Charity Discount - Non-Statutory I/P
2. 5950-4935 Charity Discount - Non-Statutory E/R
3. 5950-6935 Charity Discount - Non-Statutory O/P

C. Charity Care – Medicaid Denied Stays/Care, Non-Covered Services

Medicaid Charity Care will be defined as a category of patients who qualify for Medicaid, pursuant to governmental guidelines and/or State or County regulations, but where an outstanding patient balance exists, excluding waivers of deductibles and co-payments, unless otherwise documented and compliant with Tenet Regulatory Compliance Policy guidelines. Medicaid Charity Care also includes any Charity Care obligations as defined in contractual agreements documenting the acquisition of the facility.

Each patient who appears to be eligible for Medicaid Charity Care determination will not be required to complete a Confidential Financial Application due to the fact that Medicaid eligibility, in itself, is deemed to meet the requirements of Charity and, therefore, meets Tenet's criteria for Charity Care.

Under the Tenet Medicaid Charity Care Policy definition, these patients are eligible for Charity Care write-offs. Charges not billable or "un-billable" to the patient may not be claimed as Charity Care where it is not allowed by State law/regulation. Billable charges related to denied days, denied days of care, non-covered services, and any denied treatment authorizations will be included as Medicaid Charity Care. In addition, Medicare patients who have Medicaid coverage for their co insurance deductibles for which Medicaid will not make any additional payment, and for which Medicare does not ultimately provide Bad Debt reimbursement, will also be included as Charity Care.

At no time shall a facility claim Charity Care attributed to Medicaid billable charges as either Statutory or Non-Statutory Charity.

The following account descriptions have been revised in the Acute Chart of Accounts:

1. 5950-3940 Medicaid Denied Days I/P
2. 5950-4940 Medicaid Denied Services E/R
3. 5950-6940 Medicaid Denied Services O/P

D. Charity Care – Catastrophic Medically Indigent

For patients whose family income to the Federal Poverty Guidelines (FPG) ratio is greater than the designated threshold allowance (Tenet, State, or local-specific), but less than 300% of the FPG, the patient may be considered for the Catastrophic Medically Indigent category. The determination for this is completed after comparing the patient's gross income, income to FPG ratio, and amount of hospital charges as follows:

1. **Income/FPG Ratio**—Gross income to FPG ratio is greater than 200% or less than or equal to 300%.

2. **Income Limit**—Gross family income is not to exceed two times the FPG for a family of six (2003 Guidelines $24,680 x 2 = $49,360).

3. **Charges > 2 Times Income**—Total hospital charges for a patient for the preceding six months is more than twice the family's total gross annual income.

4. **Unable to Pay**—It is determined the patient is unable to pay.

The following account descriptions have been revised in the Acute Chart of Accounts:

1. 5950-3941 Catastrophic Medically Indigent Discount - I/P

2. 5950-4941 Catastrophic Medically Indigent Discount - E/R

3. 5950-6941 Catastrophic Medically Indigent Discount - O/P

V. PROCEDURE:

The hospital Financial Counselor or MEP Patient Advocate will attempt to identify potential Statutory and Non-Statutory Charity Care at the time of admission or while the patient is in-house. At the time of Charity identification, the financial class will be changed to Charity Care, the co-pay will be collected based on admission type, and a 100% Charity Care allowance should be taken for these patients. At the time of the financial class change, the patient's account will be assigned to TFAC and the Confidential Financial Application should be forwarded to TFAC for review and processing. Additionally, all CFC-, MEP-, and Early Out-assigned patient accounts—post-discharge—that qualify to be reviewed for Charity Care should be forwarded to TFAC. Completed Charity Care packets will be forwarded to the respective facility. TFAC will also retain the Charity Care packets, including applications for Charity Care, appropriate back-up documentation, and recommendations for possible retrospective audit by the Business Office and/or Tenet Audit Services.

A. Factors to be Considered

Factors to be considered in determining eligibility for Charity Care must include comparing the patient's gross income to the annually published FPG, or an equivalent thereof. The patient's gross income information may be obtained from a Confidential Financial Application, but is not required. This information may be obtained through verbal means from the patient/guarantor and documented by a MEP Patient Advocate, Financial Counselor, Financial Assistance Coordinator, or other specifically designated Tenet employee.

Other factors may include, but are not limited to, the following:

1. The patient's employment status, credit status, and capacity for future earnings.
    a) Patients who are unemployed and do not qualify for a government program
    b) Patients who have no credit established and no Bad Debt collection accounts
    c) Patients with a lack of revolving credit account(s) information
    d) Patients with a lack of revolving bank accounts(s) information
    e) Patients with delinquencies reported on open trade line accounts
2. The previous exhaustion of all other available resources.
3. International patients are considered on a case-by-case basis for ER treatment and/or ER admission only.
4. Catastrophic illness.

VI. MEP PROCEDURE:

The MEP Patient Advocate should screen patients for potential linkage to Government/County programs. During the screening process, the Advocate should secure a Confidential Financial Application. The application is to be used for potential Charity Care determination only in the event MEP is unable to obtain eligibility for the patient for Government Programs reimbursement. For potential linkage to Government/County programs, the Patient Advocate will:

A. Change the financial class and assign the account to MEP within five days from date of discharge, thereby, netting the account to expected governmental reimbursement.

B. Make a final determination as to whether linkage will prevail within an additional 25 days from the assignment date, totaling no more than 30 days from date of discharge.

C. Return the account to the facility for assignment by the Business Office to Early Out for Self-Pay if it is determined that program linkage will not prevail within the additional 25 days from assignment date, and there are no other payment or third-party payment sources. Those meeting the financial guidelines for Charity Care will be assigned by the Business Office to TFAC with the appropriate financial class. The co-pay should be collected by the hospital's Financial Counselor, Business Office representative, or TFAC representative.

If, during the initial interview with the patient, it is revealed that there is no viable source of payment and the patient will not qualify for any governmental programs, the Patient Advocate will:

A. Offer the patient a Confidential Financial Application form.

B. Assist the patient in completing a Confidential Financial Application, which will document the patient's financial need.

C. Obtain the patient's signature on the Confidential Financial Application and forward the application to the Financial Counselor or TFAC, as deemed appropriate.

D. Refer the patient to the hospital Financial Counselor for collection of the co-pay.

MEP Processing for Charity Care

For those accounts that remain in MEP past 30 days from assignment with no government program linkage and that meet the financial criteria for Charity Care, MEP should have gathered all substantial information to enable the facility to affect Tenet's Charity Care Policy. Included in the Charity Care packet is a Confidential Financial Application. If the MEP representative has exhausted all efforts to secure all necessary verifications, the application for Charity Care should be submitted to TFAC for review and finalization without the verifications.

MEP is required to notify the Business Office of the inability to obtain eligibility, or the potential qualification for Charity Care classification, and to return the account to the Business Office.

The Business Office is required to update the plan ID and financial class for assignment to TFAC.

TFAC will further assess the application.

VII. FINANCIAL COUNSELOR PROCEDURE:

Patients assessed by a Financial Counselor to have no third-party coverage and/or benefits available will:

A. Be offered the facility flat rate or Prompt Pay Discount Program where allowed by State law/regulation.

B. Be assessed for Charity Care in the event he or she is unable to pay the facility flat rate or Prompt Pay Discount Program amount (as applicable to State law/regulation), and meets the income/asset and other guidelines set forth by the Charity Care Policy.

The Financial Counselor will take the appropriate steps as outlined below:

A. For patients who appear to meet the income guidelines set forth in this policy for Charity Care, the account should be updated with the financial class of Charity on the facility system, at which time, a 100% Charity Care reserve should be taken and the co-pay amount should be collected. The patient account is then assigned to TFAC for review follow-up and a final Charity Care recommendation. The Financial Counselor should forward the Confidential Financial Application to TFAC.

B. Patients who do not qualify for Charity Care should be treated as a Self-Pay, and standard A/R collection procedures will apply.

VIII. TENET FINANCIAL ASSISTANCE CENTER:

All accounts assigned to TFAC that are potentially Charity Care will be evaluated within 25 days. During the assessment period, the account's financial class may be changed to Charity Care on the facility's system and a 100% reserve taken.

Those accounts that do not meet the financial guidelines, which were assigned to TFAC for Charity Care assessment, will have the financial class changed to Self-Pay on the facility's system and will be assigned to Early Out.

For patient accounts meeting the Charity Care guidelines:

A. The TFAC Financial Assessment Coordinator will gather all substantial information to enable the facility to affect Tenet's Charity Care Policy.

B. The Charity Care packet should include a Confidential Financial Application, a Credit Bureau Report, and any other documents that substantiate the patient's financial need for Charity consideration. Where the patient is unable to complete a written Confidential Financial Application, verbal attestation is acceptable.

The amount of information to support a Charity Care recommendation will vary depending on TFAC's ability to effectively obtain the information from the patient or family.

When TFAC is unable to obtain hard-copy documentation from the patient or family, but all indications—from the information received verbally or in writing at the time of service (or soon thereafter)—are that the patient would qualify for Charity Care, then TFAC will complete a Confidential Financial Application recommending Charity Care. The application will include:

1. A Credit Bureau Report or summary
2. An analysis that supports the recommendation for a Charity Care adjustment

C. The Financial Assessment Coordinator will attempt to secure supporting documentation. Income and/or assets may be verified by attaching any one or more of the following:

1. Credit Bureau Report (including the lack thereof)
2. IRS tax returns
3. Payroll stubs
4. Declarations
5. Verbal attestation
6. Other forms used to substantiate the need for Charity Care consideration

D. The Financial Assessment Coordinator will apply FPG guidelines by using the FPG table (refer to *Exhibit A*), which is updated annually. The patient's family size is used to determine whether monthly or annual income falls at, below, or exceeds 200% of the FPG. Where State law/regulation does not allow for consideration of Charity up to 200% of the FPG, the State law/regulation will take precedent and be enforced.

1. If the family gross income falls below, or is at the designated income of the FPG ratio threshold, the patient's account will be considered for Charity Care adjustment at 100% minus the co-pay amount

   Note: Tenet Policy's ratio is 200%, which is influenced by State law/regulation.

2. For patients whose family income to the FPG ratio is greater than the designated threshold allowance (Tenet, State, or local-specific), but less than 300% of the FPG, the patient may be considered for a Catastrophic Medically Indigent discount. The calculation for this is completed after comparing the patient's gross income, income to the FPG ratio, and the amount of hospital charges as follows:

   a) **Income/FPG Ratio**—Gross income to FPG ratio is greater than 200% or less than or equal to 300%.

   b) **Income Limit**—Gross family income is not to exceed two times the FPG for a family of six (2003 Guidelines $24,680 x 2 = $49,360).

   c) **Charges > 2 Times Income**—Total hospital charges for a patient for the preceding six months is more than twice the family's total gross annual income.

   d) **Unable to Pay**—It is determined the patient is unable to pay.

      Note: All four of the above criteria must be met for consideration as Catastrophic Medically Indigent.

3. If the co-pay was not collected at the time of service, the Financial Assistance Coordinator will attempt to collect the amount before the Charity Care packet is submitted.

E. The Financial Assistance Coordinator will complete a Confidential Financial Application that indicates there are no other payment sources and the patient meets the income of the FPG guidelines.

F. TFAC is to review the application for Charity Care for appropriateness and completeness. Initialing the application indicates that it has been reviewed and meets the requirements for submission to the facility for Charity Care consideration and administrative adjustment.

G. If the TFAC representative has exhausted all efforts for those patients who meet Government Programs or Charity Care criteria, but are unable to complete the required applications and documentation (e.g., unable to contact the patient, unable to provide sufficient documentation, etc.), and/or have a potential change in future circumstances and recovery, then the account will not be recommended for a Charity Care allowance.

H. Those patients who do not meet the guidelines for Charity Care will have their accounts changed back to Self-Pay, and standard A/R follow-up will begin.

At all times, the Collection, Support, and Management staff of TFAC are required to input complete documentation on the account of all actions taken and all information received from the patient. It is the responsibility of the TFAC Operations management to ensure adherence to this policy.

IX. DOCUMENTATION:

A. Confidential Financial Application

In order to qualify for Charity Care, Tenet requests each patient or family to complete the Confidential Financial Application. This application allows the collection of information about income and the documentation of other requirements as defined below. Pending the completion of the application, the patient should be treated as a Charity Care patient in accordance with Tenet's Charity Care Policy as set forth here. The patient's account will have the financial class changed to Charity Care on the facility's HIS system.

In cases where the patient is unable to complete the written application, verbal attestation is acceptable if it is not disallowed by State law/regulation.

A Confidential Financial Application completed by the patient may not be required for patients who are deemed to be already eligible for other Federal, State, and County Assistance Programs. Such programs include, but are not limited to Medicaid, County Assistance Programs, MIA, MSI, AFDC, Food Stamps, and WIC.

1. **Family Members**—Tenet will require patients to provide the number of family members in their household.

   a) Adults—To calculate the number of family members in an adult patient's household, include the patient, the patient's spouse and/or legal guardian, and all of their dependents.

b) Minors—To calculate the number of family members in a minor patient's household, include the patient, the patient's mother/father and/or legal guardian, and all of their other dependents.

2. **Income Calculation**—Tenet requires patients to provide their household's yearly gross income.

   a) Adults—The term "yearly income" on the application means the sum of the total yearly gross income of the patient and the patient's spouse.

   b) Minors—If the patient is a minor, the term "yearly income" means the income from the patient, the patient's mother/father and/or legal guardian, and all of their other dependents.

3. **Expired Patients**—Expired patients may be deemed to have no income for purposes of the Tenet calculation of income. Although no documentation of income and no Confidential Financial Application are required for expired patients, the patient's financial status will be reviewed at the time of death by TFAC to ensure that a Charity Care adjustment is appropriate. The co-pay will be waived if no other guarantor appears on the patient account.

4. **Homeless Patients**—Patients may be deemed homeless once verification processes have been exhausted by TFAC. The co-pay will be waived if no other guarantor appears on the patient account.

B. Income Verification

Tenet requests patients to attest to the income set forth in the application. In determining a patient's total income, Tenet may consider other financial assets and liabilities of the patient, as well as, the patient's family income, when assessing the ability to pay. If a determination is made that the patient has the ability to pay their bill, such determination does not preclude a reassessment of the patient's ability to pay upon presentation of additional documentation. Any of the following documents are appropriate for substantiating the need for Charity Care:

1. **Income Documentation**—Income documentation may include IRS W-2 form, Wage and Earnings Statement, paycheck stub, tax returns, telephone verification by employer of the patient's income, signed attestation to income, bank statements, or verbal verification from patient.

2. **Participation in a Public Benefit Program**—Public Benefit Program documentation showing current participation in programs, such as Social Security, Workers' Compensation, Unemployment Insurance, Medicaid, County Assistance Programs, AFDC, Food Stamps, WIC, or other similar indigence-related programs.

3. **Assets**—All liquid assets should be considered as a possible source of payment for services rendered. For patients with no source of regular income (employment, SSI, disability, etc.) other than liquid assets, those assets would be the patient's income source and should be measured against the FPG.

C. Information Falsification

Information falsification will result in denial of the Charity Care application. If, after a patient is granted financial assistance, the hospital/SOS finds material provision(s) of the application to be untrue, Charity Care status may be revoked and the patient's account will follow the normal collection processes.

D. Revenue Classification

It will be the responsibility of each Business Office to maintain the integrity of account classification on the hospital patient accounting system. Prior to month-end close, TFAC is responsible for providing detailed reports listing critical changes in account class between Self-Pay and Charity for any A/R account assigned to TFAC. The Business Office is required to use those reports to update the changes in the patient accounting system prior to the month-end.

Critical changes in account class are defined as:

1. Any account originally assigned to TFAC as Self-Pay that is re-classed as a result of meeting the criteria for Charity Care

2. Any account originally assigned to TFAC as Charity that is re-classed to Self-Pay as a result of denying Charity Care

E. Denied Charity Care Recommendations

In the event the CFO denies a patient's application for Charity Care, documentation is to be placed in the facility collection system as to the reason for the rejection of the recommendation. The CFO is also to indicate on the Confidential Financial Application the reason for denial and the date of the denial. The packet is then to be forwarded to TFAC for review. After an initial review and discussion with the CFO, for those patient accounts where disagreement still prevails, and the accounts that meet Tenet guidelines for Charity Care as set forth here, a denial summary will be sent to the respective Tenet Regional Vice President of Finance by TFAC for resolution. For those patient accounts that the Regional Vice President of Finance has denied that have met the Tenet Charity Care guidelines as set forth here, a denial summary will be sent to the respective Tenet Divisional Senior Vice President of Finance for conference and resolution.

F. Custodian of Records

TFAC will serve as the custodian of records for all Charity Care documentation for all accounts identified by SOS, MEP, and CPFS.

G. Reservation of Rights

It is the policy of Tenet and the hospital to reserve the right to limit or deny financial assistance at their sole discretion.

1. **Non-Covered Services**—It is the policy of Tenet and the hospital to reserve the right to designate certain services that are not subject to the hospital's Charity Care Policy.

2. **No Effect on Other Tenet Regions/Hospital Policies**—This policy shall not alter or modify other Tenet policies regarding efforts to obtain payments from third-party payers, patient transfers, emergency care, State-specific regulations, State-specific requirements for Statutory Charity Care classification, or programs for uncompensated care.

X. EXHIBIT A – FEDERAL POVERTY GUIDELINES:

2004 Federal Poverty Guidelines (FPG) are as follows:

Size of Family	48 States Gross Yearly			Alaska Gross Yearly			Hawaii Gross Yearly		
	100% of FPG	200% of FPG	300% of FPG	100% of FPG	200% of FPG	300% of FPG	100% of FPG	200% of FPG	300% of FPG
1	$9,310	18,620	27,930	$11,630	23,260	34,890	$10,700	21,400	32,100
2	12,490	24,980	37,470	15,610	31,220	46,830	14,360	28,720	43,080
3	15,670	31,340	47,010	19,590	39,180	58,770	18,020	36,040	54,060
4	18,850	37,700	56,550	23,570	47,140	70,710	21,680	43,360	65,040
5	22,030	44,060	66,090	27,550	55,100	82,650	25,340	50,680	76,020
6	25,210	50,420	75,630	31,530	63,060	94,590	29,000	58,000	87,000
7	28,390	56,780	85,170	35,510	71,020	106,530	32,660	65,320	97,980
8	31,570	63,140	94,710	39,490	78,980	118,470	36,320	72,640	108,960
Each additional person, add	3,180	6,360	9,540	3,980	7,960	11,940	3,660	7,320	10,980

XI. EXHIBIT B – CONFIDENTIAL FINANCIAL APPLICATION:

Confidential Medical and Financial Assistance Application

Facility:	Acct. #:	Patient Name	SSN	DOB
Patient Address:				
Patient Home Phone:		Patient Work Phone:		

SECTION A

MEDICAL ASSISTANCE SCREENING – *Please circle answer "Y" for yes or "N" for no.*

1. Is the patient under age 21 or over age 65? Y / N
2. Is the patient a single parent of a child under age 21? Y / N
3. Is the patient a caretaker or guardian of a child under 21? Y / N
4. Is the patient a married parent of a minor child? *If yes, does the patient have a 30-day incapacitation?* Y / N
5. Is the patient pregnant, or was the admission pregnancy-related? Y / N
6. Will the patient potentially be disabled for 12 months? Y / N
7. Is the patient a Victim of Crime? Y / N
8. Does the patient have a "COBRA" or insurance policy that the premium has lapsed? Y / N

SECTION B

FINANCIAL ASSISTANCE SCREENING

Total Number of Dependent Family Members in Household _____

(Include patient, patient's spouse and/or legal guardian, and any children the patient has under the age of 18 living in the home. If the patient is a minor, include mother/father and/or legal guardian, and all other children under the age of 18 living in the home.)

Estimated Gross Annual Household Income $_____ (see page 2)

Calculate Income to FPG Ratio: Gross Annual Income ÷ FPG Based on Family Size

_____ ÷ _____ = _____%

Type of Service Circle one ER OP IP

Service Date _____ to _____

Co-Pay Amount $_____

Size of Family	48 States Gross Yearly			Alaska Gross Yearly			Hawaii Gross Yearly		
	100% of FPG	200% of FPG	300% of FPG	100% of FPG	200% of FPG	300% of FPG	100% of FPG	200% of FPG	300% of FPG
1	$9,310	18,620	27,930	$11,630	23,260	34,890	$10,700	21,400	32,100
2	12,490	24,980	37,470	15,610	31,220	46,830	14,360	28,720	43,080
3	15,670	31,340	47,010	19,590	39,180	58,770	18,020	36,040	54,060
4	18,850	37,700	56,550	23,570	47,140	70,710	21,680	43,360	65,040
5	22,030	44,060	66,090	27,550	55,100	82,650	25,340	50,680	76,020
6	25,210	50,420	75,630	31,530	63,060	94,590	29,000	58,000	87,000
7	28,390	56,780	85,170	35,510	71,020	106,530	32,660	65,320	97,980
8	31,570	63,140	94,710	39,490	78,980	118,470	36,320	72,640	108,960
Each additional person, add	3,180	6,360	9,540	3,980	7,960	11,940	3,660	7,320	10,980

In order to determine qualifications for any discounts or assistance programs the following information is necessary.

RESPONSIBLE PARTY/GUARANTOR

Responsibility Party:		Relationship to patient
SSN:	DOB	
Home Address:		Phone #
Work Address:		Phone #
Gross Income:	Check One - Hourly Daily Weekly Monthly Yearly	
	Hours Per Week:	
If income is $0/unemployed, what is your means of support?	Check One - Living on Savings/Annuity Live with parent/family/friends Homeless Shelter	

SPOUSE

Responsibility Party:		
SSN:	DOB	
Home Address:		Phone #
Work Address:		Phone #
Gross Income:	Check One - Hourly Daily Weekly Monthly Yearly	
	Hours Per Week:	

HOMELESS AFFIDAVIT

I, _____, herby certify that I am homeless, have no permanent address, no job, savings, or assets, and no income other than potential donations from others.
Patient/Guarantor Initials _____

ATTESTATION OF TRUTH

I hereby acknowledge all of the information provided to be true. I understand that providing false information will result in the denial of this Application. Additionally, in accordance with state statute, providing false information to defraud a hospital for obtaining goods or services is a misdemeanor, and in accordance with statue, may be punishable by imprisonment and a fine. I also understand that a credit report may be obtained or other such measure may be taken to verify information provided herein. I fully understand that Tenet Charity Care programs is a "Payer of Last Resort" and hereby assign all benefits due from any liability action, personal injury claims, forth settlements, and any and all insurance benefits which may become payable or fitness or injury for which Tenet's or its subsidiaries provided care.

_____ _____

PATIENT/GUARANTOR SIGNATURE **DATE**

OFFICE USE ONLY

Family Size:	Account Number(s)	Balance	Patient Type (Inpatient, Outpatient, ER)
Gross Annual Family Income:			
FPG based on Family Size:			
Current Hospital Charges:			
Income/FPG:			
Income X 2:			
Recommendation:			
_____ Prepared by		_____ Date	_____ Unit
_____ Approved or Denied by		_____ Date	_____ Title

Charity Care Policy – California

I. SCOPE:

This policy applies to (1) Tenet Healthcare Corporation, its wholly-owned subsidiaries and affiliates (each, an "Affiliate"); (2) any other entity or organization in which Tenet or an Affiliate owns a direct or indirect equity interest of 50% or more; and (3) any hospital or healthcare facility in which Tenet or an Affiliate either manages or controls the day-to-day operations of the facility (each, a "Tenet Facility") (collectively, "Tenet").

This policy applies to all Tenet California facilities.

II. PURPOSE:

To provide free or discounted healthcare to patients treated at Tenet California facilities that have an inability to pay for their care.

III. POLICY:

Tenet is committed to providing high quality, comprehensive health care services, regardless of a patient's ability to pay. Tenet strives to ensure that the financial situation of people who need health care services does not prevent them from seeking or receiving care. Charity Care is not considered to be a substituent for personal responsibility, and patients are expected to cooperate with Tenet's procedures for obtaining financial assistance and to contribute to the cost of their care based on individual ability to pay.

The determination of Charity Care generally should be made at the time of admission, or shortly thereafter. However, events after discharge could change the ability of the patient to pay. Designation as Charity Care will only be considered after all payment sources have been exhausted.

The discount amount is based on household income compared to the Federal Poverty Limit (FPL) for the current year. Those with household income under 200% FPL will be eligible for free care for the date of service in which an application is completed.

Uninsured or Under-insured patients (as defined below) with family income between 201% and 350% FPL will be eligible for care at a sliding scale discount. (Refer to RCPM Policy 02.06.02B for additional information.)

Uninsured patients whose family income exceeds 350% of the federal poverty level will receive the Compact discounted rate. (Refer to RCPM Policy 02.02.09 for additional information.)

IV. DEFINITIONS:

A. Charity Care

Charity Care represents all Tenet healthcare services that are provided to patients who are financially unable to satisfy their debts, resulting from a determination of a patient's inability to pay, not their willingness to pay. Hospital charges for patient accounts identified as Charity Care at the time of admission or service are not recognized by the facility as net revenue or net receivables. If patient accounts are identified as Charity Care subsequent to the facility recognizing the charges as revenue, an adjustment is required to appropriately classify the revenue and any Bad Debt expense previously recorded.

B. Under-insured Patients

An "Under-insured Patient" is an insured patient with "high medical costs". These are insured patients whose family income does not exceed 350% of the FPL and has either (1) incurred or who family has incurred annual out-of-pocket costs at the hospital that exceed 10% of the patient's family income in the prior 12 months or (2) incurred or whose family has incurred annual out-of-pocket costs with other providers that exceed 10% of the patient's family income in the prior 12 months. Patients must provide documentation of out-of-pocket costs incurred at providers.

V. PROCEDURE:

Tenet standard accounting procedures should be followed to classify the accounts appropriately.

A. Factors to be Considered

Factors to be considered in determining eligibility for Charity Care must include comparing the patient's gross income to the annually published Federal Poverty Guideline (FPG), or an equivalent thereof. This information may be obtained through verbal means from the patient/guarantor and documented by either a specifically designated Tenet employee at the Tenet facility (such as a Patient Advocate, Financial Counselor) or Financial Assistance Processor, or other specifically designated Tenet employee after discharge.

Other factors may include, but are not limited to, the following:

1. Validate means of support if unemployed and no earned or unearned income have been provided on the application.

2. Validate activity on current accounts reported on credit bureau to determine how payments are being made if household expenses exceed income reported on Confidential Financial Statement.

3. Validate liquid assets (stocks, bonds, certificate of deposits, money market account, checking and saving balances)

4. The previous exhaustion of all other available resources.

5. **Expired Patients**—Expired patients may be deemed to have no income for purposes of the Tenet calculation of income if there is no surviving spouse or no other guarantor appears on the patient account. Although no documentation of income and no Confidential Financial Assistance Application are required for expired patients, the patient's financial status will be reviewed at the time of death by the Tenet Financial Assistance Center (TFAC) to ensure that a discount care adjustment is appropriate. TFAC will also determine whether the patient's estate or probate proceeding indicate liquid assets in excess of $10,000. If the value of the patient's estate or probate proceeding exceeds $10,001, the expired patient will not qualify for discount care. The estate will be pursued for reimbursement on debts owed.

6. Catastrophic illness and documented hardship within the household may also be considered for Charity Care.

B. Documentation

1. Confidential Financial Assistance Application

   A Confidential Financial Assistance Application completed by the patient may not be required for patients who are deemed to be already eligible for other Federal, State, and County assistance programs. Such programs include, but are not limited to, Medicaid, County Assistance Programs, MIA, MSI, TANF, Food Stamps, and WIC.

In order to qualify for Charity Care, Tenet requires each patient or family to complete the Confidential Financial Assistance Application, refer to Attachment B attached to this policy. This application allows the collection of information about income and the documentation of other requirements as defined below.

a) Family Members – Tenet will require patients to provide the number of family members in their household.

   (i) Adults – To calculate the number of family members in an adult patient's household, include the patient, the patient's spouse and/or legal guardian, and all of their dependent children under 21 years of age, whether living at home or not.

   (ii) Minors – To calculate the number of family members in a minor patient's household, include the patient, the patient's mother/father, legal guardian and/or caretaker relative, and all of their other dependents under 21 years of age.

b) Income Calculation – Tenet requires patients to provide their household's annual gross income.

   (i) Patient's Household Income – includes all funds received by all members of the patient's household that support the household.

      a) Household – is defined as patient, patient's spouse or domestic partner, and all dependents living in the same residence as the patient and/or guarantor.

      b) Dependent – is defined as a person who can be claimed by the guarantor and/or patient as a dependent on their federal tax return.

c) The Financial Assessment Processor will attempt to secure supporting documentation. Income and/or assets may be verified by attaching any one or more of the following:

(i) IRS tax returns

(ii) Payroll stubs

(iii) Declarations

(iv) Verbal attestation

(v) Other forms used to substantiate the need for Charity Care consideration

(vi) Credit bureau report (including the lack thereof)

In cases where the patient is unable to complete the written application, verbal attestation is acceptable if it is not disallowed by state law/regulation.

C. Appeal of Denied Charity Care Applications

The patient may appeal the charity denial by submitting additional documentation to substantiate the application and qualification to:

Attention: TFAC Manager
Tenet Financial Assistance Center
P.O. Box 66049
Anaheim, CA 92816-9908

1-888-233-7868

D. Reservation of Rights

It is the policy of Tenet and the hospital to reserve the right to limit or deny financial assistance at their sole discretion, consistent with Tenet and hospital policy and all applicable laws.

1. **Non-Covered Services**—It is the policy of Tenet and the hospital to reserve the right to designate certain services that are not subject to the hospital's Charity Care policy.

2. **No Effect on Other Tenet Regions/Hospital Policies**—This policy shall not alter or modify other Tenet policies regarding efforts to obtain payments from third-party payors, patient transfers, emergency care, state-specific regulations, state-specific requirements for Statutory Charity Care classification, or programs for uncompensated care.

VI. ATTACHMENTS

A. Attachment A – Federal Poverty Guidelines

2007 FPG is as follows:

48 States Gross Yearly							
Size of Family	**100% of FPG**	**150% of FPG**	**200% of FPG**	**250% of FPG**	**300% of FPG**	**350% of FPG**	**400% of FPG**
1	10,210	15,315	20,420	25,525	29,400	35,735	40,840
2	13,690	20,535	27,380	34,225	39,600	47,915	54,760
3	17,170	25,755	34,340	42,925	49,800	60,095	68,680
4	20,650	30,975	41,300	51,625	60,000	72,275	82,600
5	24,130	36,195	48,260	60,325	70,200	84,455	96,520
6	27,610	41,415	55,220	69,025	80,400	96,635	110,440
7	31,090	46,635	62,180	77,725	90,600	108,815	124,360
8	34,570	51,855	69,140	86,425	100,800	120,995	138,280
Each additional person, add	3,480	5,220	6,690	8,700	10,200	12,180	13,920
Alaska Gross Monthly							
Size of Family	**100% of FPG**	**150% of FPG**	**200% of FPG**	**250% of FPG**	**300% of FPG**	**350% of FPG**	**400% of FPG**
1	12,770	19,155	25,540	31,925	36,750	44,695	51,080
2	17,120	25,680	34,240	42,800	49,500	59,920	68,480
3	21,470	32,205	42,940	53,675	62,250	75,145	85,880
4	25,820	38,730	51,640	64,550	75,000	90,370	103,280
5	30,170	45,255	60,340	75,425	87,750	105,595	120,680
6	34,520	51,780	69,040	86,300	100,500	120,820	138,080

7	38,870	58,305	77,740	97,175	113,250	136,045	155,480
8	43,220	64,830	86,440	108,050	126,000	151,270	172,880
Each additional person, add	4,350	6,525	8,700	10,875	12,750	15,225	17,400
Hawaii Gross Yearly							
Size of Family	**100% of FPG**	**150% of FPG**	**200% of FPG**	**250% of FPG**	**300% of FPG**	**350% of FPG**	**400% of FPG**
1	11,750	17,625	23,500	29,375	33,810	41,125	47,000
2	15,750	23,625	31,500	39,375	45,540	55,125	63,000
3	19,750	29,625	39,500	49,375	57,270	69,125	79,000
4	23,750	35,625	47,500	59,375	69,000	83,125	95,000
5	27,750	41,625	55,500	69,375	80,730	97,125	111,000
6	31,750	47,625	63,500	79,375	92,460	111,125	127,000
7	35,750	53,625	71,500	89,375	104,190	125,125	143,000
8	39,750	59,625	79,500	99,375	115,920	139,125	159,000
Each additional person, add	4,000	6,000	8,000	10,000	11,730	14,000	16,000

B. Attachment B – Confidential Financial Assistance Application

Tenet

Confidential Medical and Financial Assistance Application

Facility:	Acct. #:	Patient Name:	SSN:	DOB:
Patient Address:				
Patient Home Phone:		Patient Work Phone:		

SECTION A

MEDICAL ASSISTANCE SCREENING – Please circle answer "Y" for yes or "N" for no.

1.	Is the patient under age 21 or over age 65?	Y / N	5.	Is the patient pregnant, or was the admission pregnancy-related?	Y / N
2.	Is the patient a single parent of a child under age 21?	Y / N	6.	Will the patient potentially be disabled for 12 months?	Y / N
3.	Is the patient a caretaker or guardian of a child under 21?	Y / N	7.	Is the patient a Victim of Crime?	Y / N
4.	Is the patient a married parent of a minor child? If yes, does the patient have a 30-day incapacitation?	Y / N	8.	Does the patient have a "COBRA" or insurance policy that the premium has lapsed?	Y / N

SECTION B

FINANCIAL ASSISTANCE SCREENING

Total Number of Dependent Family Members in Household _____

(Include patient, patient's spouse and/or legal guardian, and any children the patient has under the age of 18 living in the home. If the patient is a minor, include mother/father, Caretaker, and/or legal guardian, and all other children under the age of 18 living in the home.)

Estimated Gross Annual Household Income $_____ (see page 2)

Calculate Income to FPG Ratio: Gross Annual Income ÷ FPG Based on Family Size

_____ ÷ _____ = _____%

Type of Service (circle one) ER OP IP

Service Date _____ to _____

In order to determine qualifications for any discounts or assistance programs the following information is necessary.

RESPONSIBLE PARTY/GUARANTOR

Responsibility Party:			Relationship to patient:	
SSN:	DOB:			
Home Address:			Phone #:	
Work Address:			Phone #:	
Gross Income:	Check One: ☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly			
	Hours Per Week:			
If income is $0/unemployed, what is your means of support?	Check One: ☐ Living on Savings/Annuity ☐ Live with parent/family/friends ☐ Homeless ☐ Shelter			

SPOUSE

Responsibility Party:			
SSN:	DOB:		
Home Address:		Phone #:	
Work Address:		Phone #:	
Gross Income:	Check One: ☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly		
	Hours Per Week:		

HOMELESS AFFIDAVIT

I, _____, hereby certify that I am homeless, have no permanent address, no job, savings, or assets, and no income other than potential donations from others.

Patient/Guarantor Initials _____

ATTESTATION OF TRUTH

I hereby acknowledge all of the information provided to be true. I understand that providing false information will result in the denial of this Application. Additionally, in accordance with state statute, providing false information to defraud a hospital for obtaining goods or services is a misdemeanor and, in accordance with statue, may be punishable by imprisonment and a fine. I also understand that a credit report may be obtained or other such measure may be taken to verify information provided herein. I fully understand that the Tenet Charity Care program is a "Payor of Last Resort" and hereby assign all benefits due from any liability action, personal injury claims, forth settlements, and any and all insurance benefits which may become payable or fitness or injury for which Tenet's or its subsidiaries provided care.

_____ _____

Patient/Guarantor Signature Date

OFFICE USE ONLY

Family Size:	Account Number(s)	Balance	Patient Type (Inpatient, Outpatient, ER)
Gross Annual Family Income:			
FPG based on Family Size:			
Current Hospital Charges:			
Income/FPG:			
Income X 2:			
Recommendation:			
_____		_____	_____
Prepared by:		Date:	Unit:
_____		_____	_____
Approved or Denied by:		Date:	Title:

Charity Care Policy – California

I. SCOPE:

This policy applies to (1) Tenet Healthcare Corporation, its wholly-owned subsidiaries and affiliates (each, an "Affiliate"); (2) any other entity or organization in which Tenet or an Affiliate owns a direct or indirect equity interest of 50% or more; and (3) any hospital or healthcare facility in which Tenet or an Affiliate either manages or controls the day-to-day operations of the facility (each, a "Tenet Facility") (collectively, "Tenet").

This policy applies to all Tenet California facilities.

II. PURPOSE:

To provide discounted healthcare to patients treated at Tenet California facilities that have a limited ability to pay for their care.

III. POLICY:

Tenet is committed to providing high quality, comprehensive health care services, regardless of a patient's ability to pay. Tenet strives to ensure that the financial situation of people who need health care services does not prevent them from seeking or receiving care. Discount care is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Tenet's procedures for obtaining financial assistance and to contribute to the cost of their care based on individual ability to pay.

The determination of discount care generally should be made at the time of admission, or shortly thereafter. However, events after discharge could change the patient's ability to pay.

The discount amount is based on household income compared to the Federal Poverty Limit (FPL) for the current year. Uninsured or Under-insured patients (as defined below) with household income between 201% and 350% FPL will be eligible for care at a sliding scale discount.

Patients with family income under 200% FPL will be eligible for free care for the dates of service for which an application is completed. (Refer to RCPM Policy 02.06.02A for additional information.)

Uninsured patients whose family income exceeds 350% FPL will receive the Compact discounted rate. (Refer to RCPM Policy 02.02.09 for additional information.)

IV. DEFINITIONS:

A. Under-insured Patients

An "Under-insured Patient" is an insured patient with "high medical costs". These are insured patients whose family income does not exceed 350% of the FPL and has either (1) incurred or whose family has incurred annual out-of-pocket costs at the hospital that exceed 10% of the patient's family income in the prior 12 months or (2) incurred or whose family has incurred annual out-of-pocket costs with other providers that exceed 10% of the patient's family income in the prior 12 months. Patients must provide documentation of out-of-pocket costs incurred at providers.

V. PROCEDURE:

Tenet standard accounting procedures should be followed to classify the accounts appropriately.

A. Factors to be Considered

Factors to be considered in determining eligibility for discounted care must include comparing the patient's gross income to the annually published Federal Poverty Guideline (FPG), or an equivalent thereof. This information may be obtained through verbal means from the patient/guarantor and documented by a specifically designated Tenet employee at the Tenet facility (such as a Patient Advocate, Financial Counselor) or by a Financial Assistance Processor, or other Tenet employee after discharge.

Other factors may include, but are not limited to, the following:

1. Validate means of support if unemployed and no earned or unearned income have been provided on the Confidential Financial Assistance Application.

2. Validate activity on current accounts reported on credit bureau report to determine how payments are being made if household expenses exceed income reported on the Confidential Financial Assistance Application.

3. **Expired Patients**—Expired patients may be deemed to have no income for purposes of the Tenet calculation of income if there is no surviving spouse or no other guarantor appears on the patient account. Although no documentation of income and no Confidential Financial Assistance Application are required for expired patients, the patient's financial status will be reviewed at the time of death by the Tenet Financial Assistance Center (TFAC) to ensure that a discount care adjustment is appropriate. TFAC will also determine whether the patient's estate or probate proceeding indicate liquid assets in excess of $10,000. If the value of the patient's estate or probate proceeding exceeds $10,001, the expired patient will not qualify for discount care. The estate will be pursued for reimbursement on debts owed.

4. Catastrophic illness and documented hardship within the household may also be considered for Charity Care or discounted care.

B. Documentation

1. Confidential Financial Assistance Application

   a) A Confidential Financial Assistance Application completed by the patient may not be required for patients who are deemed to be already eligible for other federal, state, and county assistance programs. Such programs include, but are not limited to, Medicaid, County Assistance Programs, MIA, MSI, TANF, Food Stamps, and WIC.

   b) In order to qualify for discounted care, Tenet requires each patient or family to complete the Confidential Financial Assistance Application. This application allows the collection of information about income and the documentation of other requirements as defined below.

      (i) Family Members—Tenet will require patients to provide the number of family members in their household.

         a) Adults—To calculate the number of family members in an adult patient's household, include the patient, the patient's spouse and/or legal guardian, and all of their

dependents children under 21 years of age, whether living at home or not.

b) Minors—To calculate the number of family members in a minor patient's household, include the patient, the patient's mother/father, legal guardian and/or caretaker relative, and all of their other dependents under 21 years of age.

(ii) Income Calculation—Tenet requires patients to provide their household's annual gross income.

a) Patient's household income includes all funds received by all members of the patient's household that support the household.

b) Household is defined as patient, patient's spouse or domestic partner, and all dependents living in the same residence as the patient and/or guarantor.

c) A dependent is defined as a person who can be claimed by the guarantor and/or patient as a dependent on their federal tax return.

c) The Financial Assessment Coordinator will attempt to secure supporting documentation. Income and/or assets may be verified by attaching any one or more of the following:

(i) IRS tax returns

(ii) Payroll stubs

(iii) Declarations

(iv) Verbal attestation

(v) Other forms used to substantiate the need for Discount Care consideration

(vi) Credit bureau report (including the lack thereof)

In cases where the patient is unable to complete the written application, verbal attestation is acceptable if it is not disallowed by state law/regulation.

C. Appeal of Denied Discounted Care Applications

The patient may appeal the charity denial by submitting additional documentation to substantiate the application and qualification to:

Attention: TFAC Manager
Tenet Financial Assistance Center
P.O. Box 66049
Anaheim, CA 92816-9908
1-888-233-7868

D. Reservation of Rights

It is the policy of Tenet and the hospital to reserve the right to limit or deny financial assistance at their sole discretion, consistent with Tenet and hospital policy and all applicable laws.

1. **Non-Covered Services**—It is the policy of Tenet and the hospital to reserve the right to designate certain services as not subject to the hospital's Discount Care policy.

2. **No Effect on Other Tenet Regions/Hospital Policies**—This policy shall not alter or modify other Tenet policies regarding efforts to obtain payments from third-party payors, patient transfers, emergency care, state-specific regulations, state-specific requirements for Statutory Charity Care classification, or programs for uncompensated care.

VI. Attachments

A. Attachment A – Federal Poverty Guidelines

2007 FPG is as follows:

48 States Gross Yearly							
Size of Family	**100% of FPG**	**150% of FPG**	**200% of FPG**	**250% of FPG**	**300% of FPG**	**350% of FPG**	**400% of FPG**
1	10,210	15,315	20,420	25,525	29,400	35,735	40,840
2	13,690	20,535	27,380	34,225	39,600	47,915	54,760
3	17,170	25,755	34,340	42,925	49,800	60,095	68,680
4	20,650	30,975	41,300	51,625	60,000	72,275	82,600
5	24,130	36,195	48,260	60,325	70,200	84,455	96,520
6	27,610	41,415	55,220	69,025	80,400	96,635	110,440
7	31,090	46,635	62,180	77,725	90,600	108,815	124,360
8	34,570	51,855	69,140	86,425	100,800	120,995	138,280
Each additional person, add	3,480	5,220	6,690	8,700	10,200	12,180	13,920
Alaska Gross Monthly							
Size of Family	**100% of FPG**	**150% of FPG**	**200% of FPG**	**250% of FPG**	**300% of FPG**	**350% of FPG**	**400% of FPG**
1	12,770	19,155	25,540	31,925	36,750	44,695	51,080
2	17,120	25,680	34,240	42,800	49,500	59,920	68,480
3	21,470	32,205	42,940	53,675	62,250	75,145	85,880
4	25,820	38,730	51,640	64,550	75,000	90,370	103,280
5	30,170	45,255	60,340	75,425	87,750	105,595	120,680
6	34,520	51,780	69,040	86,300	100,500	120,820	138,080
7	38,870	58,305	77,740	97,175	113,250	136,045	155,480
8	43,220	64,830	86,440	108,050	126,000	151,270	172,880
Each additional person, add	4,350	6,525	8,700	10,875	12,750	15,225	17,400

Hawaii Gross Yearly							
Size of Family	100% of FPG	150% of FPG	200% of FPG	250% of FPG	300% of FPG	350% of FPG	400% of FPG
1	11,750	17,625	23,500	29,375	33,810	41,125	47,000
2	15,750	23,625	31,500	39,375	45,540	55,125	63,000
3	19,750	29,625	39,500	49,375	57,270	69,125	79,000
4	23,750	35,625	47,500	59,375	69,000	83,125	95,000
5	27,750	41,625	55,500	69,375	80,730	97,125	111,000
6	31,750	47,625	63,500	79,375	92,460	111,125	127,000
7	35,750	53,625	71,500	89,375	104,190	125,125	143,000
8	39,750	59,625	79,500	99,375	115,920	139,125	159,000
Each additional person, add	4,000	6,000	8,000	10,000	11,730	14,000	16,000

B. Attachment B – Confidential Financial Assistance Application

Tenet **Confidential Medical and Financial Assistance Application**

Facility:	Acct. #:	Patient Name:	SSN:	DOB:
Patient Address:				
Patient Home Phone:		Patient Work Phone:		

SECTION A

MEDICAL ASSISTANCE SCREENING – Please circle answer "Y" for yes or "N" for no.

1.	Is the patient under age 21 or over age 65?	Y / N	5.	Is the patient pregnant, or was the admission pregnancy-related?	Y / N
2.	Is the patient a single parent of a child under age 21?	Y / N	6.	Will the patient potentially be disabled for 12 months?	Y / N
3.	Is the patient a caretaker or guardian of a child under 21?	Y / N	7.	Is the patient a Victim of Crime?	Y / N
4.	Is the patient a married parent of a minor child? If yes, does the patient have a 30-day incapacitation?	Y / N	8.	Does the patient have a "COBRA" or insurance policy that the premium has lapsed?	Y / N

SECTION B

FINANCIAL ASSISTANCE SCREENING

Total Number of Dependent Family Members in Household _____

(Include patient, patient's spouse and/or legal guardian, and any children the patient has under the age of 18 living in the home. If the patient is a minor, include mother/father, Caretaker, and/or legal guardian, and all other children under the age of 18 living in the home.)

Estimated Gross Annual Household Income $_____ (see page 2)

Calculate Income to FPG Ratio: Gross Annual Income ÷ FPG Based on Family Size

_____ ÷ _____ = _____%

Type of Service (circle one) ER OP IP

Service Date _____ to _____

In order to determine qualifications for any discounts or assistance programs the following information is necessary.

RESPONSIBLE PARTY/GUARANTOR

Responsibility Party:			Relationship to patient:
SSN:	DOB:		
Home Address:			Phone #:
Work Address:			Phone #:
Gross Income:	Check One: ☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly		
	Hours Per Week:		
If income is $0/unemployed, what is your means of support?	Check One: ☐ Living on Savings/Annuity ☐ Live with parent/family/friends ☐ Homeless ☐ Shelter		

SPOUSE

Responsible Party:			
SSN:	DOB:		
Home Address:			Phone #:
Work Address:			Phone #:
Gross Income:	Check One: ☐ Hourly ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly		
	Hours Per Week:		

HOMELESS AFFIDAVIT

I, _____, hereby certify that I am homeless, have no permanent address, no job, savings, or assets, and no income other than potential donations from others.

Patient/Guarantor Initials _____

ATTESTATION OF TRUTH

I hereby acknowledge all of the information provided to be true. I understand that providing false information will result in the denial of this Application. Additionally, in accordance with state statute, providing false information to defraud a hospital for obtaining goods or services is a misdemeanor and, in accordance with statue, may be punishable by imprisonment and a fine. I also understand that a credit report may be obtained or other such measure may be taken to verify information provided herein. I fully understand that the Tenet Charity Care program is a "Payor of Last Resort" and hereby assign all benefits due from any liability action, personal injury claims, forth settlements, and any and all insurance benefits which may become payable or fitness or injury for which Tenet's or its subsidiaries provided care.

_____ _____

Patient/Guarantor Signature Date

OFFICE USE ONLY

Family Size:	Account Number(s)	Balance	Patient Type (Inpatient, Outpatient, ER)
Gross Annual Family Income:			
FPG based on Family Size:			
Current Hospital Charges:			
Income/FPG:			
Income X 2:			
Recommendation:			
Prepared by:		Date:	Unit:
Approved or Denied by:		Date:	Title:

COMPLETENESS RESPONSES

EXHIBIT 10B

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning 10/01, 2012, and ending 09/30, 20 13

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

2012

Name of exempt organization
ST. MARY'S HOSPITAL, INC.

Employer identification number
06-0646844

Name and title of officer

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶ [X]	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	250307475.
2a	Form 990-EZ check here ▶ [ ]	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ [ ]	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ [ ]	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ [ ]	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize KPMG LLP (ERO firm name) to enter my PIN 81314 (Enter five numbers, but do not enter all zeros) as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 8/13/14

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

06014411223 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Mary Evelyn Antonitti Date ▶ 8/13/2014

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10/01, 2012, and ending 09/30, 20 13

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: ST. MARY'S HOSPITAL, INC.

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): 56 FRANKLIN STREET

Room/suite:

City, town or post office, state, and ZIP code: WATERBURY, CT 06706-1281

D Employer identification number: 06-0646844

E Telephone number: (203) 709-6273

G Gross receipts $ 264,226,990.

F Name and address of principal officer: CHAD WABLE
56 FRANKLIN STREET WATERBURY, CT 06706-1281

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c)( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.STMH.ORG

H(c) Group exemption number ▶ 0928

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1907 M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SAINT MARY'S HEALTH SYSTEM PROVIDES EXCELLENT HEALTHCARE IN A SPIRITUALLY ENRICHED ENVIRONMENT TO IMPROVE THE HEALTH OF OUR COMMUNITY.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	18.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15.
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	1,930.
6	Total number of volunteers (estimate if necessary)	6	182.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,040,400.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	416,562.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	907,317.	732,890.
9	Program service revenue (Part VIII, line 2g)	225,742,944.	239,560,411.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,628,380.	4,137,914.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,744,649.	5,876,260.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	237,023,290.	250,307,475.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,091.	7,850.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	110,773,076.	111,272,363.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	110,653,720.	120,659,761.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	221,444,887.	231,939,974.
19	Revenue less expenses. Subtract line 18 from line 12	15,578,403.	18,367,501.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	170,223,141.	187,262,087.
21	Total liabilities (Part X, line 26)	152,298,642.	137,565,692.
22	Net assets or fund balances. Subtract line 21 from line 20	17,924,499.	49,696,395.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date: 8/13/14

▶ CHAD WABLE, FACHE PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MARY-EVELYN ANTONETTI	Preparer's signature: Mary-Evelyn Antonetti	Date: 8/13/2014	Check [ ] if self-employed	PTIN: P00431862
Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207	
Firm's address ▶ ONE FINANCIAL PLAZA HARTFORD, CT 06103-2608			Phone no. 860-522-3200	

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

JSA
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Comp. Resp. 099

Form **8868**
(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer. see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	ST. MARY'S HOSPITAL, INC.	06-0646844
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	56 FRANKLIN STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WATERBURY, CT 06706-1281	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . [0 1]

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ KYLE JURCZYK

Telephone No. ▶ 203 709-6111 FAX No. ▶ 203 709-5215

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928 . If this is for the whole group, check this box . . . . . ▶ [ ] . If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year 20 ____ or
▶ [X] tax year beginning 10/01, 2012, and ending 09/30, 20 13.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev. 1-2013)

JSA
2F8054 2.000

V 12-7.12 798511

Comp. Resp. 100

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print / File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions: Employer identification number (EIN) or
	ST. MARY'S HOSPITAL, INC.	[X] 06-0646844
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	56 FRANKLIN STREET	[ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WATERBURY, CT 06706-1281	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ KYLE JURCZYK
  Telephone No. ▶ 203 709-6111 FAX No. ▶ 203 709-5215
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928 . If this is for the whole group, check this box . . . . . ▶ [ ] . If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 08/15, 20 13.

5 For calendar year _____, or other tax year beginning 10/01, 20 11, and ending 09/30, 20 12.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Date ▶

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:

SAINT MARY'S HEALTH SYSTEM PROVIDES EXCELLENT HEALTHCARE IN A SPIRITUALLY ENRICHED ENVIRONMENT TO IMPROVE THE HEALTH OF OUR COMMUNITY. SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 95,907,429. including grants of $ _____) (Revenue $ 134,777,490.)

INPATIENT SAINT MARY'S REMAINS COMMITTED TO PROVIDING THE HIGHEST QUALITY CARE FOR OUR PATIENTS. THE HOSPITAL PROVIDED INPATIENT TREATMENT FOR 11,830 INPATIENTS IN 2013. PLEASE SEE SCHEDULE O FOR ADDITIONAL INFORMATION ABOUT SAINT MARY'S INPATIENT SERVICES PROGRAM.

4b (Code: _____) (Expenses $ 81,740,693. including grants of $ 7,850.) (Revenue $ 108,364,555.)

OUTPATIENT SAINT MARY'S HEALTH SYSTEM EXTENDS FROM WATERBURY TO WOLCOTT, NAUGATUCK, SOUTHBURY AND PROSPECT. IN 2013, 215,256 PATIENTS CHOSE SAINT MARY'S FOR OUTPATIENT CARE. PLEASE SEE SCHEDULE O FOR ADDITIONAL INFORMATION ABOUT THE OUTPATIENT SERVICES PROGRAM.

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 177,648,122.

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	160		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a	1,930			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a 18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CT

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ KYLE JURCZYK 56 FRANKLIN STREET WATERBURY, CT 06706-1281 203-709-6111

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHAD WABLE	40.00									
PRESIDENT AND CEO	10.00	X		X				511,122.	0	137,204.
(2) JOSEPH CARLSON, II	4.00									
TREASURER	4.00	X		X				0	0	0
(3) MOST REV. HENRY J. MANSELL	2.00									
CHAIRMAN	2.00	X		X				0	0	0
(4) REV. MONSIGNOR JAMES COLEMAN	1.00									
VICE CHAIRMAN	4.00	X		X				0	0	0
(5) STEPHEN R. GRIFFIN, ESQ.	4.00									
SECRETARY	4.00	X		X				0	0	0
(6) JEROME SUGAR, M.D.	4.00									
CHIEF OF STAFF	3.00	X						0	0	0
(7) S. MARK ALBINI, M.D.	1.00									
DIRECTOR	2.00	X						49,000.	0	0
(8) GARRETT CASEY	4.00									
DIRECTOR	2.00	X						0	0	0
(9) SISTER DOLORES LAHR	2.00									
DIRECTOR	2.00	X						0	0	0
(10) JOSEPH MENGACCI, ESQ.	4.00									
DIRECTOR	2.00	X						0	0	0
(11) WILLIAM MORRIS	1.00									
DIRECTOR	4.00	X						0	0	0
(12) MICHAEL O'BRIEN	1.00									
DIRECTOR	1.00	X						0	0	0
(13) DAVID ROBINSON	2.00									
DIRECTOR	3.00	X						0	0	0
(14) ROBERT ROSCOE	1.00									
DIRECTOR	1.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JAMES C. SMITH	4.00									
DIRECTOR	1.00	X						0	0	0
(16) CHRISTINE SULLIVAN, ESQ	1.00									
DIRECTOR	4.00	X						0	0	0
(17) JAMES UBERTI, M.D.	1.00									
DIRECTOR	40.00	X						0	212,801.	9,437.
(18) THE HONORABLE LINDA WIHBEY	1.00									
DIRECTOR	4.00	X						0	0	0
(19) MICHAEL KARNASIEWICZ, M.D.	1.00									
DIRECTOR	1.00	X						0	0	0
(20) ROBERT RILEY	40.00									
CFO				X				113,625.	0	19,320.
(21) SANDRA ROOSA	40.00									
VP PATIENT SERVICE CNO					X			500,796.	0	18,523.
(22) MICHAEL NOVAK	40.00									
VP OPERATIONS					X			245,646.	0	42,760.
(23) CAROLYN ORRELL	40.00									
CHIEF INFORMATION OFFICER					X			186,229.	0	5,022.
(24) M. CLARK KEARNEY	40.00									
VP HUMAN RESOURCES						X		213,697.	0	38,497.
(25) JOSEPH CONNOLLY	40.00									
CHIEF MARKETING OFFICER						X		166,152.	0	35,336.
1b Sub-total ▶								560,122.	0	137,204.
c Total from continuation sheets to Part VII, Section A ▶								2,108,597.	559,418.	254,156.
d Total (add lines 1b and 1c) ▶								2,668,719.	559,418.	391,360.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 114

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 61

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) STEPHEN HOLLAND, MD	40.00									
VP/CMO (ROTATED OFF 8/3/2012)						X		310,268.	0	19,548.
(27) ELIZABETH BOZZUTO	40.00									
VP SURGICAL SERVICES						X		253,094.	0	41,499.
(28) STEVEN SCHNEIDER, MD	1.00									
CMO	40.00					X		0	346,617.	20,483.
(29) ROBERT HALKO										
VP AND CFO (FORMER)							X	119,090.	0	3,731.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 114

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	311,353.			
	e	Government grants (contributions)	1e	421,537.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f: $					
	h	Total. Add lines 1a-1f		732,890.			
Program Service Revenue			Business Code				
	2a	NET PATIENT REV.	900099	239,560,411.	239,560,411.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		239,560,411.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2		3,846,786.		10,600.	3,836,186.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	1,264,826.				
	b	Less: rental expenses					
	c	Rental income or (loss)	1,264,826.				
	d	Net rental income or (loss)			1,264,826.		1,264,826.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	14,210,643.				
	b	Less: cost or other basis and sales expenses	13,689,914.	229,601.			
	c	Gain or (loss)	520,729.	-229,601.			
	d	Net gain or (loss)			291,128.		291,128.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events			0		
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities			0		
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory			0		
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA & DIETARY	900099	1,172,808.	1,172,808.		
	b	PARKING	812930	320,238.	320,238.		
	c	PHYSICIAN MALPRACTICE PREMIUMS	524298	604,332.		604,332.	
	d	All other revenue	624410	2,514,056.	2,088,588.	425,468.	
	e	Total. Add lines 11a-11d		4,611,434.			
	12	Total revenue. See instructions		250,307,475.	243,142,045.	1,040,400.	5,392,140.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	7,850.	7,850.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,987,423.	1,493,711.	1,493,712.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	49,000.	49,000.		
7 Other salaries and wages	81,508,056.	69,437,612.	12,070,444.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,328,877.	7,832,170.	1,496,707.	
9 Other employee benefits	11,103,678.	9,322,225.	1,781,453.	
10 Payroll taxes	6,295,329.	5,285,318.	1,010,011.	
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,398,157.	372,039.	1,026,118.	
c Accounting	237,442.	59,360.	178,082.	
d Lobbying	152,345.		152,345.	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	17,474,941.	7,763,566.	9,711,375.	
12 Advertising and promotion	574,371.	430,778.	143,593.	
13 Office expenses	8,386,385.	5,791,578.	2,594,807.	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	11,874,353.	7,055,209.	4,819,144.	
17 Travel	304,458.	182,675.	121,783.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	222,720.	133,632.	89,088.	
20 Interest	1,526,817.	381,704.	1,145,113.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,189,537.	2,297,384.	6,892,153.	
23 Insurance	9,608,542.	5,765,125.	3,843,417.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT AND PHYSICIAN FEES	7,775,425.	7,775,425.		
b BAD DEBT	12,069,248.	12,069,248.		
c MEDICAL SUPPLIES	33,669,967.	30,302,970.	3,366,997.	
d CONSULTING	3,745,021.	2,247,013.	1,498,008.	
e All other expenses	2,450,032.	1,592,530.	857,502.	
25 **Total functional expenses.** Add lines 1 through 24e	231,939,974.	177,648,122.	54,291,852.	
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X X

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	21,808,238.	1	28,153,440.
	2	Savings and temporary cash investments	38,154.	2	28,942.
	3	Pledges and grants receivable, net	-41,030.	3	31,774.
	4	Accounts receivable, net	31,789,432.	4	28,776,370.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	1,831,088.	7	-260,186.
	8	Inventories for sale or use	2,616,365.	8	2,220,053.
	9	Prepaid expenses and deferred charges	1,435,598.	9	1,914,476.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 180,915,250.			
	b	Less: accumulated depreciation — 10b: 119,872,035.	54,022,759.	10c	61,043,215.
	11	Investments - publicly traded securities ATCH 3	16,043,637.	11	18,505,914.
	12	Investments - other securities. See Part IV, line 11	40,524,781.	12	46,720,286.
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	154,119.	15	127,803.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	170,223,141.	16	187,262,087.
Liabilities	17	Accounts payable and accrued expenses	29,579,063.	17	37,596,331.
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	23,053,484.	20	21,332,784.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	99,666,095.	25	78,636,577.
	26	**Total liabilities.** Add lines 17 through 25	152,298,642.	26	137,565,692.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	71,963.	27	31,172,558.
	28	Temporarily restricted net assets	2,546,738.	28	2,269,137.
	29	Permanently restricted net assets	15,305,798.	29	16,254,700.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	17,924,499.	33	49,696,395.
	34	Total liabilities and net assets/fund balances	170,223,141.	34	187,262,087.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	250,307,475.
2	Total expenses (must equal Part IX, column (A), line 25)	2	231,939,974.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,367,501.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,924,499.
5	Net unrealized gains (losses) on investments	5	401,000.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	13,003,395.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,696,395.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization	**Employer identification number**
ST. MARY'S HOSPITAL, INC.	06-0646844

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III-Functionally integrated **d** ☐ Type III-Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization
ST. MARY'S HOSPITAL, INC.

Employer identification number
06-0646844

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(03) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year . . . . . ▶ $_____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ST. MARY'S HOSPITAL, INC. | Employer identification number 06-0646844

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAINT MARY'S HOSPITAL FOUNDATION 56 FRANKLIN STREET WATERBURY, CT 06796	$ 311,353.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	DEPT OF MENTAL HEALTH & ADDICTION SVCS 410 CAPITOL AVE. MS# 14PSU HARTFORD, CT 06134	$ 196,728.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	DEPT OF PUBLIC HEALTH 410 CAPITOL AVE. MS# 13GCT HARTFORD, CT 06134	$ 224,809.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization ST. MARY'S HOSPITAL, INC.

Employer identification number 06-0646844

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
----		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
----		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
----		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
----		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
----		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
----		$	

Name of organization ST. MARY'S HOSPITAL, INC.

Employer identification number 06-0646844

Part III ***Exclusively*** **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns **(a)** through **(e)** and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ ____________

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
----			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
----			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
----			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
----			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
ST. MARY'S HOSPITAL, INC.	06-0646844

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures . . . . . ▶ $

3 Volunteer hours . . . . . .

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?	X		169,345.
j	Total. Add lines 1c through 1i			169,345.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information *(continued)*

PART II-B LINE 1I - OTHER ACTIVITIES

SCHEDULE C - PART II-B - LINE 1I

$40,714 - THE CATHOLIC HEALTH ASSOCATION - ANNUAL MEMBERSHIP DUES

$90,000 - LEGAL FEES RELATED TO LOBBYING

$21,631 - CONNECTICUT HOSPITAL ASSOCIATION - PORTION OF MEMBERSHIP DUES EXPENDED ON LOBBYING

$17,000 - COMPENSATION OF CHIEF MARKETING OFFICER ATTRIBUTABLE TO LOBBYING (APPROXIMATELY 10% OF OFFICER TIME SPENT ON LOBBYING ACTIVITIES)

TOTAL OTHER LOBBYING ACTIVITIES: $169,345

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization
ST. MARY'S HOSPITAL, INC.

Employer identification number
06-0646844

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶$ _____

(ii) Assets included in Form 990, Part X ▶$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶$ _____

b Assets included in Form 990, Part X ▶$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,567,000.	13,783,000.	14,500,000.	13,893,000.	14,132,000.
b Contributions					
c Net investment earnings, gains, and losses	1,768,000.	2,426,000.	-64,000.	1,286,000.	259,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	705,000.	642,000.	653,000.	679,000.	498,000.
f Administrative expenses					
g End of year balance	16,630,000.	15,567,000.	13,783,000.	14,500,000.	13,893,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 2.2500 %
c Temporarily restricted endowment ▶ 97.7500 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,668,776.		1,668,776.
b Buildings		69,850,880.	46,365,518.	23,485,362.
c Leasehold improvements				
d Equipment		108,756,485.	73,238,318.	35,518,167.
e Other		639,108.	268,198.	370,910.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				61,043,215.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	4,874,377.	ATTACHMENT 1
(3) Other		
(A) DONOR & HELD IN TRUST BY OTHER	15,257,870.	FMV
(B) DEBT SERVICE FUND	4,323,868.	FMV
(C) MISCELLANEOUS FUNDS	5,514.	FMV
(D) INVESTMENTS IN JOINT VENTURES	22,258,657.	FMV
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	46,720,286.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO REIMBURSEMENT AGENCIES	6,035,017.
(3) SELF INSURANCE LIABILITY	3,260,676.
(4) PENSION LIABILITY	58,823,369.
(5) OTHER LONG TERM LIABILITIES	10,108,217.
(6) OTHER LONG TERM DEBT	409,298.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	78,636,577.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

ENDOWMENT FUNDS

PART V, LINE 4

THE HOSPITAL ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

THE HOSPITAL FOLLOWS A POLICY OF SPENDING AN AMOUNT THAT APPROXIMATES THE INVESTMENT INCOME EARNED, IN ADDITION TO SPECIFIC PURCHASES OF CAPITAL EQUIPMENT. ACCORDINGLY, THE HOSPITAL EXPECTS ITS SPENDING POLICY WILL ALLOW ITS ENDOWMENT FUNDS TO BE MAINTAINED IN PERPETUITY BY GROWING AT A RATE AT LEAST EQUAL TO THE PLANNED PAYOUTS. ADDITIONAL REAL ENDOWMENT GROWTH WILL BE PROVIDED THROUGH NEW GIFTS AND ANY EXCESS INVESTMENT RETURN.

FIN 48 (ASC 740) FOOTNOTE

PART X, LINE 2

THE HOSPITAL IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM INCOME TAXES. THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS HAVE BEEN PREPARED ON THE BASIS THAT ITS TAX-EXEMPT STATUS WILL BE MAINTAINED.

THE INDEMNITY COMPANY IS A DISREGARDED ENTITY. THE TAX CONSEQUENCES OF THEIR OPERATING RESULTS ARE ASSESSED AT THE MEMBER LEVEL.

Part XIII Supplemental Information *(continued)*

THE HOSPITAL RECOGNIZES THE EFFECT OF THE INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT. CHANGES IN RECOGNITION IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS. THE HOSPITAL DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN EITHER 2013 OR 2012.

ATTACHMENT 1

SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

DESCRIPTION	BOOK VALUE	COST OR FMV
NET INTEREST IN FOUNDATION	4,874,377.	FMV
TOTALS	4,874,377.	

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization
ST. MARY'S HOSPITAL, INC.

Employer identification number
06-0646844

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b	If "Yes," was it a written policy?	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 250.0000 %	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____%	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a	Did the organization prepare a community benefit report during the tax year?	X	
b	If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			93,747.		93,747.	.04
b Medicaid (from Worksheet 3, column a)			62,978,643.	51,642,221.	11,336,422.	5.12
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			63,072,390.	51,642,221.	11,430,169.	5.16
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		14818	277,269.		277,269.	.13
f Health professions education (from Worksheet 5)		592	17,380,618.	14,844,848.	2,535,770.	1.15
g Subsidized health services (from Worksheet 6)			24,246,612.	21,040,124.	3,206,488.	1.45
h Research (from Worksheet 7)			110,871.		110,871.	.05
i Cash and in-kind contributions for community benefit (from Worksheet 8)		21304	78,505.		78,505.	.04
j **Total.** Other Benefits		36714	42,093,875.	35,884,972.	6,208,903.	2.82
k **Total.** Add lines 7d and 7j		36714	105,166,265.	87,527,193.	17,639,072.	7.98

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			202.		202.	
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			158,600.		158,600.	
9 Other						
10 Total			158,802.		158,802.	

Part III **Bad Debt, Medicare, & Collection Practices**

			Yes	No
Section A. Bad Debt Expense				
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	4,284,583.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	2,999,208.		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				
Section B. Medicare				
5 Enter total revenue received from Medicare (including DSH and IME)	5	87,487,367.		
6 Enter Medicare allowable costs of care relating to payments on line 5	6	81,253,800.		
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	6,233,567.		
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other				
Section C. Collection Practices				
9a Did the organization have a written debt collection policy during the tax year?	9a		X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b		X	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians-see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	H.L. CANCER CTR	OUTPATIENT CANCER TREATMENT	50.00000		
2	HEART CTR OF GW	CARDIAC SERVICES MSO	50.00000		
3	SM INDEMNITY GROUP	INSURANCE COMPANY	100.00000		
4	FRANKLIN MEDICAL	PRIMARY CARE PHYSICIAN PRACT			100.00000
5	DIAGNOSTIC IMAGING	OUTPATIENT IMAGING CENTER	60.00000		
6	NAUGATUCK VALLEY MRI	MAGNETIC IMAGING	48.00000		52.00000
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 SAINT MARY'S HOSPITAL INCORPORATED 56 FRANKLIN STREET WATERBURY CT 06706	X	X		X			X			
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group SAINT MARY'S HOSPITAL INCORPORATED

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA: 20 1 2			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.	3	X	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	X	
5	Did the hospital facility make its CHNA report widely available to the public?	5	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website			
b	[X] Available upon request from the hospital facility			
c	[X] Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):			
a	[X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	[X] Execution of the implementation strategy			
c	[X] Participation in the development of a community-wide plan			
d	[X] Participation in the execution of a community-wide plan			
e	[X] Inclusion of a community benefit section in operational plans			
f	[X] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	[X] Prioritization of health needs in its community			
h	[X] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	[ ] Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		X
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		X
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy SAINT MARY'S HOSPITAL INCORPORATED

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: 250 %			
	If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing *discounted* care?	11	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 400 %			
	If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	12	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	[X] Income level			
b	[X] Asset level			
c	[X] Medical indigency			
d	[X] Insurance status			
e	[X] Uninsured discount			
f	[X] Medicaid/Medicare			
g	[X] State regulation			
h	[ ] Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	13	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The policy was posted on the hospital facility's website			
b	[X] The policy was attached to billing invoices			
c	[X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[X] The policy was posted in the hospital facility's admissions offices			
e	[ ] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[X] The policy was available on request			
g	[ ] Other (describe in Part VI)			

Billing and Collections

15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[X] Other similar actions (describe in Part VI)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)* SAINT MARY'S HOSPITAL INCORPORATED

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a [X] Notified individuals of the financial assistance policy on admission
- b [X] Notified individuals of the financial assistance policy prior to discharge
- c [X] Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d [X] Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e [ ] Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19	X	

If "No," indicate why:

- a [ ] The hospital facility did not provide care for any emergency medical conditions
- b [ ] The hospital facility's policy was not in writing
- c [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d [ ] Other (describe in Part VI)

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a [ ] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d [X] Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP- eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20		X
If "Yes," explain in Part VI.			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	21		X
If "Yes," explain in Part VI.			

Part V Facility Information *(continued)*

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 8

	Name and address	Type of Facility (describe)
1	NAUGATUCK VALLEY SURGICAL CENTER 160 ROBBINS STREET, SUITE 1 WATERBURY CT 06708	SURGICAL CENTER
2	THE HAROLD LEEVER CANCER CENTER 1075 CHASE PARKWAY WATERBURY CT 06708	CANCER CENTER
3	SAINT MARY'S MEDICAL IMAGING CENTER 475 CHASE PARKWAY WATERBURY CT 06708	MRI SERVICES
4	SLEEP DISORDER CENTER 1312 WEST MAIN STREET WATERBURY CT 06708	SLEEP CARE
5	OCCUPATION HEALTH & DIAG. CENTER 146 HIGHLAND AVENUE WATERBURY CT 06708	OCCUPATIONAL HEALTH, OCCUPATIONAL THERAPY, PHYSICAL THERAPY
6	HEART CENTER OF GREATER WATERBURY 1075 CHASE PARKWAY WATERBURY CT 06708	CARDIAC CARE
7	ST. MARY'S HOSP. URGENT CARE - NAUGATUCK 799 NEW HAVEN ROAD NAUGATUCK CT 06770	LAB, RADIOLOGY, URGENT CARE
8	ST. MARY'S HOSP. URGENT CARE - WOLCOTT 503 WOLCOTT ROAD WOLCOTT CT 06716	LAB, RADIOLOGY, URGENT CARE
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

COMMUNITY BENEFIT REPORT

PART I, LINE 6A

SAINT MARY'S HOSPITAL COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") DURING THE YEAR. THE CHNA IS ACCESSIBLE BY CLICKING "ABOUT US" AND "HEALTH NEEDS ASSESSMENT BUTTON" ON THE SAINT MARY'S WEBSITE AT WWW.STMH.ORG.

PART I, LINE 7A

MANY PATIENTS WITHOUT INSURANCE DO NOT COMPLETE THE APPLICATION FOR CHARITY CARE. THE HOSPITAL, UPON PERFORMING AN ASSET VERIFICATION, MAKES A DETERMINATION WHETHER THE PATIENT WOULD HAVE QUALIFIED FOR THE CHARITY CARE. DURING 2012, THE COSTS ASSOCIATED WITH THE CHARGES FOREGONE RELATED TO THESE PATIENTS WERE APPROXIMATELY $1,340,000. DURING 2013, A SYSTEM CONVERSION LIMITED THE HOSPITAL'S ABILITY TO UNDERTAKE AN ASSET VERIFICATION. AS SUCH, THESE COSTS ARE CLASSIFIED IN THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS. THE HOSPITAL BELIEVES THAT HAD IT PERFORMED THE ASSET VERIFICATIONS, COSTS ASSOCIATED WITH THESE PATIENTS WOULD HAVE BEEN

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

FAIRLY CONSISTENT WITH THE PRIOR YEAR.

PERCENT OF TOTAL EXPENSE

PART I, LINE 7, COLUMN F

THE PERCENT OF TOTAL EXPENSE IN PART 1, LINE 7, COLUMN (F) IS CALCULATED BY DIVIDING COLUMN (E), NET COMMUNITY BENEFIT EXPENSE, BY TOTAL EXPENSE.

THE BAD DEBT EXPENSE OF $12,069,248 WAS SUBTRACTED FROM THE TOTAL EXPENSE VALUE USED TO CALCULATE THE PERCENTAGES IN PART 1, LINE 7, COLUMN (F).

PART I, LINE 7

FOR PART 1, LINE 7 SECTIONS (A) CHARITY CARE AT COST, (B) UNREIMBURSED MEDICAID, (C) UNREIMBURSED COSTS-OTHER MEANS-TESTED GOVERNMENT PROGRAMS

THE COSTING METHODOLOGY USED WAS THE COST-TO-CHARGE RATIO USING THE INCOME STATEMENT METHOD. THE COST-TO-CHARGE RATIO WAS DERIVED FROM THE YEAR-END GENERAL LEDGER, CALCULATED BY DIVIDING GROSS EXPENSE (LESS BAD DEBT) MINUS OTHER OPERATING REVENUE BY GROSS PATIENT CHARGES AND APPLIED BY CHARGE LINE APPROPRIATELY.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

SECTIONS (E) COMMUNITY HEALTH IMPROVEMENT; PORTIONS OF (F) HEALTH PROFESSIONS EDUCATION, (G) SUBSIDIZED HEALTH SERVICES, (H) RESEARCH, AND (I) CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS ARE COMPRISED (EXCEPT FOR CASH DONATIONS AND IN-KIND MATERIAL DONATIONS) OF 1) SUPPLY EXPENSES; 2) PURCHASED SERVICES; 3) TUITION WAIVERS; AND 4) THE DIRECT SALARY COSTS FOR STAFF COMPENSATED BY THE HOSPITAL AND SPENT TIME PARTICIPATING IN ACTIVITIES THAT QUALIFY AS COMMUNITY BENEFITS.

THE INTERN, RESIDENT AND FELLOW PORTION OF SECTION (F) HEALTH PROFESSIONS EDUCATION ALSO INCLUDES THE SALARIES, FRINGE BENEFITS AND OTHER EXPENSES OF THE RESIDENCY PROGRAM DERIVED FROM THE GENERAL LEDGER. INDIRECT COSTS WERE ALSO APPLIED. THE COST ACCOUNTING METHODOLOGY WAS USED TO DETERMINE NET COMMUNITY BENEFIT EXPENSE FOR (G) SUBSIDIZED HEALTH SERVICES, WHICH INCLUDE IP AND OP PSYCHIATRY SERVICE LINES, EMERGENCY ROOM, SERIES/RECURRING, OBSTETRICS AND OBSERVATION CASES.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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BAD DEBT EXPENSE

PART III, LINE 4

THE FINANCIAL STATEMENTS DO NOT HAVE A FOOTNOTE FOR BAD DEBT EXPENSE BUT BELOW IS THE FOOTNOTE FOR THE ALLOWANCE FOR BAD DEBTS.

THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER THEIR FINANCIAL ASSISTANCE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN THEIR ESTABLISHED RATES. BECAUSE THE HOSPITAL DOES NOT ANTICIPATE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE. THE HOSPITAL GRANTS CREDIT WITHOUT COLLATERAL TO PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AND ARE INSURED UNDER THIRD-PARTY ARRANGEMENTS. ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS ARE MADE BY MEANS OF THE FOR BAD DEBTS. ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE AND SUBSEQUENT RECOVERIES ARE ADDED. THE AMOUNT OF THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE

Part VI Supplemental Information

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1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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GOVERNMENTAL HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS.

PART III, SECTION A: BAD DEBT EXPENSE

THE HOSPITAL USED A COST TO CHARGE RATIO TO CALCULATE THE AMOUNTS RECORDED IN LINES 2 AND 3. WE REASONABLY ESTIMATED THE AMOUNT OF BAD DEBTS THAT WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY, IF THE PATIENTS WOULD HAVE APPLIED OR PROVIDED SUFFICIENT INFORMATION. WE DID NOT INCLUDE THIS AMOUNT IN THE COMMUNITY BENEFIT.

EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT

PART III, LINE 8

THERE IS NO SHORTFALL REPORTED IN LINE 7, THEREFORE, WE DID NOT INCLUDE IN COMMUNITY BENEFIT. WE UTILIZED THE COST TO CHARGE RATIO TO ESTIMATE THE MEDICARE ALLOWABLE COSTS OF CARE.

Part VI Supplemental Information

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COLLECTION PRACTICES FOR QUALIFIED PATIENTS

PART III, LINE 9B

A PATIENT MAY REQUEST CHARITY CARE AT ANY TIME IN THE BILLING AND COLLECTION PROCESS. IF THE HOSPITAL, ITS COLLECTION AGENT, OR ITS ATTORNEY BECOMES AWARE THAT THE PATIENT OR GUARANTOR REQUESTS CHARITY CARE, THE COLLECTION PROCESS WILL BE PROMPTLY DISCONTINUED WHILE THE ELIGIBILITY STATUS OF THE PATIENT OR GUARANTOR REQUESTING ASSISTANCE IS DETERMINED. WHENEVER IT IS DETERMINED THAT THE PATIENT QUALIFIES FOR CHARITY CARE, THE FINANCIAL COUNSELOR WILL ADJUST THE BALANCE BY THE APPROPRIATE AMOUNT, AND ANY RESULTING BALANCE WILL BECOME THE PATIENT'S RESPONSIBILITY.

NEEDS ASSESSMENT

PART VI, LINE 2

SAINT MARY'S HAS AN ANNUAL STRATEGIC PLANNING PROCESS THAT IDENTIFIES UNMET COMMUNITY NEEDS WHILE DEPLOYING STRATEGIES TO ADDRESS THESE UNMET

Part VI Supplemental Information

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1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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COMMUNITY NEEDS AND IMPROVE OUR OVERALL COMMUNITY BENEFIT. SAINT MARY'S ALSO WORKS CLOSELY WITH MANY LOCAL CHARITABLE COMMUNITY SERVICE ORGANIZATIONS TO BOTH IDENTIFY AND ADDRESS COMMUNITY NEEDS.

SAINT MARY'S HOSPITAL (SMH) INDIVIDUAL COMMUNITY BENEFIT PROGRAMS HAVE BEEN DESIGNED TO MEET THE LONG-STANDING NEEDS OF INDIVIDUALS LIVING IN THE SERVICE AREA. TO IDENTIFY NEED, SMH HAS RELIED ON EXISTING LOCAL AND REGIONAL NEEDS ASSESSMENTS INCLUDING: UNITED WAY OF GREATER WATERBURY'S COMMUNITY STATUS REPORT (2012); UNITED WAY'S TEN-YEAR PLAN TO END HOMELESSNESS (2013); THE CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (2013); CONNECTICUT DEPARTMENT OF PUBLIC HEALTH STATE HEALTH ASSESSMENT (2013); AND THE CONNECTICUT HEALTH CARE SURVEY (2013) BY THE CONNECTICUT HEALTH FOUNDATION.

IN ADDITION, THE HOSPITAL USES CONNECTICUT HOSPITAL ASSOCIATION (CHA) ONLINE TOOLS WHICH INCLUDE THE CHIME DECISION SUPPORT TOOL AND CHIME MAPS TO UNDERSTAND SERVICE AREA NEEDS. THE HOSPITAL USES THE CENSUS BUREAU

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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DATABASES AS WELL AS DEMOGRAPHIC REPORTS AVAILABLE THROUGH CLARITAS

DATABASES.

BETWEEN 2012 AND 2013, SAINT MARY'S CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). SAINT MARY'S REACHED OUT TO LOCAL ORGANIZATIONS AND FORMED THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (THE PARTNERSHIP). THE PARTNERSHIP INCLUDES LOCAL NON-PROFIT ORGANIZATIONS (SAINT MARY'S HOSPITAL, WATERBURY HOSPITALS, THE WATERBURY DEPARTMENT OF HEALTH, UNITED WAY OF GREATER WATERBURY, STAYWELL HEALTH CENTER, AND THE CONNECTICUT COMMUNITY FOUNDATION). PARTNERSHIP MEMBERS EACH CONTRIBUTED FINANCIAL RESOURCES TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT.

DATA COLLECTION AND RESEARCH

SAINT MARY'S CONTRACTED WITH HOLLERAN, AN INDEPENDENT RESEARCH AND CONSULTING FIRM LOCATED IN LANCASTER, PENNSYLVANIA, TO CONDUCT RESEARCH IN SUPPORT OF THE CHNA. THE CHNA INCLUDED BOTH QUALITATIVE AND QUANTITATIVE DATA COLLECTION METHODS. QUALITATIVE DATA WERE COLLECTED

Part VI Supplemental Information

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1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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THROUGH BOTH A KEY INFORMANT ONLINE SURVEY AND SIX FOCUS GROUPS. TWO HUNDRED FIVE COMMUNITY LEADERS, PARTNERS AND HEALTH CARE PROVIDERS PARTICIPATED IN THE ONLINE KEY INFORMANT SURVEY. TWO FOCUS GROUPS WITH HEALTHCARE PROVIDERS WERE HELD AT EACH OF THE HOSPITALS; 24 HEALTH CARE PROVIDERS PARTICIPATED. FOUR FOCUS GROUPS WERE HELD AT NEIGHBORHOOD ASSOCIATIONS IN WATERBURY; 33 LOCAL RESIDENTS PARTICIPATED.

QUANTITATIVE DATA WERE COLLECTED THROUGH A STATISTICAL HOUSEHOLD TELEPHONE SURVEY OF 1,100 PEOPLE IN THE SAINT MARY'S SERVICE AREA. THE STATISTICAL HOUSEHOLD SURVEY WAS BASED ON THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) STUDY DEVELOPED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). THE SURVEY ASSESSED INDICATORS SUCH AS GENERAL HEALTH STATUS, PREVENTION ACTIVITIES (SCREENINGS, ETC.) AND RISK BEHAVIORS (ALCOHOL USE, ETC.). THE RESULTS WERE EXAMINED BY A VARIETY OF DEMOGRAPHIC INDICATORS INCLUDING AGE AND GENDER. SPECIAL ATTENTION WAS GIVEN TO IDENTIFYING THE NEEDS OF UNDERSERVED INDIVIDUALS, INCLUDING LOW-INCOME, MINORITY, AND CHRONIC CONDITION POPULATIONS IN THE SAINT

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MARY'S SERVICE AREA. IN ADDITION TO THE HOUSEHOLD SURVEY, SECONDARY DATA WERE ALSO ANALYZED AS PART OF THE CHNA.

PRIORITIZATION

ON JUNE 18, 2013, THE PARTNERSHIP HELD A PRIORITIZATION SESSION THAT INCLUDED 40 INDIVIDUALS REPRESENTING LOCAL HEALTH AND HUMAN SERVICE AGENCIES, AREA NON-PROFIT ORGANIZATIONS, HEALTH PROVIDERS AND PUBLIC HEALTH REPRESENTATIVES. THE OBJECTIVES OF THE PRIORITIZATION SESSION WERE TO REVIEW THE RECENTLY COMPILED COMMUNITY HEALTH DATA AND HIGHLIGHT KEY RESEARCH FINDINGS; TO GATHER FEEDBACK FROM THE COMMUNITY REPRESENTATIVES; AND TO PRIORITIZE THE COMMUNITY HEALTH NEEDS BASED ON SELECTED CRITERIA.

ATTENDEES VOTED ON THE TOP FOUR PRIORITY AREAS. THE SELECTED PRIORITIES ARE (1) ACCESS TO CARE; (2) MENTAL HEALTH AND SUBSTANCE ABUSE; (3) CHRONIC DISEASES - OBESITY, DIABETES, HEART DISEASE AND ASTHMA; AND (4) SMOKING.

Part VI Supplemental Information

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IMPLEMENTATION STRATEGY

SAINT MARY'S HOSPITAL DEVELOPED AN IMPLEMENTATION STRATEGY TO ILLUSTRATE SPECIFIC PROGRAMS AND RESOURCES THAT SUPPORT THESE IDENTIFIED COMMUNITY HEALTH PRIORITIES. THE IMPLEMENTATION STRATEGY WAS ADOPTED BY THE SAINT MARY'S BOARD OF DIRECTORS ON SEPTEMBER 12, 2013. THE IMPLEMENTATION STRATEGY IS ATTACHED TO THIS FILING. THE CHNA SUMMARY REPORT AND IMPLEMENTATION STRATEGY ARE ALSO AVAILABLE ON THE HOSPITAL'S WEBSITE (WWW.STMH.ORG).

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PART VI, LINE 3

THERE ARE BROCHURES AND SIGNAGE IN FOUR LANGUAGES INDICATING THAT FINANCIAL ASSISTANCE IS AVAILABLE TO QUALIFIED PATIENTS AND THEIR FAMILIES. SIGNAGE IS LOCATED IN REGISTRATION, EMERGENCY DEPARTMENT, ALL

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SOCIAL SERVICES DEPARTMENTS, CASHIER'S OFFICE, PATIENT FINANCIAL SERVICES AND THE LOBBY. THE SIGNAGE EXPLAINS THE POLICY AND HOW TO APPLY. IN ADDITION, FINANCIAL COUNSELORS ARE AVAILABLE TO MEET WITH INDIVIDUAL PATIENTS TO ASSIST DURING THE PROCESS.

ALL FAMILIES OF ELIGIBLE CHILDREN, REGARDLESS OF INCOME, RECEIVE CARE COORDINATION SERVICES IN PARTNERSHIP WITH THEIR CHILD'S MEDICAL HOME UNDER THE SAINT MARY'S PROGRAM. FAMILY AND COMMUNITY REFERRALS, DIRECT SERVICES, ADVOCACY AND LINKS TO PARENT SUPPORT SERVICES ARE ALSO PROVIDED. A LIMITED NUMBER OF FAMILIES RECEIVE RESPITE AND CAMP FUNDS. UNINSURED OR UNDERINSURED FAMILIES WHO FALL WITHIN THE TITLE V EXTENDED SERVICE FUNDS ELIGIBILITY GUIDELINES CAN ALSO BENEFIT FROM PAYMENT FOR EXTENDED SERVICES (I.E. DURABLE MEDICAL EQUIPMENT, PRESCRIPTIONS, SPECIALTY VISITS, THERAPIES AND SPECIAL NUTRITIONAL FORMULAS).

PATIENT FINANCIAL AID SAINT MARY'S HOSPITAL PROVIDES FINANCIAL ASSISTANCE TO PATIENTS WHO QUALIFY FOR THE HOSPITAL'S "BED FUND" OR OTHER

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FINANCIAL ASSISTANCE PROGRAMS.

IF A PATIENT IS UNINSURED OR OTHERWISE UNABLE TO PAY HIS OR HER MEDICAL BILLS, HE OR SHE MAY QUALIFY FOR THE HOSPITAL BED FUND. IN ORDER TO QUALIFY, A PATIENT MUST MEET CERTAIN CRITERIA, INCLUDING HAVING A HOUSEHOLD INCOME AT OR BELOW 400% OF THE FEDERAL POVERTY LIMITS.

IF A PATIENT QUALIFIES FOR THE "BED FUND," OR ANY OTHER FINANCIAL ASSISTANCE PROGRAMS, THE PATIENT WILL BE NOTIFIED WITHIN THIRTY (30) DAYS OF RECEIPT OF APPLICATION. IF A PATIENT'S APPLICATION IS DENIED, AN EXPLANATION WILL BE PROVIDED. THE PATIENT MAY REAPPLY AT ANY TIME AND THE APPLICATION WILL BE REASSESSED BASED ON THE AVAILABILITY OF ADDITIONAL FUNDS OR A CHANGE IN THE PATIENT'S FINANCIAL STATUS.

COMMUNITY INFORMATION

Part VI Supplemental Information

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8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

PART VI, LINE 4

SAINT MARY'S TOTAL SERVICE AREA IS COMPRISED OF 35 ZIP CODES, WHICH INCLUDE THE CITY OF WATERBURY AND 17 SURROUNDING TOWNS. THE PRIMARY SERVICE AREA (WHICH INCLUDES WATERBURY, NAUGATUCK, PROSPECT AND WOLCOTT, CT) HAS A POPULATION OF APPROXIMATELY 165,400. THE SECONDARY SERVICE AREA HAS A POPULATION OF APPROXIMATELY 144,600. THE MAJORITY OF SAINT MARY'S HOSPITAL PATIENTS LIVE IN THE CITY OF WATERBURY WHICH IS PARTICULARLY ECONOMICALLY DISTRESSED. THE MEDIAN HOUSEHOLD INCOME IS $41,499, WHICH IS SIGNIFICANTLY LESS THAN THE OVERALL SERVICE AREA, WHICH IS APPROXIMATELY $66,000. THE UNEMPLOYMENT RATE IN THE CITY OF WATERBURY IN SEPTEMBER 2013 IS 9.3%. THIS IS HIGHER THAN THE STATE OF CONNECTICUT UNEMPLOYMENT RATE OF 7.5% APPROXIMATELY 31.6% OF THE POPULATION IN WATERBURY SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. THIS IS HIGHER THAN THE STATE OF CONNECTICUT WHERE 20.8% OF THE POPULATION SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. IN ADDITION, 17.1% OF FAMILIES IN WATERBURY HAVE POVERTY STATUS COMPARED TO 6.7% IN CONNECTICUT.

Part VI Supplemental Information

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CENTRAL WATERBURY HAS BEEN DESIGNATED A MEDICALLY UNDERSERVED AREA (MUA) AND MEDICALLY UNDERSERVED POPULATION (MUP) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). HRSA HAS ALSO DESIGNATED CENTRAL WATERBURY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) FOR PRIMARY MEDICAL CARE, DENTAL CARE AND MENTAL HEALTH.

PROMOTION OF COMMUNITY HEALTH

PART II AND PART VI, LINE 5

SMH'S COMMUNITY BUILDING ACTIVITIES INCLUDE THE FOLLOWING: DISASTER PREPAREDNESS; CONTRIBUTIONS TO THE WATERBURY ELIMINATES LEAD HAZARDS PROGRAM; HEALTH CARE ADVOCACY; A VARIETY OF WORKFORCE DEVELOPMENT INITIATIVES INCLUDING LECTURES TO ADDRESS HEALTHCARE WORKFORCE SHORTAGES, RECRUITING MINORITIES AND DIVERSE LANGUAGES, AND SPEAKING TO YOUTH ABOUT CAREERS IN HEALTHCARE; PARTICIPATION IN THE CONNECTICUT HOSPITAL ASSOCIATION'S DIVERSITY COLLABORATIVE; UNITED WAY DAY OF CARING; AND PUBLIC LANDSCAPE ENHANCEMENT AMONG OTHERS. THESE ACTIVITIES PROMOTE

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HEALTH IN MANY WAYS. THE EFFORTS OF OUR DISASTER PREPAREDNESS COMMITTEE ABOVE AND BEYOND WHAT IS REQUIRED OF THEM HELPS TO PREPARE OUR STAFF AND COORDINATE PLANS WITH OTHER LOCAL AGENCIES (FIRE, POLICE, ETC) IN THE EVENT THAT A LOCAL DISASTER WOULD OCCUR. THE WATERBURY ELIMINATES LEAD HAZARDS PROGRAM COLLABORATES WITH OTHER LOCAL AGENCIES TO IDENTIFY LEAD HAZARDS IN THE COMMUNITY AND EDUCATE AND TREAT INDIVIDUALS IN AN EFFORT TO PREVENT LEAD HAZARDS THROUGHOUT THE COMMUNITY. A VARIETY OF SMH STAFF ADVOCATE FOR HEALTHCARE REFORM BOTH LOCALLY AND AT THE STATE LEVEL IN AN EFFORT TO IMPROVE ACCESS TO HEALTHCARE AND PUBLIC HEALTH. THE VARIOUS WORKFORCE DEVELOPMENT INITIATIVES ASSURE ACCESS TO HEALTHCARE SERVICES IN OUR COMMUNITY WHILE MAINTAINING HUMAN RESOURCES. BOTH THE UNITED WAY DAY OF CARING AND PUBLIC LANDSCAPE ENHANCEMENT CLEAN UP OUR COMMUNITIES TO PROVIDE A SAFE AND HEALTHY ENVIRONMENT FOR EVERYONE TO WORK, PLAY AND LIVE.

Part VI Supplemental Information

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PROMOTION OF COMMUNITY HEALTH CONT.

PART II AND PART VI, LINE 5

SAINT MARY'S HOSPITAL OFFERS A VARIETY OF FREE PROGRAMS AND SERVICES THAT ARE SUBSIDIZED BY THE HOSPITAL. FROM MEDICAL AND SURGICAL SERVICES FOR THE UNINSURED AND UNDERINSURED TO HEALTH EDUCATION, SUPPORT GROUPS AND COMMUNITY OUTREACH PROGRAMS, SAINT MARY'S PLAYS AN INTEGRAL ROLE IN THE COMMUNITY WHILE RESPONDING TO THE UNIQUE HEALTHCARE NEEDS OF THE RESIDENTS OF GREATER WATERBURY.

EXAMPLES OF SAINT MARY'S MANY COMMUNITY BENEFIT PROGRAMS AND SERVICES

PROGRAM, WHICH PROVIDES FREE MAMMOGRAMS FOR WOMEN WHO ARE AGE 40 OR OLDER AND HAVE LITTLE OR NO HEALTH INSURANCE. SAINT MARY'S IS THE ONLY HOSPITAL IN WATERBURY OFFERING THIS PROGRAM, WHICH HAS ASSISTED MORE THAN 2,500 WOMEN SINCE 1995. THE PROGRAM IS OFFERED THROUGH SAINT MARY'S CHILDREN'S AND FAMILY HEALTH CENTER.

OTHER EXAMPLES OF SAINT MARY'S COMMUNITY BENEFIT PROGRAMS AND SERVICES

Part VI Supplemental Information

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INCLUDE SUPPORT GROUPS THAT ARE HOSTED AND SUPPORTED BY THE HOSPITAL FOR PATIENTS SUFFERING FROM ASTHMA AND OUR "BEYOND GRIEF" GROUP PROVIDES BEREAVEMENT SUPPORT FOR ADULTS.

ONE OF THE PROGRAMS THAT HAS HAD AN IMPACT IS CALLED "TEEN GRIEF," WHICH PROVIDES CONFIDENTIAL BEREAVEMENT SUPPORT TO STUDENTS OF LOCAL MIDDLE AND HIGH SCHOOLS. ESTABLISHED BY A PEDIATRIC SOCIAL WORKER FROM SAINT MARY'S CHILDREN'S AND FAMILY HEALTH CENTER IN THE WAKE OF THE TERRORIST ATTACKS OF SEPTEMBER 2001, THIS PROGRAM IS SUPPORTED IN PART BY A GRANT FROM THE J. WALTON BISSELL FOUNDATION. THIS IN SCHOOL PROGRAM ALLOWS TEENS TO COPE WITH THEIR GRIEF IN A POSITIVE WAY AND PROVIDES THEM WITH A SAFE PLACE TO EXPRESS THEIR FEELINGS AND LEARN FROM THE EXPERIENCES OF THEIR PEERS. IN ADDITION TO THESE PROGRAMS SAINT MARY'S ALSO HAS SUCCESSFUL PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS THE GREATER WATERBURY UNITED WAY, WELLPATH BEHAVIORAL HEALTH FOR CHILDREN AND FAMILIES, AND THE MORRIS FOUNDATION, WHICH OFFERS TREATMENT, PREVENTION, EDUCATION, AND RECOVERY SUPPORT FOR INDIVIDUALS WITH SUBSTANCE ABUSE AND BEHAVIORAL HEALTH

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ISSUES.

THE HOSPITAL HAS ALSO FORGED COLLABORATIONS TO BRING WORLD-CLASS HEALTHCARE SERVICES TO THE COMMUNITY THROUGH:

- THE HAROLD LEEVER REGIONAL CANCER CENTER, A FREESTANDING 40,000-SQUARE-FOOT FACILITY DEDICATED TO OUTPATIENT CANCER CARE, WHICH IS A JOINT VENTURE PARTNERSHIP BETWEEN SAINT MARY'S HOSPITAL AND WATERBURY HOSPITAL; - THE HEART CENTER OF GREATER WATERBURY, WHICH PROVIDES ADVANCED CARDIAC SERVICES, INCLUDING ANGIOPLASTY AND OPEN HEART SURGERY, THROUGH A PARTNERSHIP BETWEEN SAINT MARY'S HOSPITAL, WATERBURY HOSPITAL AND THE UNIVERSITY OF CONNECTICUT HEALTH CENTER/JOHN DEMPSEY HOSPITAL.

EXTENDING ITS REACH.

SAINT MARY'S CHILDREN'S AND FAMILY HEALTH CENTER HAS BEEN RECOGNIZED BY THE CONNECTICUT LEGISLATURE, STATE CHILD ADVOCACY GROUPS AND THE NATIONAL INITIATIVE FOR CHILD HEALTHCARE QUALITY AS A LEADER AND MODEL PRACTICE IN THE CARE OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS BASED ON ITS "MEDICAL

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HOME" MODEL OF CARE.

FORMALLY KNOWN AS THE NORTHWEST REGIONAL MEDICAL HOME SUPPORT CENTER, THIS HOSPITAL-BASED PROGRAM PROVIDES ASSISTANCE TO CAREGIVERS OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS AND HAS EXPANDED TO FIVE LOCATIONS: SAINT MARY'S CHILDREN'S HEALTH CENTER, LITCHFIELD COUNTY PEDIATRICS IN TORRINGTON, PEDIATRIC ASSOCIATES OF WESTERN, CT, PEDIATRIC ASSOCIATES OF CT AND THE MEDICAL/PEDIATRICS RESIDENCY TRAINING PROGRAM OPERATED JOINTLY BY SAINT MARY'S HOSPITAL AND YALE-NEW HAVEN HOSPITAL.

THE PROGRAM PROVIDES:

- O CARE COORDINATION
- O FAMILY SUPPORT
- O ADVOCACY
- O TITLE V FUNDS
- O BENEFITS COORDINATION

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WORKING WITH CAREGIVERS, THE "MEDICAL HOME" PROGRAM HELPS CREATE CUSTOMIZED CARE PLANS AND BRINGS TOGETHER RESOURCES THAT FAMILIES WITH CHILDREN OF SPECIAL NEEDS DEPEND UPON. THE PROGRAM PARTNERS WITH PEDIATRIC CARE PROVIDERS TO MEET THE DIVERSE NEEDS OF CAREGIVERS AND FAMILIES OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS. WORKING THROUGH REHABILITATION AND SCHOOL SERVICES, COMMUNITY AGENCIES AND DEPARTMENT OF SOCIAL SERVICES, THE PROGRAM ESTABLISHES TRANSITION PLANS FOR CHILDREN LEAVING THE PROGRAM AT AGE 21. THE UNITED STATES MATERNAL AND CHILD HEALTH BUREAU DEFINES CHILDREN WITH SPECIAL HEALTHCARE NEEDS (CSHCN) AS THOSE WHO HAVE OR ARE AT INCREASED RISK FOR: CHRONIC PHYSICAL, DEVELOPMENTAL, BEHAVIORAL OR EMOTION CONDITIONS (EXPECTED TO LAST AT LEAST A YEAR); AND THOSE WHO REQUIRE HEALTH AND RELATED SERVICES OF A TYPE OR AMOUNT BEYOND THAT REQUIRED BY CHILDREN GENERALLY. EIGHTEEN PERCENT OF CHILDREN IN THE UNITED STATES ARE INCLUDED IN THAT DEFINITION.

IN ADDITION TO THE COMMUNITY BUILDING ACTIVITIES IDENTIFIED IN RESPONSE

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TO QUESTION 5 AND THE QUANTIFIED FREE OR DISCOUNTED HEALTH SERVICES IDENTIFIED IN THE REPORTED CHARITY CARE FIGURES, SMH PROVIDES OTHER COMMUNITY BENEFITS. EXAMPLES INCLUDE SCREENINGS, LECTURES, HEALTH FAIRS, SUPPORT GROUPS, CONSULTATIONS, REFERRALS TO OUTSIDE AGENCIES AND OTHERS.

HEALTH PROFESSIONS EDUCATION: SMH IS A TEACHING HOSPITAL AND IS COMMITTED TO PREPARING FUTURE HEALTHCARE PROFESSIONALS. THIS CATEGORY REPRESENTS THE MAJORITY OF SMH'S COMMUNITY BENEFIT ACTIVITIES AND INCLUDES EFFORTS TO GENERATE INTEREST IN HEALTH PROFESSIONS AS WELL AS PROVIDING A CLINICAL SITE FOR MEDICAL STUDENTS, HIGH SCHOOL STUDENTS AND COLLEGES FOR STUDENTS WHO ARE PURSUING DEGREES AS NURSES, PAS, OCCUPATIONAL, SPEECH AND PHYSICAL THERAPISTS, DENTAL HYGIENISTS, RADIOLOGY TECHNOLOGISTS AND MORE.

SUBSIDIZED SERVICES: SMH PROVIDES HEALTH SERVICES TO PATIENTS WITH NO INSURANCE OR STATE INSURANCE INCLUDING EMERGENCY SERVICES AND BEHAVIORAL

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HEALTH CLINICS.

FINANCIAL AND IN-KIND CONTRIBUTIONS: SMH FINANCIALLY SUPPORTS OTHER COMMUNITY ORGANIZATIONS THROUGH SPONSORSHIPS AND IN-KIND DONATIONS VIA TIME SPENT BY STAFF IN THE COMMUNITY ON LOCAL BOARDS AND VOLUNTEERING TIME FOR LOCAL ORGANIZATIONS.

COMMUNITY BENEFIT OPERATIONS: THE COSTS ASSOCIATED WITH PLANNING AND OPERATING COMMUNITY BENEFIT PROGRAMS ARE IN ITSELF A BENEFIT TO THE COMMUNITY. THIS CATEGORY ALSO INCLUDES COSTS ASSOCIATED WITH CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT AS WELL AS DEVELOPING AN IMPLEMENTATION STRATEGY.

RESEARCH

STATE CANCER REGISTRIES ENABLE PUBLIC HEALTH PROFESSIONALS TO BETTER UNDERSTAND AND ADDRESS CANCER. SUCH INFORMATION IS ESSENTIAL FOR IDENTIFYING WHEN AND WHERE CANCER SCREENING EFFORTS SHOULD BE ENHANCED

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8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

AND FOR MONITORING THE TREATMENT PROVIDED TO CANCER PATIENTS. IN ADDITION, RELIABLE REGISTRY DATA IS FUNDAMENTAL TO A VARIETY OF RESEARCH EFFORTS, INCLUDING THOSE AIMED AT EVALUATING THE EFFECTIVENESS OF CANCER PREVENTION, CONTROL OR TREATMENT PROGRAMS. THE DATA IS REPORTED TO A CENTRAL STATEWIDE REGISTRY FROM VARIOUS MEDICAL FACILITIES INCLUDING HOSPITALS, PHYSICIANS' OFFICES, THERAPEUTIC RADIATION FACILITIES, FREESTANDING SURGICAL CENTERS AND PATHOLOGY LABORATORIES. DURING FISCAL YEAR 2013, THE TOTAL COST ASSOCIATED WITH THE SAINT MARY'S HOSPITAL CANCER REGISTRY WAS $110,871.

AFFILIATED HEALTH CARE SYSTEM ROLES

PART VI, LINE 6

SAINT MARY'S HOSPITAL PLAYS AN INDISPENSABLE ROLE IN THE HEALTHCARE DELIVERY SYSTEM FOR THE GREATER WATERBURY COMMUNITY AND THE TOWNS OF THE CENTRAL NAUGATUCK VALLEY. FOUNDED IN 1907 BY THE SISTERS OF SAINT JOSEPH OF CHAMBERY, SAINT MARY'S HAS BEEN THE CATHOLIC BEACON OF HEALING AND HOPE IN THE COMMUNITY FOR 100 YEARS. BUILT IN THE HEART OF THE CITY AND

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

WITHIN CLOSE DISTANCE OF ITS ONCE-THRIVING BRASS MILLS SO THAT IT COULD RESPOND READILY TO INJURED WORKERS, THE HOSPITAL HAS EVOLVED INTO A DIVERSE HEALTH SYSTEM THAT TODAY PROVIDES A VARIETY OF HEALTHCARE, EDUCATIONAL, FINANCIAL AND OTHER BENEFITS TO THE PEOPLE IT SERVES.

SMH AFFILIATED ORGANIZATIONS SHARE THE GOAL OF PROMOTING HEALTHY LIVING AND DISEASE DETECTION AND PREVENTION THROUGHOUT THE WATERBURY COMMUNITY.

THE HEART CENTER OF GREATER WATERBURY IS A PARTNERSHIP ORGANIZATION WITH SOLE MEMBERS: SAINT MARY'S HOSPITAL AND WATERBURY HOSPITAL. THE HEART CENTER PROMOTES HEALTHY LIVING AND CARDIOVASCULAR DISEASE DETECTION THROUGH SUPPORT GROUPS, SCREENINGS, COMMUNITY HEALTH BOARD INVOLVEMENT, AND COMMUNITY EDUCATION.

THE HAROLD LEEVER CANCER CENTER IS A PARTNERSHIP ORGANIZATION WITH SOLE MEMBERS: SAINT MARY'S HOSPITAL AND WATERBURY HOSPITAL. THE HAROLD LEEVER

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

CANCER CENTER PROMOTES CANCER AWARENESS AND SUPPORT FOR PATIENTS THROUGH SUPPORT GROUPS, SCREENINGS AND COMMUNITY EDUCATION.

SAINT MARY'S HOSPITAL FOUNDATION IS A 501(C)(3) WHOLLY OWNED SUBSIDIARY COMPANY OF SAINT MARY'S HEALTH SYSTEM. THE FOUNDATION SUPPORTS THE HOSPITAL'S MISSION BY RAISING MONEY TO BENEFIT A VARIETY OF COMMUNITY NEEDS.

FRANKLIN MEDICAL GROUP IS A CAPTIVE PROFESSIONAL CORPORATION OF MULTI-SPECIALTY PHYSICIANS AFFILIATED WITH SAINT MARY'S HOSPITAL. THE MEDICAL GROUP OPERATES THE CHILDREN'S AND FAMILY HEALTH CENTER, DENTAL CLINIC AND A VARIETY OF CLINICS OFTEN BENEFITING THE UNINSURED POPULATION. IN ADDITION TO PATIENT CARE, PATIENTS BENEFIT FROM A VARIETY OF FREE OR DISCOUNTED SERVICES.

ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

PART VI, LINE 7

CT

BILLING AND COLLECTIONS

PART V, LINE 16E AND PART I, LINE 3C

THE ORGANIZATION TAKES THE FOLLOWING EFFORT TO ENSURE ELIGIBILITY PRIOR TO INITIATING ANY LAWSUITS OR LEINS:

ON A BI-WEEKLY BASIS PATIENT FINANCIAL SERVICES DEPARTMENT WILL RUN A REPORT OF ALL OUTSTANDING PATIENT ACCOUNT BALANCES, IN FINANCIAL CLASS P, WHICH WILL BE FORWARDED TO AN OUTSIDE VENDOR FOR VERIFICATION OF ASSET. PATIENTS THAT ARE CLASSIFIED AS HAVING NO ASSETS WILL BE WRITTEN OFF TO CHARITY CARE. THESE MUST BE AUTHORIZED AND APPROVED BY THE VICE PRESIDENT OF FINANCE/CFO OR HIS DESIGNEE. DUE TO SYSTEM TRANSITION, THE HOSPITAL HAD DIFFICULTY WITH ASSET VERIFICATION DURING 2013.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE

PART V, LINE 20D

THE FOLLOWING CRITERIA ARE USED TO DETERMINE THE ELIGIBILITY OF PATIENTS FOR FINANCIAL ASSISTANCE:

ALL SELF-PAY ACCOUNTS (SFPY) RECEIVED A 25% SELF PAY DISCOUNT UP UNTIL JUNE 30, 2013. AFTER JUNE 2013 ALL SELF PAY INDIVIDUALS RECEIVED A 40% DISCOUNT OFF OF THE PUBLISHED CHARGES, REGARDLESS OF THEIR INCOME OR ASSETS. ACCOUNTS MUST BE IN A SELF-PAY FINANCIAL CLASS FOR THE DISCOUNT TO BE TAKEN.

FOR UNINSURED PATIENTS WHOSE INCOME ARE AT OR BELOW 350% OF THE FEDERAL POVERTY INCOME LEVELS, SMH WILL REDUCE THEIR BILL BY SLIDING SCALE DISCOUNT OR TO "COST OF PROVIDING SERVICES", AS ESTABLISHED BY THE OFFICE OF HEALTH CARE ACCESS (OHCA), WHICHEVER IS GREATER.

UNINSURED PATIENTS, WHOSE INCOME RANGE BETWEEN 351% AND 400% OF THE

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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FEDERAL POVERTY INCOME LEVELS, WILL BE ELIGIBLE FOR AN ADDITIONAL CHARITY CARE REDUCTION OF 20% OFF OF THEIR REMAINING ACCOUNT(S) BALANCE(S).

PATIENTS WHO DO NOT QUALIFY FOR REDUCTION TO COST OR CHARITY CARE MAY QUALIFY FOR AN ADDITIONAL 5% - 10% DISCOUNT BY CONTACTING OUR SELF-PAY COLLECTORS. REQUESTS FOR THIS DISCOUNT MUST BE MADE BEFORE THE ACCOUNT IS SENT TO A COLLECTION AGENCY AND PAYMENT MUST BE RECEIVED WITHIN 10 DAYS OF THE AGREEMENT.

INPUT FROM REPRESENTATIVES OF THE COMMUNITY

PART V, LINE 3

SAINT MARY'S RECEIVED SIGNIFICANT INPUT FROM PERSONS REPRESENTING THE COMMUNITY. THE ASSESSMENT WAS CONDUCTED IN COLLABORATION WITH THE NEWLY FORMED GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP), WHICH INCLUDES SAINT MARY'S HOSPITAL, WATERBURY HOSPITAL, THE WATERBURY DEPARTMENT OF HEALTH, UNITED WAY OF GREATER WATERBURY, STAYWELL HEALTH CENTER, AND THE CONNECTICUT COMMUNITY FOUNDATION. IN ADDITION, GWHIP

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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HOSTED A PRIORITIZATION SESSION THAT INCLUDED 41 INDIVIDUALS REPRESENTING LOCAL HEALTH AND HUMAN SERVICE AGENCIES, AREA NON-PROFIT ORGANIZATIONS, HEALTH PROVIDERS AND PUBLIC HEALTH REPRESENTATIVES. AT THIS PRIORITIZATION SESSION WHICH TOOK PLACE ON JUNE 18, 2013, THE GROUP VOTED ON COMMUNITY HEALTH PRIORITIES.

THE SESSION INCLUDED 41 PARTICIPANTS FROM 29 ORGANIZATIONS INCLUDING BUT NOT LIMITED TO WATERBURY BOARD OF PUBLIC HEALTH, CATHOLIC CHARITIES ARCHDIOCES OF HARTFORD, UCONN SCHOOL OF PUBIC HEALTH, END HUNGER CONNECTICUT, VNA HEALTH-AT-HOME, BRIDGE TO SUCCESS, HEART CENTER OF GREATER WATERBURY AND THE CHAMBER OF COMMERCE. A LISTING OF PARTICIPANTS IS AVAILABLE UPON REQUEST.

INPUT FROM HOSPITAL FACILITIES

PART V, LINE 4

WATERBURY HOSPITAL

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

AVAILABILITY TO PUBLIC

PART V, LINE 5C

GWHIP HOSTED A "HEALTH SUMMIT" AT NAUGATUCK VALLEY COMMUNITY COLLEGE ON OCTOBER 4, 2013. MEMBERS OF THE PUBLIC WERE INVITED TO ATTEND. OVER 100 PEOPLE ATTENDED THE EVENT.

AT THE HEALTH SUMMIT, GWHIP REPRESENTATIVES PRESENTED THE CHNA FINDINGS. GWHIP ALSO CONVENED WORK GROUPS TO ADDRESS IDENTIFIED AREAS OF COMMUNITY HEALTH NEED.

NEEDS IDENTIFIED

PART V, LINE 7

SAINT MARY'S HOSPITAL ADMINISTRATORS DECIDED TO FOCUS ON THE TOP FOUR COMMUNITY HEALTH NEEDS (ACCESS TO CARE; MENTAL HEALTH/SUBSTANCE ABUSE; CHRONIC DISEASES (OBESITY, HEART DISEASE, DIABETES, AND ASTHMA); AND TOBACCO USE). THESE NEEDS WERE SELECTED AT THE "PRIORITIZATION SESSION" THAT WAS HELD ON JUNE 18, 2013.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

DUE TO LIMITED TIME AND RESOURCES, SAINT MARY'S IS UNABLE TO ADDRESS EACH IDENTIFIED COMMUNITY HEALTH NEED. COMMUNITY ORGANIZATIONS ARE ADDRESSING THE OTHER IDENTIFIED HEALTH NEEDS. FOR EXAMPLE, THE WATERBURY HEALTH DEPARTMENT AND NEW OPPORTUNITIES, INC. ARE BOTH ADDRESSING "LOW BIRTH WEIGHT" BABIES THROUGH THE WOMEN, INFANTS, AND CHILDREN (WIC) NUTRITION PROGRAM. THE WATERBURY HEALTH DEPARTMENT AND NEW OPPORTUNITIES, INC. ADMINISTER THE WIC PROGRAM LOCALLY.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization
ST. MARY'S HOSPITAL, INC.

Employer identification number
06-0646844

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SACRED HEART HIGH SCHOOL 142 S ELM STREET WATERBURY, CT 06706	06-0646798	501(C)(3)	7,850.				TUITION SUBSIDY
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ _____

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Comp. Resp. 171

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GENERAL INFORMATION ON GRANTS AND ASSISTANCE

SCHEDULE I, PART I, LINES 1 & 2

THE HOSPITAL DOES NOT MAKE GRANTS TO OTHER ORGANIZATIONS. THE HOSPITAL WILL MAKE VARIOUS DONATIONS AND SPONSORSHIPS FOR LOCAL ORGANIZATIONS TO PROMOTE HEALTH AND WELFARE.

Comp. Resp. 172

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a	X	
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	CHAD WABLE PRESIDENT AND CEO	(i)	424,421.	61,500.	25,201.	100,391.	36,813.	648,326.	0
		(ii)	0	0	0	0	0	0	0
2	ROBERT HALKO VP AND CFO (FORMER)	(i)	119,090.	0	0	0	3,731.	122,821.	0
		(ii)	0	0	0	0	0	0	0
3	JAMES UBERTI, M.D. DIRECTOR	(i)	0	0	0	0	0	0	0
		(ii)	212,431.	370.	0	6,384.	3,053.	222,238.	0
4	SANDRA ROOSA VP PATIENT SERVICE CNO	(i)	500,796.	0	0	0	18,523.	519,319.	0
		(ii)	0	0	0	0	0	0	0
5	MICHAEL NOVAK VP OPERATIONS	(i)	225,232.	20,000.	414.	14,700.	28,060.	288,406.	0
		(ii)	0	0	0	0	0	0	0
6	CAROLYN ORRELL CHIEF INFORMATION OFFICER	(i)	175,871.	10,000.	358.	0	5,022.	191,251.	0
		(ii)	0	0	0	0	0	0	0
7	M. CLARK KEARNEY VP HUMAN RESOURCES	(i)	194,531.	18,000.	1,166.	12,822.	25,675.	252,194.	0
		(ii)	0	0	0	0	0	0	0
8	JOSEPH CONNOLLY CHIEF MARKETING OFFICER	(i)	155,944.	10,000.	208.	9,970.	25,366.	201,488.	0
		(ii)	0	0	0	0	0	0	0
9	STEPHEN HOLLAND, MD VP/CMO (ROTATED OFF 8/3/2012)	(i)	279,816.	30,000.	452.	14,700.	4,848.	329,816.	0
		(ii)	0	0	0	0	0	0	0
10	ELIZABETH BOZZUTO VP SURGICAL SERVICES	(i)	231,588.	20,000.	1,506.	14,700.	26,799.	294,593.	0
		(ii)	0	0	0	0	0	0	0
11	STEVEN SCHNEIDER, MD CMO	(i)	0	0	0	0	0	0	0
		(ii)	345,429.	0	1,188.	14,700.	5,783.	367,100.	0
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Comp. Resp. 174

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PARTICIPATION IN OR PAYMENT FROM NONQUALIFIED RETIREMENT PLANS.

SCHEDULE J - PART I - LINE 4B

CHAD WABLE AND SANDRA ROOSA PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN.

CHAD WABLE PARTICIPATES IN A 457(F) DEFERRED COMPENSATION PLAN. NO PAYMENT WAS RECEIVED DURING FISCAL YEAR ENDING 2013.

SANDRA ROOSA'S EMPLOYMENT CONTRACT INCLUDES A PROVISION FOR SUPPLEMENTAL RETIREMENT PAYMENTS. THERE WERE PAYMENTS MADE UNDER THIS PROVISION IN THE CALENDAR YEAR 2012.

COMPENSATION CONTINGENT ON NET EARNINGS

SCHEDULE J - PART I - QUESTION 6A

EACH SENIOR LEADER IS PROVIDED A BONUS BASED ON NET EARNINGS AND OTHER CORPORATE GOALS. THE BONUS IS CONTINGENT ON CORPORATE GOALS AND OBJECTIVES EACH YEAR. DURING FY2013, THERE WERE 5 OBJECTIVES: PEOPLE, SERVICE, QUALITY, FINANCE, AND GROWTH. THE BONUS IS COMPUTED ON A PERCENTAGE ALLOCATION FOR THE WEIGHT OF EACH OBJECTIVE WHICH IS DIFFERENT

Comp. Resp. 175

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FOR EACH SENIOR LEADER BASED ON THEIR JOB FUNCTION.

SEVERANCE AGREEMENT

SCHEDULE J, LINE 4A

SAINT MARY'S HOSPITAL ENTERED INTO A SEVERANCE AGREEMENT WITH A FORMER EMPLOYEE, WHICH ENDED IN CALENDAR YEAR 2012.

Comp. Resp. 176

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization
ST. MARY'S HOSPITAL, INC.

Employer identification number
06-0646844

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ $						

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)	NAUGATUCK VALLEY WOMEN'S HEALTH, PC	DIRECTOR - M. ALBINI	322,750.	SEE PART V FOR DESCRIPTION		X
(2)	WEBSTER FINANCIAL SERVICES	DIRECTOR - J. SMITH	463,564.	SEE PART V FOR DESCRIPTION		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

BUSINESS TRANSACTION WITH INTERESTED PERSON

PART IV

DR. MARK ALBINI IS A MEMBER OF THE BOARD OF DIRECTORS OF SAINT MARY'S HOSPITAL, INC. DURING THE YEAR ENDING SEPTEMBER 30, 2013, THE HOSPITAL PAID DR. ALBINI'S PRACTICE, NAUGATUCK VALLEY WOMEN'S HEALTH, PC, $273,750 IN FEES FOR SERVICE. IN ADDITION, DR. ALBINI WAS PAID $49,000 BY SAINT MARY'S HOSPITAL FOR SERVICES PERFORMED DIRECTLY BY HIM FOR THE HOSPITAL.

MR. JAMES C. SMITH IS A MEMBER OF THE BOARD OF DIRECTORS OF SAINT MARY'S HEALTH SYSTEM, WHICH IS THE PARENT HOLDING COMPANY OF SAINT MARY'S HOSPITAL, INC. MR. SMITH IS ALSO THE CHAIRMAN AND CEO OF WEBSTER FINANCIAL CORP., PARENT COMPANY OF WEBSTER BANK. THE HOSPITAL HAS A LINE OF CREDIT THROUGH WEBSTER BANK, THE BALANCE OF THE LINE OF CREDIT AT THE END OF THE REPORTING PERIOD WAS $0. DURING THE YEAR ENDED SEPTEMBER 30, 2013, THE HOSPITAL PAID $119,317 IN BANKING FEES AND INCURRED $3,025 IN FEES ON THE LINE OF CREDIT.

THE HOSPITAL ALSO PAYS WEBSTER FINANCIAL SERVICES, A COMPANY RELATED TO THE WEBSTER BANK, TO ADMINISTER ITS PENSION PLAN AND OTHER INVESTMENT

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

MANAGEMENT SERVICES. DURING THE YEAR ENDED SEPTEMBER 30, 2013, SAINT MARY'S HOSPITAL, INC. AND ITS AFFILIATES PAID $138,961 FOR INVESTMENT MANAGEMENT SERVICES FOR ASSETS IN RESTRICTED FUNDS AND $202,261 FOR AMINISTRATION OF THE HOSPITAL'S RETIREMENT PLAN ASSETS.

THE HOSPITAL CHOSE WEBSTER BANK IN OCTOBER 2000 AFTER A CAREFUL SEARCH WAS UNDERTAKEN TO FIND A BANK THAT COULD OFFER THE SERVICES NEEDED. THE CFO MADE THE FINAL DECISION AND IT WAS APPROVED BY THE FULL BOARD OF DIRECTORS. SAINT MARY'S HOSPITAL, INC. BELIEVES THAT THE AMOUNTS CHARGED FOR SERVICES PROVIDED BY WEBSTER ARE AT LEAST AS BENEFICIAL TO THE HOSPITAL AS TO OTHER COMMERCIAL CUSTOMERS OF THE WEBSTER BANK.

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

PROGRAM SERVICE ACCOMPLISHMENTS

990 PART III - LINE 4A

INPATIENT SERVICES SAINT MARY'S REMAINS COMMITTED TO PROVIDING THE HIGHEST QUALITY CARE FOR OUR PATIENTS. THE HOSPITAL PROVIDED INPATIENT TREATMENT FOR 11,830 INPATIENTS IN 2013, WITH AN AVERAGE LENGTH OF STAY OF 4.42 DAYS. SAINT MARY'S THREE LARGEST PROGRAMS ARE SURGERY, CARDIOLOGY AND MEDICINE.

IN 2013, 915 PATIENTS CHOSE TO HAVE GENERAL SURGERY AT SAINT MARY'S, STAYING AT THE HOSPITAL FOR A TOTAL OF 5,187 DAYS AND GENERATED $14 MILLION IN REVENUE; 1,513 PATIENTS CHOSE SAINT MARY'S FOR CARDIAC CARE, STAYING IN THE HOSPITAL FOR A TOTAL OF 6,028 DAYS AND GENERATING $19 MILLION IN REVENUE; AND 4,569 PATIENTS RECEIVED INPATIENT MEDICAL CARE, STAYING IN THE HOSPITAL FOR A TOTAL OF 23,352 DAYS, AND GENERATING $41 MILLION IN REVENUE.

AS THE HOSPITAL CONTINUES TO DISTINGUISH ITSELF AS A LEADING PROVIDER OF HEALTHCARE SERVICES IN THE REGION, IT HAS GARNERED RECOGNITION FROM STATE AND NATIONAL ORGANIZATIONS FOR PROVIDING OUTSTANDING PATIENT CARE.

SAINT MARY'S HOSPITAL IS RANKED AS THE TOP-PERFORMING HOSPITAL IN CONNECTICUT FOR DELIVERING PERCUTANEOUS CORONARY INTERVENTION (PCI), A LIFE-SAVING PROCEDURE THAT OPENS THE BLOCKED ARTERIES OF HEART ATTACK PATIENTS. THE NATIONAL STANDARD STATES THAT PATIENTS SHOULD RECEIVE THIS

Name of the organization: ST. MARY'S HOSPITAL, INC.

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PROCEDURE WITHIN 90 MINUTES OF ARRIVAL AT THE HOSPITAL. ACCORDING TO THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID (CMS), 100 PERCENT OF PATIENTS WHO REQUIRE ANGIOPLASTY RECEIVE IT AT SAINT MARY'S WITHIN 90 MINUTES OF ARRIVAL. THIS RANKS SAINT MARY'S AS THE NUMBER ONE PERFORMING HOSPITAL IN CONNECTICUT, AND SIGNIFICANTLY AHEAD OF THE NATIONAL AVERAGE, WHICH IS 79 PERCENT OF PATIENTS BEING TREATED WITHIN 90 MINUTES.

IN ADDITION, SAINT MARY'S IS THE FIRST HOSPITAL IN CONNECTICUT TO RECEIVE A GOLD AWARD UNDER THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES PROGRAM FOR ITS TREATMENT OF PATIENTS WITH CORONARY ARTERY DISEASE. IT IS ALSO THE FIRST HOSPITAL IN THE STATE TO RECEIVE A GOLD AWARD FOR ITS TREATMENT OF PATIENTS WITH HEART FAILURE. AS OF FISCAL YEAR 2013, SAINT MARY'S HAS RECEIVED FIVE GOLD AWARDS FOR CARDIAC CARE. THESE ACCOMPLISHMENTS ARE INDICATIVE OF THE EXTRAORDINARY CROSS-DISCIPLINE COLLABORATION AND OVERALL COMMITMENT TO CLINICAL EXCELLENCE SHARED BY THE SAINT MARY'S TEAM.

IN ADDITION, SAINT MARY'S IS A LEADER IN SURGICAL SERVICES. OUR PHYSICIANS PROVIDE BOTH IN-PATIENT AND OUT-PATIENT SURGERY IN THE AREAS OF GI, ONCOLOGY, THORACIC, VASCULAR, LAPAROSCOPY, TRAUMA, GYNECOLOGY, UROLOGY, NEUROSURGERY, ORTHOPEDICS, CARDIOTHORACIC, PLASTIC, BARIATRIC AND ENDOCRINE SURGERY AT SAINT MARY'S HOSPITAL.

SAINT MARY'S HEALTH SYSTEM IS PLEASED TO INTRODUCE A NEW ERA OF SURGERY TO THE GREATER WATERBURY COMMUNITY. OUR EXPERIENCED SURGEONS ARE NOW

PERFORMING ADVANCED ROBOTIC-ASSISTED PROCEDURES UTILIZING THE DAVINCI® ROBOTIC SURGICAL SYSTEM. THIS INNOVATIVE TECHNOLOGY IS QUICKLY BECOMING THE STANDARD OF CARE FOR MANY COMPLEX SURGICAL PROCEDURES WITH APPLICATIONS FOR GYNECOLOGIC, UROLOGIC, THORACIC, CARDIAC AND GENERAL SURGERY. AS THE LEADING PROVIDER OF SURGICAL SERVICES IN THE REGION, SAINT MARY'S IS COMMITTED TO PROVIDING THE HIGHEST QUALITY AND SUPERIOR SERVICE FOR OUR PATIENTS. DURING FISCAL YEAR 2013, SAINT MARY'S PERFORMED 590 SURGERIES USING THE DAVINCI® ROBOTIC SURGICAL SYSTEM.

IN ADDITION, THE HOSPITAL OFFERS A COMPREHENSIVE SIX- YEAR TRAINING PROGRAM IN GENERAL SURGERY. SAINT MARY'S HOSPITAL IS COMMUNITY BASED AND BOASTS A CLOSE AFFILIATION TO YALE UNIVERSITY IN NEARBY NEW HAVEN, CONNECTICUT, AND THE UNIVERSITY OF CONNECTICUT IN FARMINGTON, CONNECTICUT. HISTORICALLY, NEARLY ONE HALF OF THE RESIDENTS COMPLETING THIS PROGRAM HAVE PURSUED FURTHER TRAINING IN CARDIOTHORACIC, COLON AND RECTAL, PLASTIC AND RECONSTRUCTIVE, SURGICAL ONCOLOGY, OR VASCULAR SURGERY.

OUTPATIENT SERVICES

990 PART III - LINE 4B

SAINT MARY'S HEALTH SYSTEM EXTENDS FROM WATERBURY TO WOLCOTT, NAUGATUCK, SOUTHBURY AND PROSPECT. IN 2013, 215,256 PATIENTS CHOSE SAINT MARY'S FOR OUTPATIENT CARE. THE HEALTH SYSTEM'S TWO LARGEST PROGRAMS ARE ITS EMERGENCY DEPARTMENT, WHICH PROVIDED TREATMENT TO 62,003 PATIENTS IN 2013, GENERATING $23 MILLION IN REVENUE, AND AMBULATORY SURGERY. IN 2013, 14,945 PATIENTS CHOSE TO HAVE OUTPATIENT SURGERY AT SAINT MARY'S,

Name of the organization	Employer identification number
ST. MARY'S HOSPITAL, INC.	06-0646844

GENERATING $44 MILLION IN REVENUE.

OUTPATIENT SERVICES INCLUDE BUT ARE NOT LIMITED TO: MEDICAL IMAGING, BLOOD DRAW AND LAB SERVICES, CARDIAC AND PULMONARY REHABILITATION CLASSES, NUTRITIONAL COUNSELING AND EXPECTANT PARENT CLASSES. SAINT MARY'S SATELLITE FACILITIES INCLUDE HEALTH AND WELLNESS CENTERS PROVIDING WALK-IN HEALTH CARE, BLOOD DRAW STATIONS AND X-RAY SERVICES IN NAUGATUCK AND WOLCOTT; OUTPATIENT REHABILITATION THERAPY OFFICES IN WATERBURY, WOLCOTT AND NAUGATUCK; OUTPATIENT SLEEP DISORDERS CENTERS IN WATERBURY AND WOLCOTT; THE BREAST & ONCOLOGY CENTERS IN SOUTHBURY AND PROSPECT, AND OCCUPATIONAL THERAPY IN WATERBURY.

SAINT MARY'S HAS BEEN RECOGNIZED AT THE STATE AND NATIONAL LEVELS AS A DISTINGUISHED PROVIDER OF OUTPATIENT SERVICES.

SAINT MARY'S IS AMONG THE LARGEST AND BUSIEST EMERGENCY DEPARTMENTS IN THE STATE OF CONNECTICUT. IN FACT, WITH APPROXIMATELY 67,000 EMERGENCY VISITS PER YEAR, WE RANK AS THE 9TH BUSIEST IN THE STATE.

THE SAINT MARY'S EMERGENCY DEPARTMENTS IS A CERTIFIED LEVEL 2 TRAUMA CENTER, AND ALL PHYSICIANS ARE BOARD CERTIFIED IN EMERGENCY MEDICINE. THE EMERGENCY DEPARTMENT PLAYS A CRITICAL ROLE IN HELPING SAINT MARY'S ACHIEVE ITS EXTRAORDINARY PERFORMANCE WITH DOOR-TO-BALLOON TIME, A MEASURE OF THE TIME IT TAKES A HEART ATTACK VICTIM TO HAVE HIS OR HER BLOCKED ARTERIES OPENED. SAINT MARY'S MEDIAN DOOR-TO-BALLOON TIME IS 60

Name of the organization	Employer identification number
ST. MARY'S HOSPITAL, INC.	06-0646844

MINUTES. SAINT MARY'S DOOR-TO-BALLOON TIME IS 30 MINUTES FASTER THAN NATIONAL GUIDELINES SET BY THE AMERICAN COLLEGE OF CARDIOLOGY FOR OPENING BLOCKED ARTERIES.

THE DEPARTMENT ALSO PROVIDES AMBULATORY CARE SERVICES, WHICH ARE DESIGNED TO ACCOMMODATE NON-EMERGENT, LOWER ACUITY NEEDS. THIS UNIT CONTAINS A PEDIATRIC CENTER, WHICH IS STAFFED BY PEDIATRICIANS EACH AFTERNOON.

FINALLY, THE EMERGENCY DEPARTMENT CONTAINS A DEDICATED BEHAVIORAL HEALTH AREA, SUPPORTED BY A PSYCHIATRIST. THIS UNIT PROVIDES A MUCH NEEDED RESOURCE FOR SERVING OUR PATIENT POPULATION, AND HAS SEEN CONTINUED GROWTH AND INCREASE IN DEMAND.

SAINT MARY'S CANCER PROGRAM WAS AWARDED A THREE-YEAR ACCREDITATION FROM THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER WITH COMMENDATION. ONLY 40 PERCENT OF ALL U.S. HOSPITALS SURVEYED BY THE COMMISSION ACHIEVE THIS LEVEL OF RECOGNITION. ACS ACCREDITATION ENSURES THAT PATIENTS WHO CHOOSE SAINT MARY'S FOR CANCER CARE HAVE ACCESS TO A COMPLETE RANGE OF STATE-OF-THE-ART SERVICES AND EQUIPMENT, A TEAM THAT COORDINATES THE BEST AVAILABLE TREATMENT OPTIONS, AND ACCESS TO CLINICAL TRIALS AND NEW TREATMENT OPTIONS, AS WELL AS EARLY DETECTION PROGRAMS, EDUCATION AND SUPPORT SERVICES.

SAINT MARY'S WOUND HEALING CENTER IS STAFFED BY A SPECIALIZED TEAM OF PHYSICIANS, SURGEONS, NURSES AND TECHNICIANS, WHO COLLABORATE TO PRODUCE

Name of the organization: ST. MARY'S HOSPITAL, INC.

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THE BEST POSSIBLE OUTCOMES. ON AVERAGE, 92 PERCENT OF PATIENTS WHO COME TO THE CENTER WITH CHRONIC WOUNDS THAT HAVE RESISTED TRADITIONAL TREATMENT ACHIEVE SUCCESSFUL RESULTS WITHIN 14 WEEKS. SPECIALIZED WOUND CARE ALSO HELPS PATIENTS WITH DIABETIC ULCERS, PRESSURE ULCERS, INFECTIONS AND COMPROMISED SKIN GRAFTS. IN ADDITION THE CENTER OFFERS HYPERBARIC OXYGEN THERAPY, WHICH IS PARTICULARLY EFFECTIVE FOR PATIENTS WHO SUFFER FROM RADIATION DAMAGE OR FACE THE POSSIBILITY OF AMPUTATION.

ORGANIZATION'S MISSION

FORM 990, PART III

BUILDING UPON A LEGACY OF CARING

THE MISSION OF SAINT MARY'S HOSPITAL IS TO PROVIDE EXCELLENT HEALTHCARE SERVICES IN A SPIRITUALLY ENRICHED ENVIRONMENT TO IMPROVE THE HEALTH OF OUR COMMUNITY.

IT IS THE HOSPITAL'S VISION TO BE THE LEADING REGIONAL HEALTHCARE PROVIDER THE HOSPITAL'S STAFF, MEDICAL STAFF, BOARD, FOUNDATION, AUXILIARY AND VOLUNTEERS ARE ALSO UNITED BY THESE VALUES:

- INTEGRITY - COMMITMENT TO DOING WHAT IS RIGHT
- CARING - COMPASSIONATE APPROACH TO ADDRESSING THE HEALTHCARE NEEDS OF ALL PEOPLE
- ACCOUNTABILITY - PERSONAL RESPONSIBILITY FOR THE PERFORMANCE OF SAINT MARY'S HEALTH SYSTEM
- RESPECT - RESPECT FOR THE DIGNITY, WORTH, AND RIGHTS OF OTHERS
- EXCELLENCE - WORKING TOGETHER IN PURSUIT OF SUPERIOR CLINICAL QUALITY AND SERVICE TO OTHERS

Name of the organization: ST. MARY'S HOSPITAL, INC.

Employer identification number: 06-0646844

PROCESS TO ELECT MEMBERS OF THE GOVERNING BODY

990 PART VI SECTION A LINE 7A

SAINT MARY'S HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF SAINT MARY'S HOSPITAL, INC. AND APPOINTS THE BOARD OF DIRECTORS.

ARE THE DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL

990 PART VI SECTION A LINE 7B

PURSUANT TO THE PROVISIONS OF SECTION 33-1080(B) OF THE CONNECTICUT REVISED NON-STOCK CORPORATION ACT AND THE AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF THE CORPORATION, THERE SHALL BE RESERVED TO THE ARCHBISHOP OF THE HARTFORD ROMAN CATHOLIC ARCHDIOCESE OF HARTFORD (UNLESS SPECIFICALLY DELEGATED BY HIM) THE FOLLOWING RIGHTS AND POWERS: (A)TO APPROVE THE MISSION OR PURPOSE AND THE PHILOSOPHY OF THE CORPORATION AND OF ANY SAINT MARY'S SUBSIDIARIES. (B)TO APPROVE THE ACQUISITION, ALIENATION OR CONVEYANCE OF THE REAL PROPERTY OF THE CORPORATION THAT IS VALUED AT AN AMOUNT GREATER THAN THAT ESTABLISHED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS PURSUANT TO CANON LAW OR TO PLACE A MORTGAGE ON SUCH PROPERTY OR TO BORROW FUNDS IN AMOUNTS GREATER THAN THOSE ESTABLISHED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS PURSUANT TO CANON LAW, WHETHER IN A SINGLE TRANSACTION OR A SERIES OF RELATED TRANSACTIONS. (C)TO APPROVE THE DISPOSAL OF ALL OR SUBSTANTIALLY ALL OF THE PHYSICAL ASSETS OF THE CORPORATION AND TO APPROVE THE MERGER OR CONSOLIDATION OF THE CORPORATION. (D)TO APPROVE THE AMENDMENT OF THE CERTIFICATE OF INCORPORATION OR THE BYLAWS OF THE CORPORATION.

Name of the organization: ST. MARY'S HOSPITAL, INC.

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FORM 990 REVIEW PROCESS

PART VI, SECTION B, LINE 11A

THE FORM 990 WAS DISTRIBUTED TO BOARD MEMBERS AND THE ORGANIZATION'S FINANCE COMMITEE FOR THEIR REVIEW PRIOR TO FILING TO ENSURE ACCURACY AND COMPLETENESS. A COMPLETE COPY OF THE ORGANIZATION'S FINAL FORM 990, INCLUDING ALL REQUIRED SCHEDULES, AS ULTIMATELY FILED WITH THE IRS, WAS PROVIDED TO EACH MEMBER OF THE BOARD BEFORE ITS FILING WITH THE IRS.

CONFLICT OF INTEREST POLICY

990 PART VI - SECTION B - LINE 12C

ANNUALLY, EACH DIRECTOR, OFFICER, AND BOARD COMMITTEE MEMBER OF SMHS AND ANY OF ITS AFFILIATES, AS APPROPRIATE, WILL SIGN A STATEMENT WHICH AFFIRMS THAT THE PERSON:

1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY;

2) HAS READ AND UNDERSTANDS THE POLICY; AND

3) HAS AGREED TO COMPLY WITH THE POLICY.

THE STATEMENTS WILL BE DISTRIBUTED ANNUALLY BY THE COMPLIANCE OFFICER AND RETURNED TO THE CEO OR DELEGATED PERSON, WHERE THEY WILL BE RECORDED, REVIEWED, SUMMARIZED AND PRESENTED TO THE CHAIRPERSON OF THE BOARD, AS WELL AS TO THE AUDIT AND GOVERNANCE COMMITTEES, WHERE THEY EXISTS. CONFLICT OF INTEREST STATEMENTS WILL BE MAINTAINED FOR A MINIMUM OF SEVEN YEARS BY THE COMPLIANCE OFFICER.

CONFLICT OF INTEREST FORMS PROVIDED BY OFFICERS, DIRECTORS AND BOARD COMMITTEE MEMBERS WILL BE FORWARDED TO THE COMPLIANCE OFFICER, ALONG WITH

Name of the organization	Employer identification number
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A STATEMENT OF IMPACT AS TO THE EFFECT OF THE CONFLICT OF INTEREST ON THE BUSINESS AND ANY ACTION TAKEN TO MINIMIZE THE EFFECT. THEY WILL BE MAINTAINED BY THE COMPLIANCE OFFICER FOR A MINIMUM OF SEVEN YEARS.

COMPENSATION POLICY

990 PART VI - SECTION B - LINES 15A & 15B

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE HOSPITAL'S TOP MANAGEMENT OFFICIALS, INCLUDING THE CEO, ALL OFFICERS, AND KEY EMPLOYEES, MEET THE THREE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY THE ORGANIZATION'S EXECUTIVE COMPENSATION COMMITTEE. THE COMMITTEE IS APPOINTED BY THE BOARD OF DIRECTORS FOR THE PURPOSE OF ASSISTING THE BOARD TO FULFILL ITS RESPONSIBILY TO THE HOSPITAL AND THE COMMUNITY TO ENSURE THE COMPENSATION IS IN ACCORDANCE WITH THE HOSPITAL'S POLICIES. THE COMMITTEE IS COMPRISED OF SIX DIRECTORS WHO ARE INDEPENDENT OF MANAGEMENT AND THE HOSPITAL AND FREE OF ANY CONFLICTS OF INTEREST THAT WOULD INTERFERE WITH THEIR EXERCISE OF INDEPENDENT JUDGEMENT. PRIOR TO MAKING ANY COMPENSATION DECISIONS, THE EXECUTIVE COMPENSATION COMMITTEE OBTAINED AND RELIED UPON APPROPRIATE DATA AS TO COMPARABILITY. THE COMMITTEE CONTRACTS AN INDEPENDENT COMPENSATION CONSULTANT AND UTILIZES LOCAL AND NATIONAL COMPENSATION SURVERY'S TO SET COMPENSATION LEVELS. FINALLY, THE EXECUTIVE COMPENSATION COMMITTEE ADEQUATELY AND TIMELY DOCUMENTED THE BASIS FOR SETTING COMPENSATION CONCURRENTLY WITH THE MAKING OF THE DETERMINATION.

PUBLIC DISCLOSURE

Name of the organization: ST. MARY'S HOSPITAL, INC.

Employer identification number: 06-0646844

PART VI, SECTION C, QUESTION 19

COPIES OF THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ORGANIZATIONS FINANCIAL STATEMENTS

990 PART XI - LINES 2B 2C

THERE ARE NO SEPARATELY PREPARED AUDITED FINANCIALS STATEMENTS FOR THE OPERATING RESULTS AND FINANCIAL POSITION OF SAINT MARY'S HOSPITAL AS A STAND ALONE ENTITY. SAINT MARY'S HOSPITAL IS AUDITED AS PART OF THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT MARY'S HOSPITAL, INC. TO OBTAIN A COPY OF THE AUDITED FINANCIAL STATEMENTS, PLEASE CALL 203-709-6111.

OTHER CHANGES IN NET ASSETS

PART XI, LINE 9

CHANGE IN NET ASSETS OF FOUNDATION	337,000
NET ADDITIONS TO ASSETS HELD IN TRUST BY OTHERS	949,000
TRANSFERS TO AFFILIATES	(9,101,605)
CHANGE IN MINIMUM PENSION LIABILITY	20,819,000
TOTAL	13,003,395

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SODEXHO INC. AND AFFILIATES PO BOX 905374 CHARLOTTE, NC 28290	HOSPITAL MGMT SVCS	3,239,992.

Name of the organization: ST. MARY'S HOSPITAL, INC.

Employer identification number: 06-0646844

ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PRICEWATHEROUSECOOPERS LLP 125 HIGH STREET BOSTON, MA 02110	CONSULTING SERVICES	1,571,166.
MAYO MEDICAL LABORATORIES PO BOX 4100 ROCHESTER, MN 55903	MEDICAL LAB SERVICES	1,153,963.
BROWN RUDNICK BERLAK ISRAEL LLP ONE FINANCIAL CENTER BOSTON, MA 02111	LEGAL	1,128,811.
ANTHELIO ONE FINANCIAL CENTER BOSTON, MA 02111	HOSPITAL MGMT SVCS	1,121,046.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
MRI PARTNERSHIP INCOME	401,862.			401,862.
DIAGNOSTIC IMAGING CENTER INCOME	532,361.			532,361.
CT HEALTH CH LAB NET	2,031.			2,031.
PREMIER INCOME	341,653.			341,653.
HLRCC JV NET INCOME	414,117.			414,117.
HEALTH CONNECTICUT LLC	10,036.			10,036.
DIVIDEND & INTEREST REVENUE	2,134,126.			2,134,126.
INVESTMENT INCOME FROM PARTNERSHIP	10,600.		10,600.	
TOTALS	3,846,786.		10,600.	3,836,186.

Name of the organization
ST. MARY'S HOSPITAL, INC.

Employer identification number
06-0646844

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
MARKETABLE SECURITIES	16,043,637.	18,505,914.	FMV
TOTALS	16,043,637.	18,505,914.	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization
ST. MARY'S HOSPITAL, INC.

Employer identification number
06-0646844

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SAINT MARY'S INDEMNITY COMPANY, LLC 06-0646844 126 COLLEGE STREET BURLINGTON, VT 05401	INSURANCE	VT	4,406,000.	36,957,000.	ST MARY HOSP
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) SAINT MARY'S HEALTH SYSTEM, INC 22-2528399 56 FRANKLIN STREET WATERBURY, CT 06703	HOLDING CO.	CT	501(C)(3)	11B	N/A		X
(2) SAINT MARY'S FOUNDATION 22-2528400 56 FRANKLIN STREET WATERBURY, CT 06703	FUNDRAISING	CT	501(C)(3)	7	ST MARY HOSP	X	
(3) HAROLD LEEVER REGIONAL CANCER CENTER 06-1548409 1075 CHASE PARKWAY WATERBURY, CT 06708	TREATMENT CTR	CT	501(C)(3)	3	ST MARY HOSP	X	
(4) HEART CENTER OF GREATER WATERBURY, INC. 83-0416893 P.O. BOX 2153 WATERBURY, CT 06722	MANAGEMENT	CT	501(C)(3)	11A	ST MARY HOSP	X	
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) DIAGNOSTIC IMAGING OF SOUTHBUR 385 MAIN STREET SOUTH	IMAGING CENTE	CT	N/A	RELATED	599,793.	1,534,790.		X	0			
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) FRANKLIN MEDICAL GROUP, PC 06-1470493 56 FRANKLIN STREET WATERBURY, CT 06706	PHYSICIAN OFF	CT	N/A	C CORP	-8,284,000.	3,563,000.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X	
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	FRANKLIN MEDICAL GROUP, PC	B	9,873,217.	FMV
(2)	DIAGNOSTIC IMAGING OF SOUTHBURY, LLC	C	606,000.	FMV
(3)	FRANKLIN MEDICAL GROUP, PC	M	2,507,761.	FMV
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

COMPLETENESS RESPONSES

EXHIBIT 12A

St. Mary's Medical Center
West Palm Beach, Florida

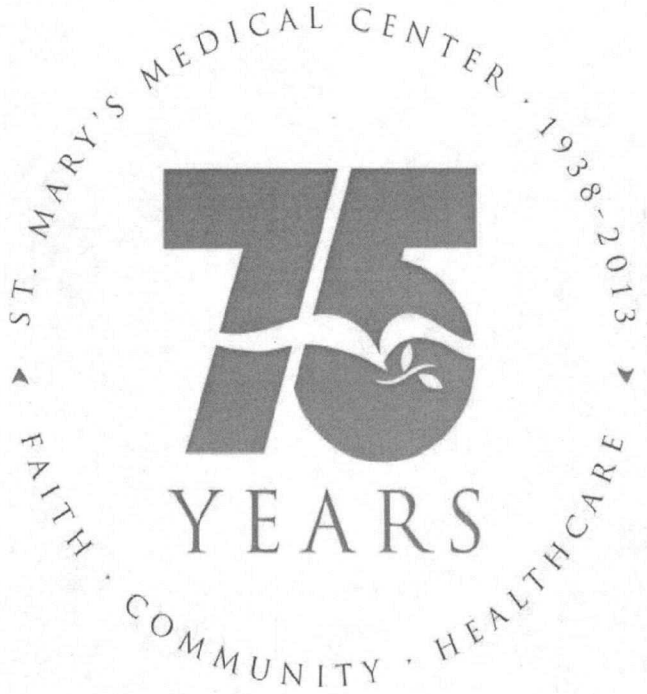
Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

St. Mary's Medical Center 2013 Annual Report to Bishop Gerald M. Barbarito

St. Mary's Medical Center
West Palm Beach, Florida

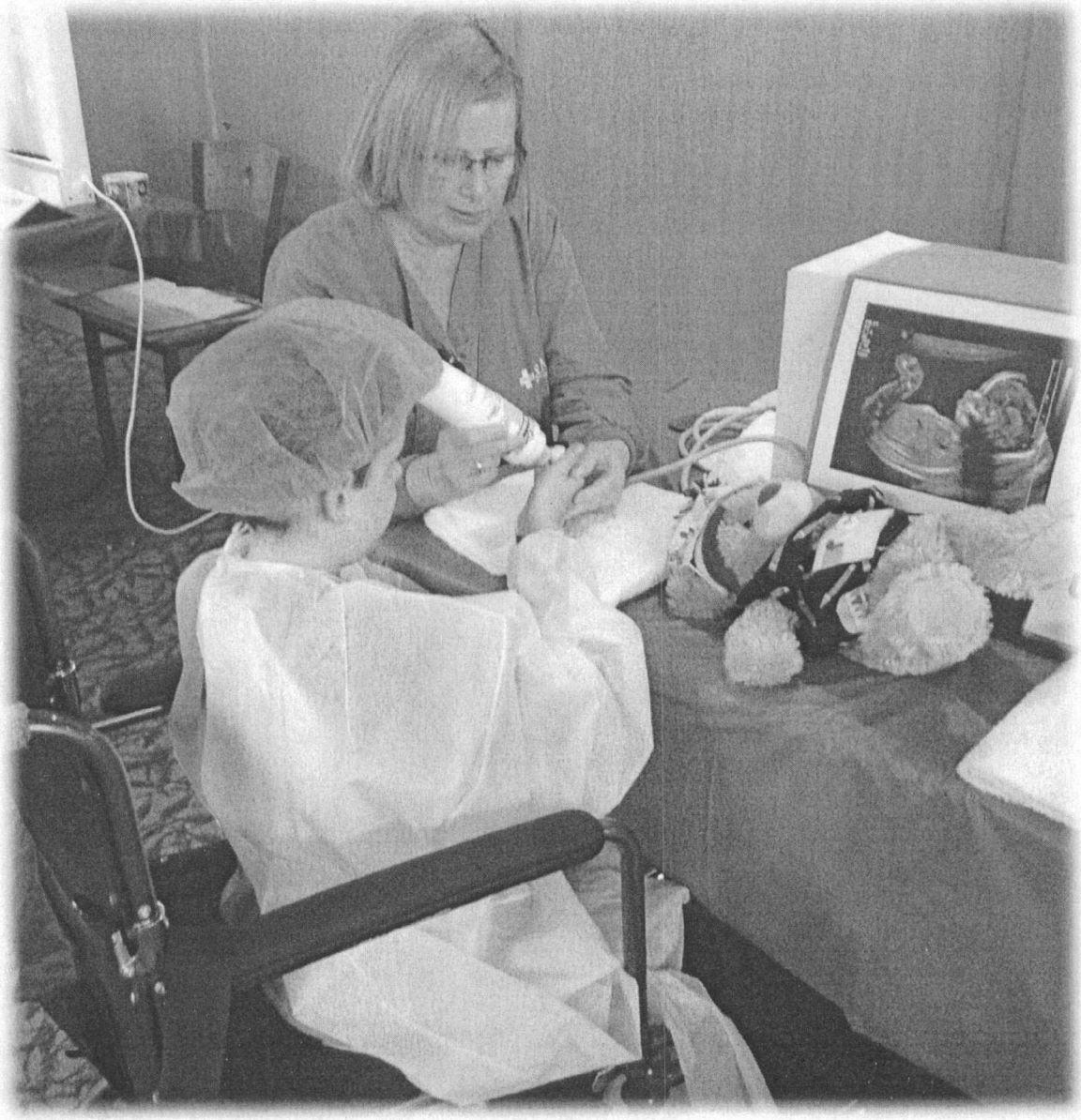
Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER
FAITH, COMMUNITY AND HEALTHCARE
FOR OVER 75 YEARS



St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer



St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

Mosaic in St. Mary's Medical Center Chapel

St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

August 6, 2014
Feast of the Transfiguration of the Lord

The Most Reverend Gerald M. Barbarito
Bishop of Palm Beach
9995 North military Trail
West Palm Beach, FL 33410

Dear Bishop Barbarito,

It is hard to measure the passing of time in a place that is more defined by life and death situations then by the hands of time but no matter how we measure time, we are accountable for what we do with our time. It is in that spirit that once again we present to you in writing an account of how Saint Mary's Medical Center and Palm Beach Children's Hospital will have lived out the Ethical and Religious Directives during 2013.

2013 was a year where we celebrated our seventy-fifth anniversary as a hospital. While it is always enjoyable and instructive to look back on our past, the reality of health care today is that we must always be moving forward. There have been major challenges in the areas of health care in 2013 on the federal level with Obama Care and on the state level with the struggle to extend Medicaid. These changes have a real effect on how we do what we do at St. Mary's. We thank you for the support that you have given us throughout the year.

As in other years, there is a lot of information contained in this report but behind every page, every column of figures, every graphic is a story of how sixteen hundred employees live out their faith by improving and saving the lives of so many people.

Every year we are amazed by just how many stories there are to be told. Not every act of kindness or courage is included in this report they are just far too numerous but they ones we do highlight are the norm and not exception. Our people take their mission very seriously and this report reflects that truth. We look forward in the years to come to continually growing and working together to make St. Mary's Medical Center and the Palm Beach Children's Hospital a place of healing and of hope.

Sincerely,

Davide M. Carbone, FACHE
Chief Executive Officer

Father Aidan Lacy
Director of Pastoral Care

St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

2013 REPORT TO THE BISHOP
Table of Contents

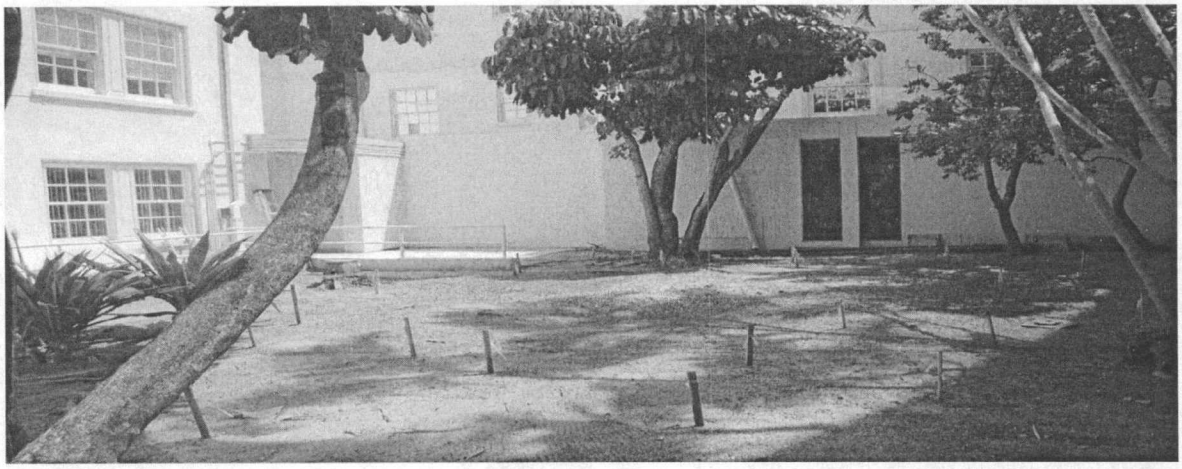
St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

PART ONE

THE SOCIAL RESPONSIBILILTY OF CATHOLIC HEALTH CARE

Making the Dino-Soar Garden – 2013



St. Mary's
Medical Center
West Palm Beach, Florida

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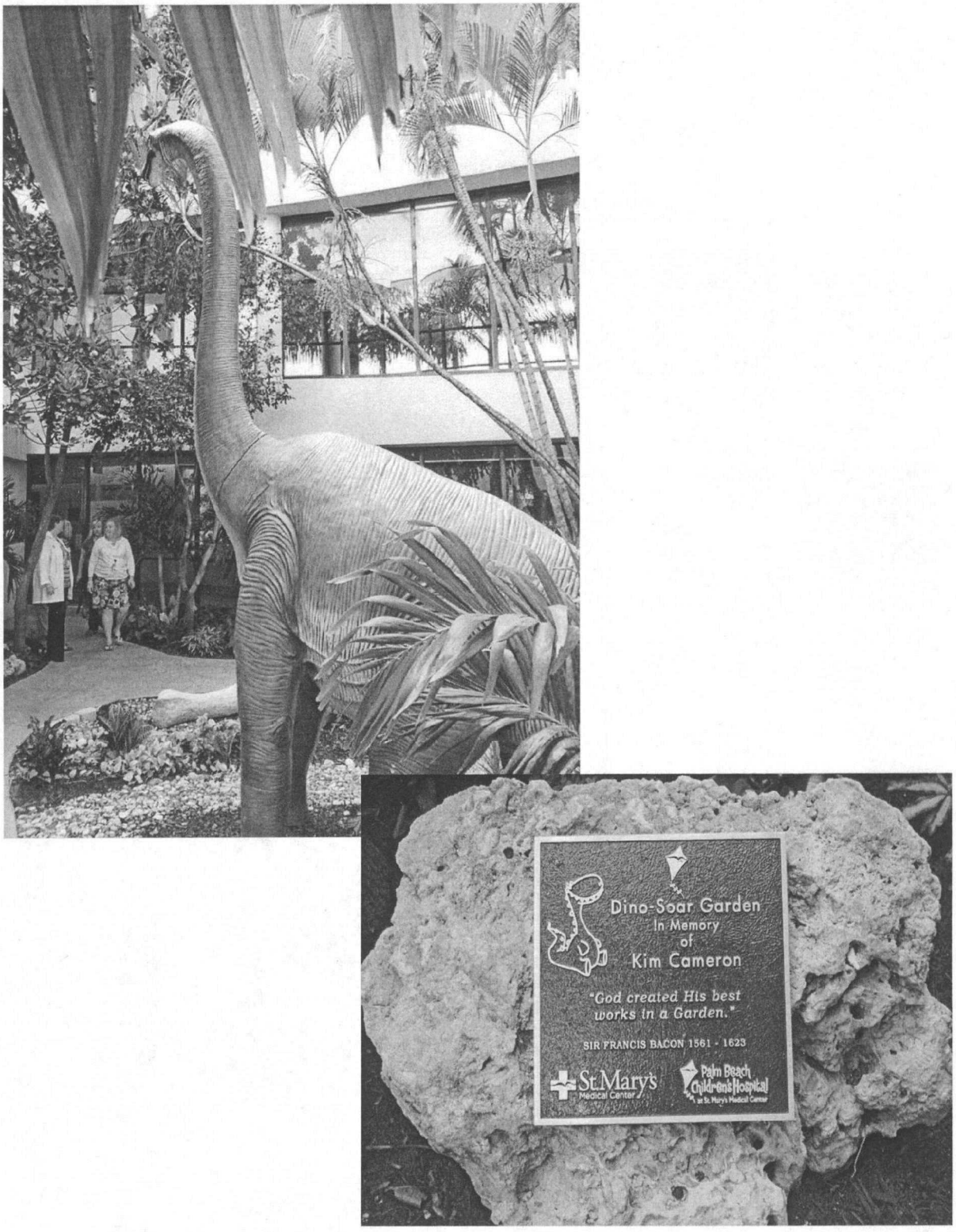


St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

MISSION STATEMENT

St. Mary's Medical Center will deliver the highest quality healthcare services in our community while embracing and continuing our faith based heritage.

VISION STATEMENT

To be your FIRST choice in healthcare.

VALUES STATEMENT

EXCELLENCE
Unsurpassed clinical care and superior customer service.

INTEGRITY
Consistently committed to the principles of ethics, honesty and trust.

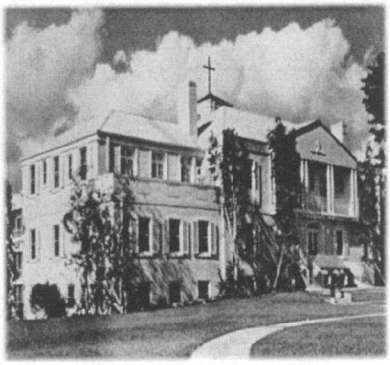
COMPASSION
Expressing kindness, respect and inspiration through all interactions.

Bishop Gerald Barbarito and the St. Mary's Executive Team

St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER HISTORY



- Founded 1938 by the Franciscan Sisters of Allegany (NY) opens with 50 beds
- 1940s – Designated as one of three regional polio centers in the state and created the region's first tumor clinic
- 1950s – Operated a school of nursing. In 1956 acquired and relocated the Pine Ridge Hospital to the St. Mary's campus.

- 1960s – Upgraded Radiology & Surgery Departments
- 1970s – Opened the Arnold & Marie Schwartz Kidney Dialysis Center
- 1980s – Dedicated Terner Patient Tower and added 180 beds. Hospital total beds 460.
- 1990s – Became a Trauma Center. Opened the Cystic Fibrosis Clinic. Opened the county's only 24-hour Children's Emergency Department merged with Good Samaritan Medical Center under Intracoastal Health
- 2000s Acquired by Tenet Healthcare July 2001. Renovated OB and expanded NICU. Added 3 NICU beds. Added second helipad. Total number of hospital beds-463. Opened Paley Advanced Limb Lengthening Institute 2009.
- 2010 Children's Hospital becomes Palm Beach Children's Hospital at SMMC, Comprehensive Stroke/Neuroscience Facility, Pedi/Neurosurgery/ Cardio Vascular Surgery. Expanded PICU. Total Hospital beds 464. G.E. Show Site for Interventional Radiology. MRI/CT Diagnostic Imaging Expansion
- 2014 New pediatric outpatient services introduced, including Adolescent Bariatrics, Concussion Treatment Center, Fetal Diagnostic Center. Level I Trauma center designation (provisional pending July survey).

St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER
FAITH-BASED HERITAGE & AFFILIATION

Pastoral Care Team 2013

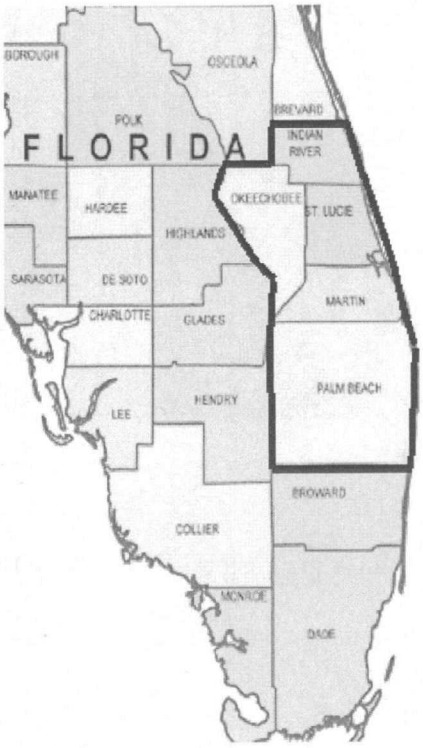
- 6 professional full-time Pastoral Care chaplains
- 40 volunteer chaplains representing Catholic, Protestant & Jewish traditions
- Daily Catholic Mass
- Annual budget of $300+K
- Pastoral Care framed by the Ethical and Religious Directives of the Catholic Church
- Regular reporting, meetings and communication with Bishop Gerald Barbarito

St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER
SERVICE AREA MAP 2013

- Regional Service Area
- Indian River County
- Okeechobee County
- St. Lucie County
- Martin County
- Palm Beach County



St. Mary's Medical Center
West Palm Beach, Florida

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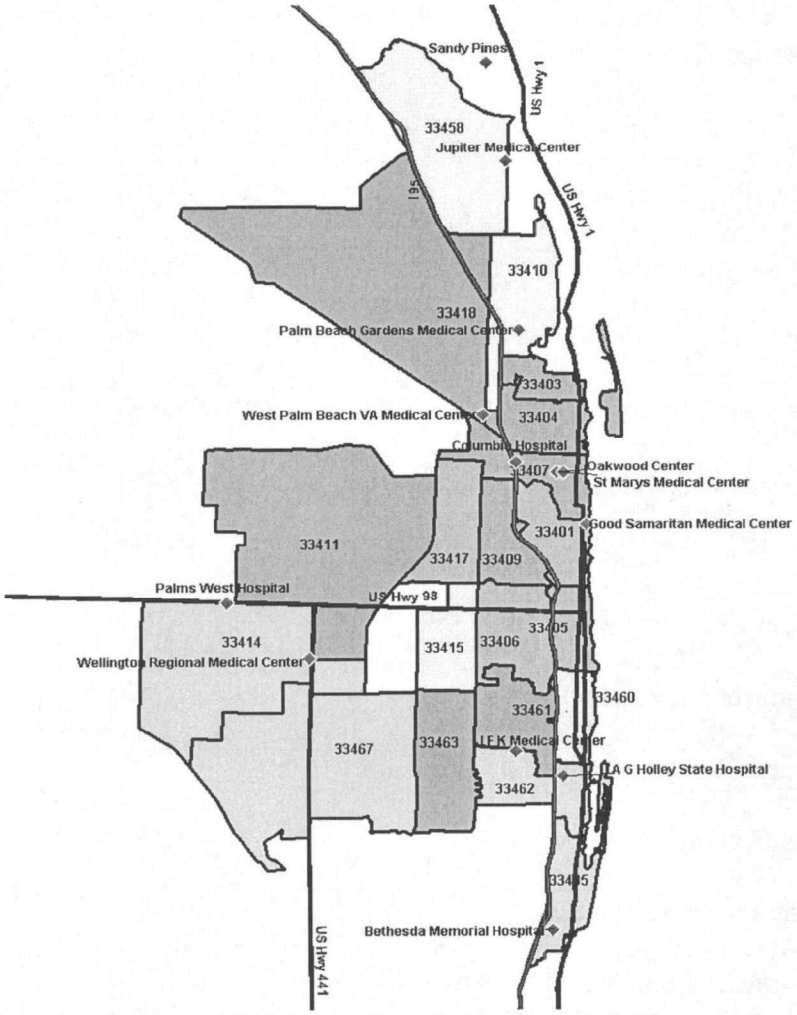
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER
PRIMARY SERVICE AREA 2013



* Primary service area defined as ZIP codes comprising 75% of admissions
** Poverty threshold based on annual household income of less than $15,000
*** Unemployment rate is defined as a percentage of the unemployed labor force
Source: MedStat; Claritas

St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER
HOSPITAL DATA

In 2013, St. Mary's Medical Center and the Children's Hospital at St. Mary's invested in Palm Beach County through taxes, salaries, charity care and more.

Here's a look at how the hospital contributed to the community in 2013:

Total Net Revenue	$260,550,424
Employee Payroll	$111,370,508
Total Tax and Fees	$ 14, 593,997
Charity Care	$ 36,805,667
Capital Expenditures	$ 10,168,098
Repairs and Improvements	$ 6,361,883
Number of Employees	1,585+
Number of Contractor Employees	200+
Number of Physicians	525+
Number of Volunteers	150+
Total Number of Beds	464
Number of Emergency Department Visits	64,331
Out of this Number Pediatric Visits	28,869
St. Mary's Trauma Center (241 Pedi Visits)	1,441
Number of Babies Delivered	3,433
Out of this Number high-risk births	1,250
Number of Neonatal ICU Admissions	629

St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER
HIGHLIGHTS OF ACCOMPLISHMENTS 2013

FINANCE & STATISTICS

EBITDA Budget—EBITDA for 2013 was $48,127,057 compared to a budget of $48,068,553. This represents a 22.7% increase year over year and a two-year increase of 41.1%. Our EBITDA growth average was approximately 24% over the last five years.

Cash Collections—Cash Collections for 2013 were $274,732,404, compared to a budget of $259,495,162 and $249,932,148 for 2012. This represents a 10% improvement from Prior Year.

Net Operating Revenue—Operating revenues for 2013 were $292,411,884 compared to a budget of $301,571,579 and for $283,368,289 for 2012.

Record Volumes—Admissions increased 1% from prior year, with significant increases in Pediatrics (8.2% increase) and Rehabilitation (55% increase). Total surgeries increased 2% YOY, with General outpatient surgeries increasing by 7.8%. Outpatient referred visits increased 2.49% with Outpatient rehab increasing 54%, special procedures increasing 58%, and MRI increasing 9%.

	Actual	Budget	Variance to Budget	Variance %	Prior Year	Variance to Prior Year	Variance %
Admissions							
	17,898	18,317	-419	-2.29%	17,806	92	0.52%
Outpatient Visits							
	59,802	62,236	-2,434	-3.91%	58,349	1,453	2.49%
ED Volume							
	62,331	58,612	3,719	6.35%	59,494	2,837	4.77%
ED Admissions							
	10,329	10,281	48	0.47%	10,383	-54	-0.52%
ED Visits							
	52,002	48,331	3,671	7.60%	49,111	2,891	5.89%
Total Surgeries							
	8,734	9,311	-577	-6.20%	8,587	147	1.71%
IP Includes C-Sections							
	5,145	5,481	-336	-6.13%	5,159	-14	-0.27%

OPERATIONS

Further Development of the Pediatric Surgical Programs

- Successful recruitment of Pediatric General Surgeon/Bariatric Surgeon, Dr. Robert Cywes, resulted overall in Pediatric Surgery an additional 105 surgeries. Dr. Cywes performed 176 adult, pediatric and neonatal surgeries
- Successful recruitment/redirection of Pediatric ENTs (Spektor, Kay & Mandell) resulted in 41 incremental surgeries in 2013
- Redirection of Dr. Luis Matos, Pediatric Dentistry resulted in 74 OP surgeries.

Further Development of the Neuroscience Program

- **Interventional Lab Large Display Monitor**
  Installation of the new ultra high resolution 8MP 56" large display monitor and advanced software upgrade was completed in December for Bi-plane room 1. This monitor replaces the 8 small monitor display panel previously in place. This allows Dr. Malek to clearly visualize small vessels and the deployment of the pipeline device.
- **Pipeline Embolization Device**
  This newly released device utilized by Dr. Malek redefines treatment of large wide-necked aneurysms. This single device eliminates the need for numerous coils to be placed and has allowed us to treat some aneurysms that previously we could not and also treat those that were completely untreatable.

New 3TMRI, CT and Sedation Area Completed

- Construction and installation of the new 3T MRI, Volume Zoom CT and five bed private patient Sedation area completed. SMMC now provides advanced Neuro, Cardiac, and Pediatric scanning and offers services we were unable to provide previously. MRI and CT event with GE Healthcare was held June 3, 2013 in collaboration with Marcelo Mosci, President and CEO of GE Healthcare – Americas.

Designated a GE Show Site for Interventional Radiology and MRI Scanning

- SMMC continues to be the only GE National Show site for Interventional Radiology in the United States. We were chosen because of our physician expertise, knowledge of our staff, and the dedication of Administration. We are now the area Show site for 3T MRI which was completed June 2013. These Show site visits bring visitors from all over the world to St. Mary's Medical Center.

Continued Improvements to Electronic Documentation Achieving Phase II Meaningful Use

- Improved Leapfrog Survey to "Good Progress in Implementing" which when combined with our utilization percentage of 79.9% moved us to "Fully Meets Standards". This was completed on December 20, 2013.

- Maintaining CPOE scores of 80% keeping SMH #1 across South Florida Region and #15 across Tenet.
- Successfully completed Meaningful Use Stage One Attestation in October 2013
- SMH was successful in getting multiple change requests implemented which were beneficial to all other Tenet facilities. (Rankin Scale, Interpreter Identification, Present on Admission for Pressure Ulcers, and Preferred Language documentation)

Level One Trauma Application Accepted and Provisional Level One Trauma Status Granted

- Provisional Level One Trauma status was granted by the State of Florida. There were very few additions to the application that needed to be provided to the state. Full Level One Trauma Survey is scheduled for July 2014.

Facility Master Plan Initial Phasing and Regional Presentation

- Developed plans for overall Facility improvements with special focus on additional Neuro-Stroke ICU beds, Pharmacy and Laboratory relocation, Emergency Departments and improvements to Acute-care Rehabilitation. Plan to continue to work with Hunton Brady Architects to complete the plans and submit CER in 2014.

Path to Health-Affordable Care Act (ObamaCare)

- Business Development efforts included placement of Navigators 3 days per week in hospital along with community efforts and health fairs.

Length of Stay Improved by 4% Year over Year

- The overall hospital LOS for 2013 was reduced to 5.84 from 6.09 in 2012 and 6.20 in 2011. Medicare LOS was reduced 2% to 6.73 in 2013 from a LOS of 6.87 in 2012. Additionally, Medicaid (which converted to DRG July 2013) LOS was reduced 10% to 6.54 in 2013 from a LOS of 7.28 in 2012.

PE Goals Exceeded by 344% (Formerly MPI)

- SMMC exceeded PE savings goals in 2013. The total identified savings through November 2013 was $3,551,600 (net of fees) which is 344% of our YTD FY 2013 goal of $1,031,900.

CME Program and Accreditation by Florida Medical Association

- St. Mary's applied for and was awarded a four year term of accreditation to sponsor CME activities. This reaccreditation also removed St. Mary's "provisional" status with the FMA, our accrediting body.

Performance Improvement and Cost Saving McKinsey Initiative Continue S.M.I.L.E. Successfully

- St. Mary's Improvement project for Lasting Excellence was begun in the fall of 2012. The Performance Improvement teams have improved overall hospital efficiency in the adult Emergency Department, Surgical Services and inpatient throughput. The PE scorecard attributed $1,965,100 in savings through November 2013 for our SMILE project.

Overall Reduction in Overtime by 32%

- St. Mary's implemented an aggressive reduction in overtime program. This includes close monitoring of all overtime and requires A Team level approval. This has resulted in an overtime savings of $1,730,704 compared to 2012, and $1,029,069 to budget.

Pharmacy Cost Containment Reduced 9.5%

- The pharmacy reduced supply costs as of November 2012 an additional $759,292.

Coding Compliance Top Performer

- St. Mary's received its first perfect score on both Inpatient and Outpatient coding accuracy for 2013 and listed as a "Top Performer".

Crimson Participation 125% of Goal

- The HIM Department assisted our physicians in successfully logging into Crimson to exceed the participation goal. We exceeded our goal by 125%.

Leadership Development Retreats Continued

- SMMC completed two leadership development retreats for the St. Mary's leadership team. The focus of the work was on Team Building in April and Workplace Diversity in October.

New Wound Healing Department Completed

- St. Mary's refurbished the Old Short stay space into a newly renovated area for Wound Healing and relocated this department from the Kimmel Building.

Renovation of Waste Area Completed

- We completed and refurbished the Compactor and other waste area to meet the City of West Palm Beach Code requirements.

Several Construction Projects to improve the St. Mary's Campus Completed or In Progress

- **Palm Beach Children's Hospital Elevators**
  Secured funding from Home Office to modernize Elevators 10 and 11 in the Children's Hospital Project to be completed by February 2014.
- **Schwartz Dialysis**
  Secured Engineering design proposal to replace existing out of code HVAC System for the Schwartz Dialysis Building. This includes Electrical as well as architectural Code Upgrades. This work involves the temporary relocation of the outpatient dialysis program. This project is expected to be completed in 2014.
- **Surgical Services Temperature and Humidity Controls**
  Installed TEC controls in all the OR's and ENDO to permit HVAC control in each OR and special procedure rooms, including pharmacy compounding area.
- **DinoSOAR Garden**
  Completed construction of DinoSOAR Palm Beach Children's Hospital Court Yard which was donated by a St. Mary's volunteer.
- **ADA Project**
  Completed drawings and AHCA approval for ADA Compliance Initiative. The funding was secured and started in 2013 with seven of the 65 restrooms completed. This project will continue through 2014.
- **Kaplan Cancer Center Roof and Skylight**
  The replacement of skylight and roof repairs completed.
- **Terner Tower Infrastructure**
  Fire Damper replacement for Terner Tower completed.
- **Helicopter Pad Improvements**
  Worked with Palm Beach County Health Care District Trauma Hawk Program to upgrade our existing Helipad to accommodate Instrument landing capabilities for helicopters to land in in-climate weather. This project is complete.
- **Pharmacy Compounding**
  Completed construction to pharmacy compounding area to make it compliant with current State of Florida USP 797 regulations. Additional construction will be necessary.

HUMAN RESOURCES

- **Voluntary Turnover**—10.5% exceeded target of 12%
- **Leadership Positions**—Filled 11 positions
- **Leadership Turnover**—Reduced from 28.13% to 11.54%
- **Employee Engagement**—Survey participation rate of 81%, exceeding target of 80% and improving from 61% in prior year and scores improved in every category.

QUALITY

Achieved Overall Index of 99% for Value-Based Purchasing (VBP) Clinical Processes; Including 100% for AMI and HF

- Decreased Core Measure Variances by 83% and Near Misses by 96%
- Developed Core Measure Documentation Tools for HF, AMI, SCIP, HBIPS, PN, VTE, IMM and Stroke
- Developed Core Measure WOW cards for nurses
- Launched daily Bed Huddles
- Developed Core Measure Guidebook for Physicians
- Launched weekly Patient Safety and Quality Huddles

Launched Performance Improvement Teams Using Six Sigma Methodology to Address Opportunities In:

- Readmissions
- Catheter-Associated Urinary Tract Infections (CAUTI)

Successful Surveys/Inspection

- Joint Commission Successful Triennial Survey
- Department of Health – Successful Inspections/Re-certifications
- Biomedical Waste Program
- Regional Perinatal Care Intensive Care (RPICC) Program
- Pharmacy Inspections Pharmacy Board (AHCA) Inspection
- West Palm Beach Bureau of Fire Prevention Inspection Full Hospital Inspection
- Rehabilitation Services Successful Triennial CARF Survey

MARKETING

Media/PR

- Media stories for 2013: 192. A new record! Third year in the row St. Mary's has the most media stories in the Florida Region.
- Calls/contacts driven into the Corporate Call Center through marketing and outreach activities in 2013: 5,308 (Nov CYTD)
- Launched PBCH campaign in Florida Weekly, Palm Beach Gardens edition and PBCH/SMMC in Florida Weekly, West Palm Beach edition
- New billboard location added in Jupiter
- Palm Beach Children's Hospital commercial production completed and launched on cable networks.
- New artwork in PBCH ER
- New repeating logo backdrop in Palm Room

- Neurosciences website created
- Adolescent Bariatric web page created
- 75th Anniversary video completed
- Pediatric Therapy Center collaterals created
- ICU Visitor Information brochure created
- Stroke Support Group collaterals created
- Stroke Transfer Center card

Community Partnerships/Sponsorships

- New partnership formed with PGA National Resort & Spa. Includes advertisements in all guest packets and commercials in lobby areas and guest rooms.
- Presenting Sponsor for PGA National Ice Cream Festival Weekend. Three day event to break Guinness World Record for longest ice cream sundae.
- New partnership formed with Downtown at the Gardens. Industry exclusive sponsorship that includes sponsorship recognition in all family events and related advertising/promotion
- Palm Beach Gardens Baseball Association – sponsorship of three (of eight) youth baseball fields, with naming rights.
- Chamber of the Palm Beaches – Breakfast sponsorship of October Firefighter event with 75th Anniversary video presentation
- Chamber of the Palm Beaches – Breakfast sponsor for August "Back to School" event
- North Palm Beach Chamber of Commerce – new member
- Palm Beach Chamber of Commerce – new member

Events

- Downtown at the Gardens
- "Teachers' Time Out" – special event for teachers only
- Mommy & Me – monthly
- "Summer Playtime" events - July, August, September
- "Boo on the Boulevard" Halloween event
- "Light the Night" holiday lighting celebration
- Noon Year's Eve
- DinoSoar Tour – Successfully partnered with well-known local organizations to display our PBCH DinoSoars. Destinations included:
    - Downtown at the Gardens
    - Loggerhead Marinelife Center
    - Jupiter Inlet Lighthouse
    - Palm Beach Zoo
    - PGA National Resort & Spa

  - South Florida Science Center.
- DinoSoar Garden dedication
- DinoSoar Events – special events for kids at Downtown at the Gardens and Loggerhead Marinelife Center involving dinosaur crafts and promotional materials.
- 75th Anniversary Mass and Celebration
- Grand Opening/Ribbon Cutting event of new GE Advanced Imaging Equipment
- Memory Disorder Center Open House
- Inaugural Stroke Survivor Luncheon
- Inaugural Trauma Survivor Luncheon
- 4rd Annual Neuroscience Symposium CME & CEU event
- Palm Beach Children's Hospital Kids Club created
- Annual Blessing of the Animals, with guests from Palm Beach Zoo
- Annual EMS breakfast
- Annual Medical Staff meeting event
- Path to Health screening event in Riviera Beach
- School screenings – provided state required health screenings for 8 area private schools
- Memory Disorder Screenings
- Stroke Screenings
- Hosted Leadership Palm Beach County for Health & Human Services Day.
- Hosted Youth Leadership Palm Beach County for Health & Human Services Day
- Quantum House Holiday Phone Bank
- City of West Palm Beach health fair
- Kindred Hospital health fair
- Century Village health fair

Sponsored Community Events

- Heart Walk
- Indiafest
- Cystic Fibrosis Walk
- Brain Aneurysms Walk
- Sunfest Medical Sponsorship
- Palm Beach Marathon Medical Sponsorship
- City of West Palm Beach Fit Kids Triathlon
- Light the Night
- Corporate Screenings
- City of West Palm Beach Clerk and Comptroller
- Curesearch Walk for Childrens Cancer
- Motivation Man Triathlon

- Heroes In Medicine
- Athena Award
- Paley Foundation Gala

PHYSICIAN RECRUITING/RELATIONS

Exceeded Our Physician Recruitment/Redirection Goals

- Physician Recruiting goal for 2013 was 18: 3 relocations, 4 employments and 9 redirects.
- Actual for 2013 was 27: 2 relocations, 6 employments, 19 redirects
- Interviewed 11 out of market physicians- These interviews were for targeted sub specialties
- Assisted Regional Office on Employment agreements

Physician Relations & Volume Growth

- 2,367 Physician contacts in 2013 (through December 20th)
- 174 additional IP surgeries over PY from targeted surgeons
- 99 additional OP surgeries over PY from targeted surgeons
- Increase in admissions of 320 over PY from targeted physicians
- Continued marketing with new pediatric specialists to increase referrals from pediatricians (affiliated and unaffiliated) throughout 4 counties: Palm Beach, Martin, St. Lucie and Indian River (Black, Mansoor, Cywes, Patel, Desh)
- Lease agreement in place for Pediatric Specialists in Port St. Lucie office

AWARDS & RECOGNITIONS

- "A" grade for patient safety from the Leapfrog Group, a safety, quality and affordable healthcare initiative driven by major companies and organizations
- American Heart Association's Get With The Guidelines Gold Plus Performance Achievement Award for Stroke; Gold Plus for Heart Failure
- United Healthcare/United Resource Network Centers of Excellence: Neonatology
- Medal of Honor for Organ Donation (US HHS)
- Cigna Centers of Excellence Designations for COPD, General Cardiac Medical, Irregular Heartbeat, Pneumonia, and Pulmonology Medical
- Palm Beach Children's Hospital became a NACHRI Member

St. Mary's Medical Center
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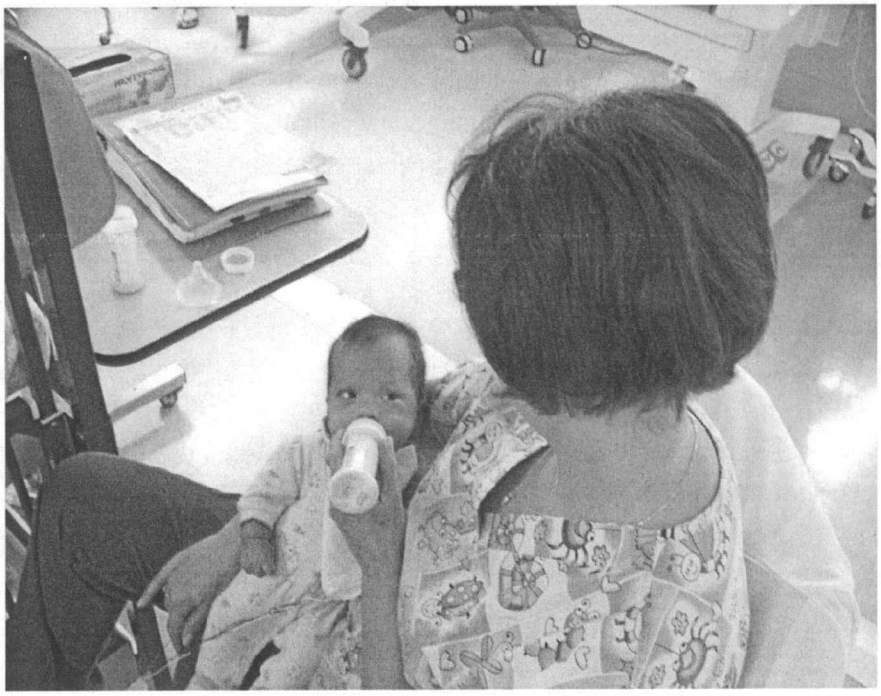
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER
OBSTETRICAL SERVICES
THE BIRTHPLACE AT ST. MARY'S

- 3,464 births in 2013
- 1,130+ County Health Department
- Delivers the most babies in Palm Beach County
- The only Regional Perinatal Intensive Care Center in Palm Beach County
- Cigna Center of Excellence



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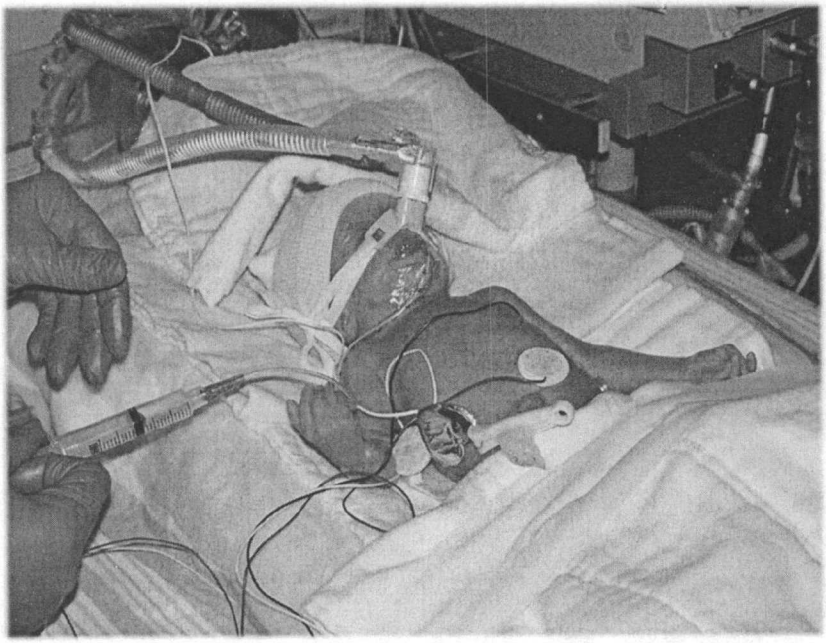
ST. MARY'S MEDICAL CENTER
OBSTETRICAL SERVICES
NEONATAL INTENSIVE CARE UNIT

- 45-bed Level II & III Neonatal Intensive Care Unit
- 600+ admissions per year
- In-house neonatologist & anesthesiologist, 24/7
- Named United Healthcare Resource Center of Excellence
- Largest NICU between Ft. Lauderdale and Orlando



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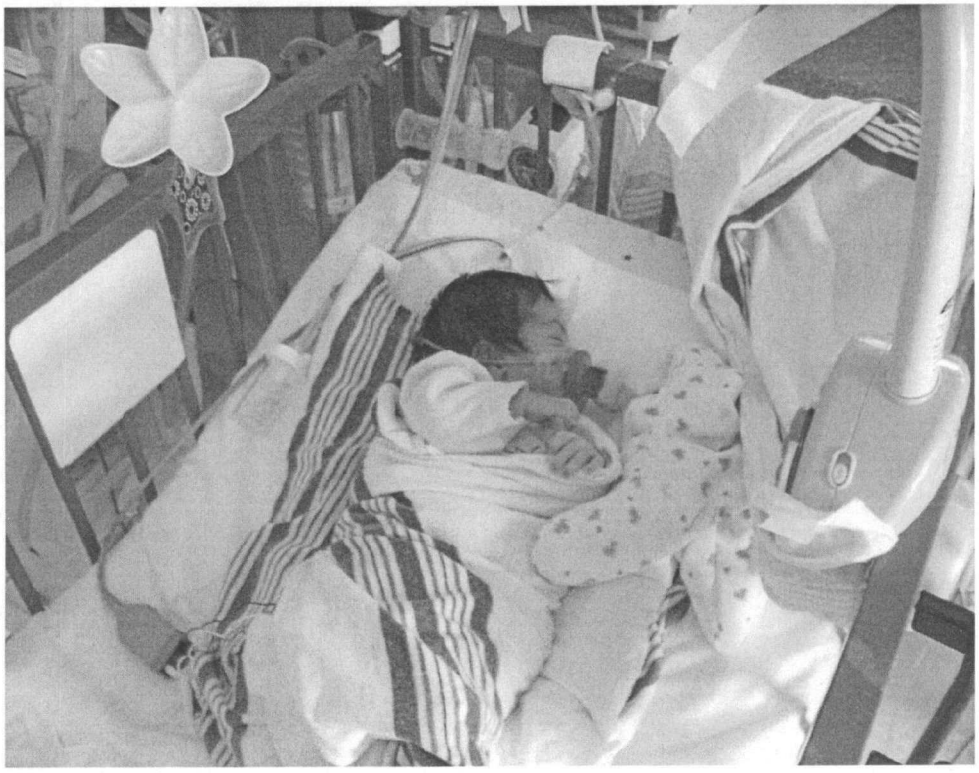
ST. MARY'S MEDICAL CENTER
NICU ADMISSIONS

2013	632
2012	639
2011	700
2010	703
2009	727
2008	758
2007	816



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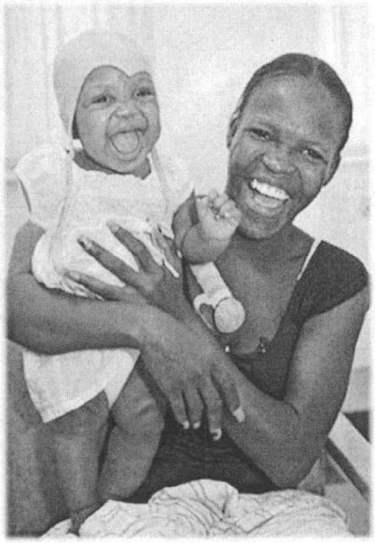
ST. MARY'S MEDICAL CENTER
OBSTETRICAL SERVICES
REGIONAL PERINATAL INTENSIVE CARE CENTER



- 1 of 11 state-designated Regional Perinatal Intensive Care Centers
- Women designated as clinically high-risk that meet income criteria
- 1,223 RPICC babies delivered in 2013
- Approximately $3 Million annually
- Not funded by state, county or city
- Fully funded by St. Mary's

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ST. MARY'S MEDICAL CENTER
TRAUMA CENTER

- Trauma Center since 1991
- Newly appointed Provisional Level I Trauma in 2013
- Acute Brain & Spinal Cord Injury Center since 1997
- Active participation in numerous research projects
  - Attained designation as a satellite METRC research site for the Department of Defense and have 2 studies underway
  - Have had national press regarding our Shark study, featured on CNN and Discovery Channel
- Consistently ranks as the top preferred rotation for our Medical students from Univ of Vermont
- Trauma Medical Director received a recognition award from Univ. of Vermont for the quality of education provided to the Med Students
- 1,442 Trauma patients in 2013
- Trauma Team includes at least 9 people:
  - Anesthesiologist
  - Chaplain
  - Lab Tech
  - Radiologist
  - Respiratory Tech
  - Trauma Nurses
  - Trauma Surgeons

"Trauma: One by air. Trauma: One by air."

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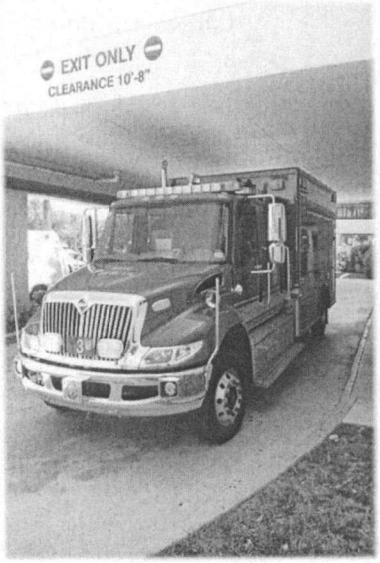
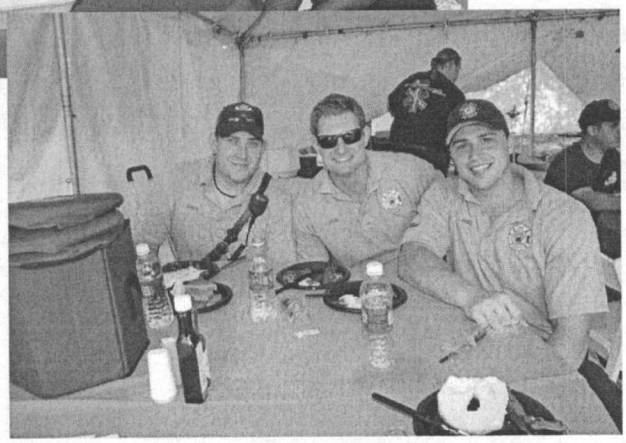
ST. MARY'S MEDICAL CENTER
ADULT & PEDIATRIC EMERGENCY SERVICES

- Dedicated Adult & Pediatric Emergency Departments
- Our walk out rates are below the national average, at less than 2%
- 62,962 Total Visits in 2013:
  - 35,783 Adults
  - 27,179 Pediatric
- In 2008 we became the 11th State-designated Comprehensive Stroke Center in Florida. In 2012 there were 20 in Florida.





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PALM BEACH CHILDREN'S HOSPITAL AT ST. MARY'S MEDICAL CENTER

- Largest pediatric facility/services between Orlando and Ft. Lauderdale
- 4,335 patients admitted in 2013
- 14-bed Pediatric Intensive Care Unit (PICU)
- 12-bed Pediatric Emergency Department – separate from Adult ED with 27,275 visits in 2013
- Hematology/Oncology Unit
- Children's Oncology Group (COG) Member
- Cystic Fibrosis Clinic
- Child Life Institute
- Quantum House

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PALM BEACH CHILDREN'S HOSPITAL AT ST. MARY'S MEDICAL CENTER

Pediatric Trauma Education: In addition to providing comprehensive trauma services for patients, our trauma team also provides training to professionals. Presentations include:

- Overview of Pediatric Trauma
- Blunt Abdominal Trauma/Management of Solid Organ Injury
- Management of Burns
- Resuscitation & Stabilization of a Child with Traumatic Injury
- Traumatic Brain Injury/Management of Head Injury
- Preparation of Pediatric Trauma Patients for Transport
- Site survey accreditation preparation

Trauma team professionals also provide education and resources to the community on injury prevention to families of patients at the hospital.

Education and resources available to our community include the following injury prevention topics:

- Pet Safety
- Home Safety
- School Bus Safety
- Gun Safety
- Burn / Burn Safety
- Child Passenger Safety
- Water Safety
- Seasonal safety tip sheets
- Age-related safety tip sheets
- Bike Safety
- Pedestrian Safety
- Bike and Helmet Safety
- Fire Safety
- Sun Safety
- Girl Scout/Boy Scout Traumas
- Elementary and Middle School Programs

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PALM BEACH CHILDREN'S HOSPITAL AT ST. MARY'S MEDICAL CENTER

PEDIATRIC TRANSPORT TEAM

Last year we made a commitment to have a 24/7 in-house Pediatric Transport Team. This year we are very proud to say that we are at 80% of our goal in making this a reality. Our staff has stepped up to be trained and are working towards competency. This requires helicopter training as well as a minimum of 3 "Buddy" transports, at least one of which is in a helicopter. Nurses must be extremely competent in their clinical skills, as they are out picking up critically ill children as the primary eyes on the child.

MARKETING INITIATIVES

- "Mommy and Me" at Downtown at the Gardens- once a month as well as for special events, such as Halloween and New Year's Eve, the Palm beach Children's Hospital has partnered with Downtown at the Gardens to do children's activities, compliments of our Child Life Team, as well as to present all of our services to the families that attend.
- School screenings- In 2013 we saw almost 2500 students, from kindergarten through high school, offering screenings for vision, hearing, scoliosis and blood pressure. The schools are all religious, private schools in our community that do not have the benefit of public funding for this much needed service.
- The Cystic Fibrosis Walk was attended by over 100 staff members. We have one of the largest centers in the state, and we raised over
- The Curesearch walk for Oncology. This was the first year that we as an organization were "in charge". We had a great turnout of patients and staff; we did several fundraisers within the facility, and although we did not raise a lot of money, our presence and the positive impact on our families were extraordinary.

NEW PROGRAMS

The Adolescent Bariatric Program began in July with the hiring of Dr. Robert Cywes. His conservative program is family centered. He works with adolescents to achieve a lifelong change toward a healthy eating habit. We are pleased to have him and his team on board.

2013 – OVERVIEW OF UPCOMING EVENTS AND PROGRAMS IN 2014

This year we are very excited to announce that we have been working toward some very significant program enhancements which will be realized in the first quarter of 2014.

These include:

- A Concussion Treatment Center
- A Fetal Diagnostic Center
- Inpatient Pediatric Rehabilitation
- A Pediatric Cardic Symposium

Our goal in pursuing the Fetal Diagnostic Center and the Concussion Treatment Center is to enhance our ability to service some of the most vulnerable patients in our community- our children. Both Centers are lacking in the community presently and we foresee great success with these intiatives.

There is a need for an inpatient Pediatric Rehabilitation Unit. Our patient mix has become more complex, with Trauma, as well as our Limb lengthening program. These children need the service, and we are working toward opening an 8 bed unit.

The Symposium is something that we have been wanting to do for some time. It's purpose is twofold- to reach out to and educate our community pediatricians and their extenders with the goal of making them more expert in caring for Cardiac children right here in our backyard as well as to increase our presence in the community.

We look forward to great success with all of these intiatives and to telling you much more about the great results we have in our 2014 report!

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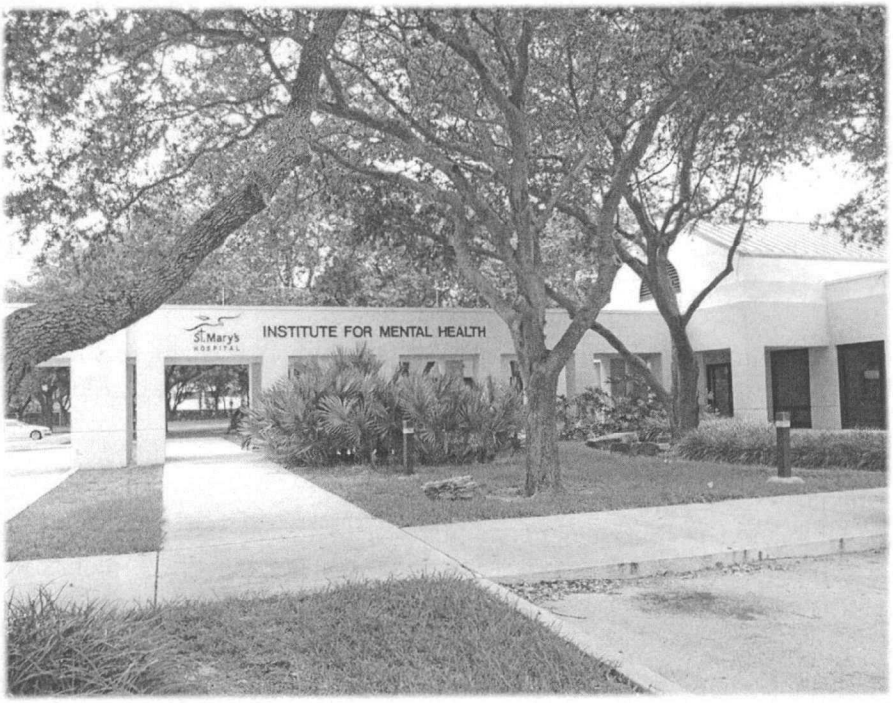
ST. MARY'S MEDICAL CENTER
INSTITUTE FOR MENTAL HEALTH

- Opened in 1991
- 40-beds
- Baker Act Facility
- Treating adult patients with mental and emotional disorders
- 1,956 Total Psych Admissions in 2013– 173 cases were charity



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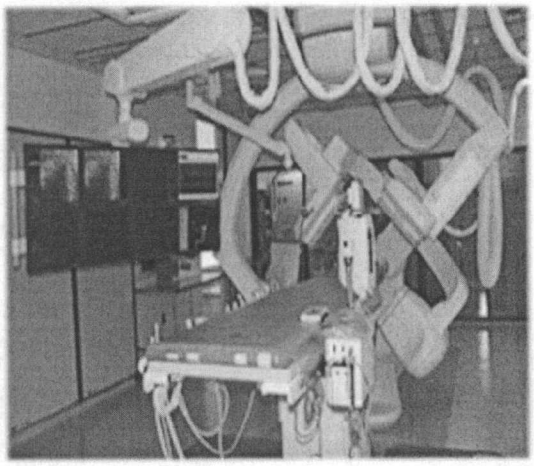
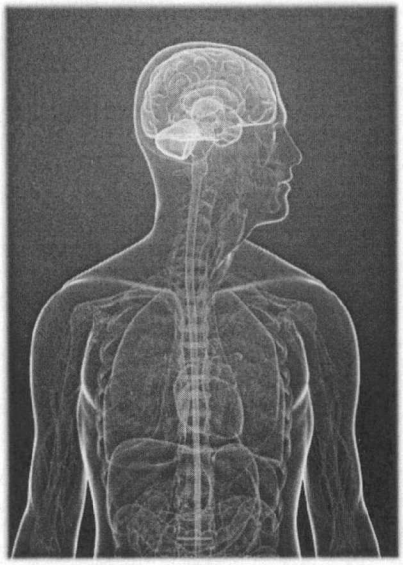
ST. MARY'S MEDICAL CENTER
NEUROSCIENCE CENTER



- Designated Comprehensive Stroke Center
- Joint Commission certified Advanced Primary Stroke Center
- GE Designated National Show Site
- A member of Tenet Florida's Advanced Neuroscience Network
- 11th state designated Stroke Center (2008)
- Two $4M Bi-Plane special procedures room

The St. Mary's Neuroscience Center, a part of Tenet Florida's Advanced Neuroscience Network, is dedicated to the diagnosis and treatment of a wide range of neurological disorders and injuries in adults and children. Our team of physicians, including neurologist, epileptologist, interventional neurologist and neurosurgeons, utilize advanced technology and innovative procedures to effectively diagnose and treat both chronic and acute conditions, including:



- Stroke, aneurysms and blocked arteries
- Epilepsy
- Brain Aneurysms
- Neurodegenerative disorders: Parkinson's, MS, tremors, spasticity
- Peripheral nerve disorders
- Spinal injuries, deformation
- Intracranial and intraspinal tumors
- Chronic pain of the back, neck or extremities
- Acute Inpatient Rehabilitation

As a medical specialty dealing with disorders of the nervous system, neurology encompasses the diagnosis and treatment of all categories of diseases involving the central, peripheral and autonomic nervous systems. Interventional Neurology, a subspecialty of neurology, utilizing minimally invasive and image guided techniques to treat many of the most complex diseases of the brain, neck and spine. By using catheters and technology, our Interventional Neurologists are able to perform minimally invasive and potentially life-saving options for our patients.

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West Palm Beach, Florida

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St. Mary's is the Only Designated GE Show Site in the Country for Interventional Neurology

GE Health Care and St. Mary's work together to:

- Promote health care options and the benefits of health care research.
- Provide clinicians with interventional knowledge and expertise.
- Showcase GE Innova 3131 BiPlane suite and Innova 3100 Combo Single Plane Cath Lab in clinical setting

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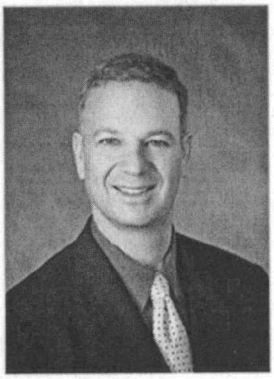
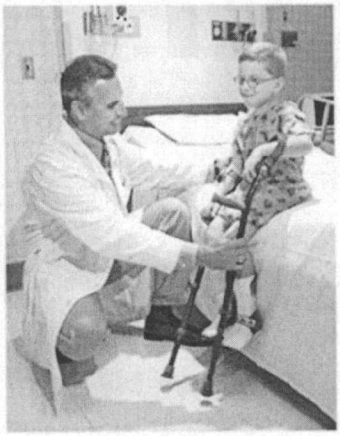
ST. MARY'S MEDICAL CENTER
PALEY ADVANCED LIMB LENGTHENING INSTITUTE

In June 2009, St. Mary's Medical Center and the Children's Hospital at St. Mary's began the opening of the Paley Advanced Limb Lengthening Institute at the Joint Preservation and Bone Reconstruction Center at St. Mary's Medical Center. The Institute is adjacent to the hospital and includes operating rooms, physician offices and a physical therapy center. Dr. Dror Paley is a board-certified, fellowship-trained orthopedic surgeon and is nationally and internationally recognized for his expertise in deformity correction and limb lengthening.



Dr. Paley's worldwide reputation and expertise extends equally to children and adults in the diagnosis and treatment of special orthopedic conditions including congenital limb deformities, post-traumatic limb conditions, bone healing problems, bone defects, skeletal dysplasias, metabolic disorders, foot deformities, peripheral nerve disorders and other miscellaneous developmental deformities. For the past 22 years, Dr Paley has dedicated his career to improving the lives of patients with limb disorders. He has performed more than 10,000 limb reconstruction surgeries and developed some of the most advanced surgical methods used for lengthening and deformity correction. His activities in the orthopedic field have been awarded and honored and Dr. Paley has been published numerous times throughout his career. Most notable is the 800-page textbook, "*Principles of Deformity Correction*" (Springer Verlag, 2002).

Other orthopedic specialties at St. Mary's are comprehensive care and treatment of bone and joint problems in infants, children, and adolescents, including:



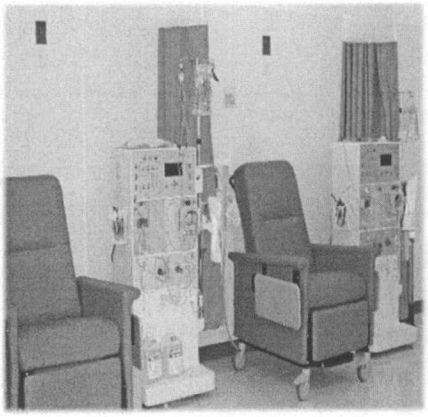
- Congenital hip dislocations and slipped capital femoral epiphysis
- Bone and joint infections
- Congenital abnormalities of the limb and spine
- Spine deformities such as scoliosis and spondylolisthesis
- Foot deformities such as clubfeet
- Neuromuscular problems, cerebral palsy and myelomeningocele
- Simple and complex fractures and dislocations
- An active Foot and Ankle program for children and adolescents, including treatment of complex deformities and congenital conditions such as clubfoot deformity.
- A rapidly growing Sports Medicine program for children and teens
- Multidisciplinary clinic to treat spasticity from cerebral palsy and other neurologic disorders
- Non-operative and operative treatment of scoliosis
- Integral involvement in the hospital's Level I Trauma Program serving the severely injured child or adolescent

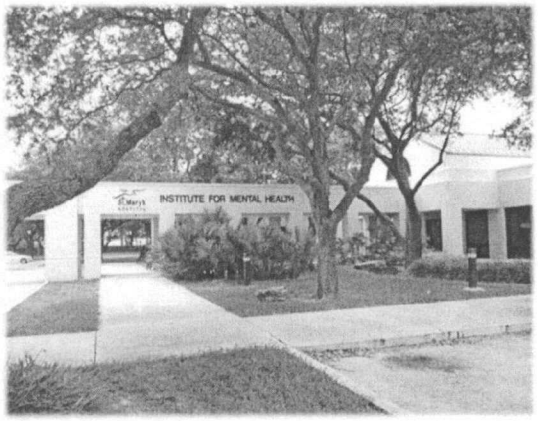
St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER
OTHER SPECIALIZED SERVICES

- Kaplan Cancer Center
- Diagnostic Imaging Center
- Schwartz Dialysis Center
- State Designated Memory Disorder Center
- Kimmel Outpatient Surgery
- Wound Care & Hyperbaric Medicine
- Paley Institute – Limb Lengthening
- Institute for Mental Health
- Rehabilitation Institute





Institute for Mental Health

Kaplan Cancer Center

Staff of the Schwartz Dialysis Center

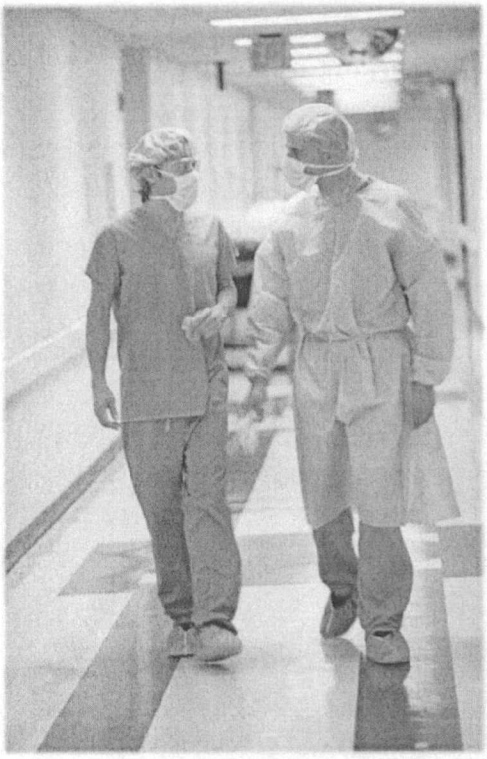
St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER
IN-HOUSE 24/7 CLINICAL COVERAGE

Unlike most community hospitals that have only an ER doctor in-house, SMMC has 24/7/365 comprehensive physician coverage, with one, or more, physician specialists in the following areas:

- Anesthesiologists
- Internal Medicine/Adult Hospitalists
- Obstetrician/Gynecologist
- Mid-Wife
- Trauma Surgeons
- Adult Emergency Physician
- Pediatric Emergency Physician
- Neonatologists (NICU)
- Pediatric Intensivists (PICU)
- Pediatric Hospitalists



Many other specialties are 'on-call' and available with less than a 30-minute response time. These specialties include Ortho, Spine, ENT, Neuro, and others. Catholic and Protestant Chaplains are available and 'on-call' 24/7/365 for crisis intervention and critical incident stress debriefing, including grief and loss care. Other faith representatives are called in as needed.

St. Mary's Medical Center
West Palm Beach, Florida

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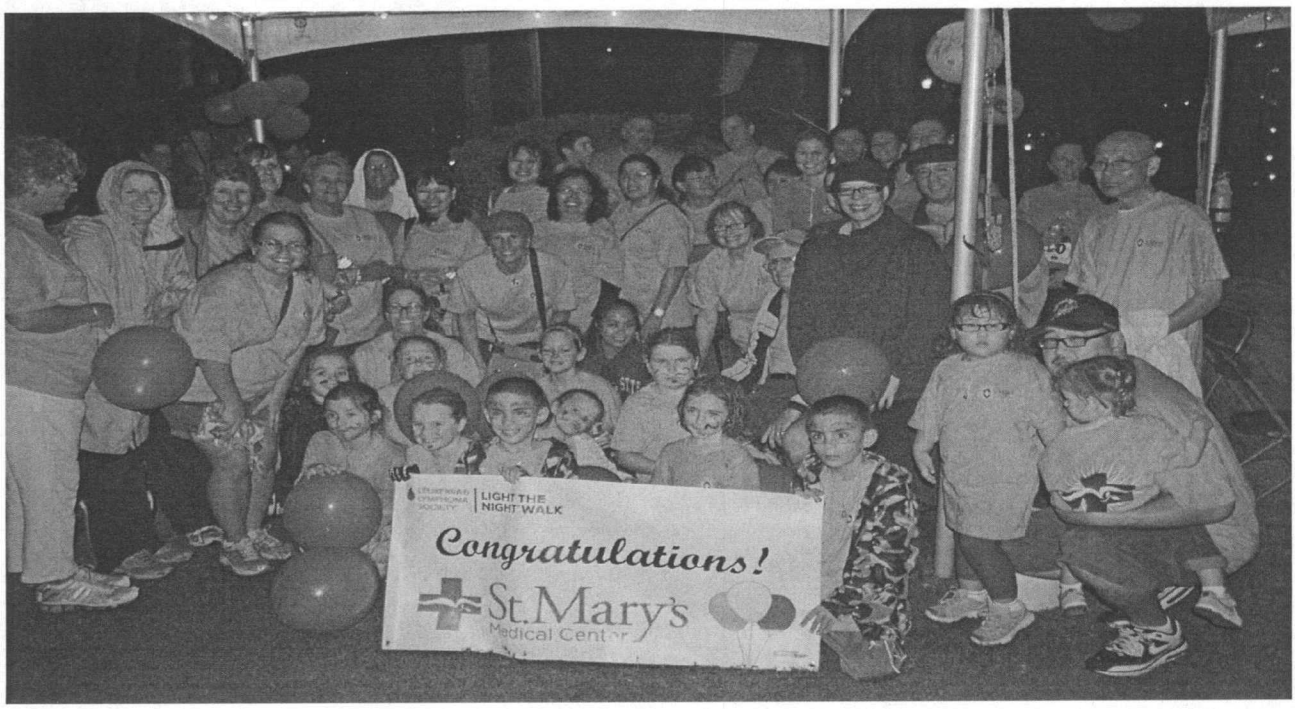
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER
2012 SUPPORT TO OUR COMMUNITY

Organizations that received support from our facility and its employees

American Cancer Society
American Heart Association
Alliance for Kids
Auxiliary of St. Mary's Medical Center
BeAStar Foundation
Brain Aneurysm/Assante Foundation
Catholic Charities
Chamber of Commerce
Children's Healing Institute
City of West Palm Beach Fitkids
Cystic Fibrosis Foundation
Epilepsy Foundation
Gulfstream Industries
Hydrocephalus Association
Leukemia and Lymphoma Society
Little Smiles
Martin Luther King Jr Day
National Childhood Cancer Foundation
National Forum for Black Public
Paley Limb Lengthening Foundation
Palm Beach Civic Association
Palm Beach County Medical Society
Palm Beach County Pediatric Society
Palm Beach India Association
Palm Healthcare Foundation
Quantum House
S. FL Hospital & Health Care Association
St. Ann Catholic Church
T. Leroy Jefferson Medical Society
West Palm Beach Library System

Light the Night 2013



St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

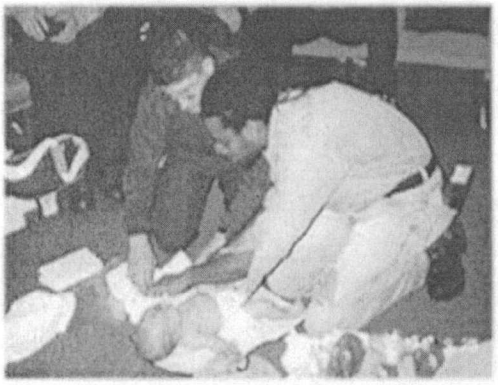
ST. MARY'S MEDICAL CENTER
2013 COMMUNITY OUTREACH PROGRAMS

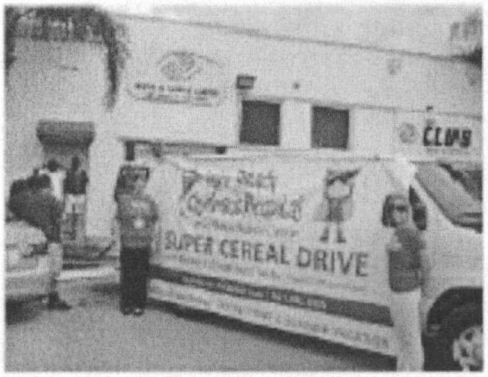
Providing more than medical services, St. Mary's Medical Center offers many services to serve the needs of our area's growing population.

We sponsor a 24-hour physician referral and community health information hotline at 561.882.9100 and toll-free at 888.888.3873.

We offer free health lectures, seminars, classes and support groups, including:

- Boot Camp for New Dads
- Breastfeeding Class
- Car Seat Safety Check
- Community Partnerships
- Infant-Child CPR
- Look Good Feel Better
- Maternity Tours
- Newborn Baby Care
- Safe Sitter Course
- Siblings Class
- Stroke Screenings
- Volunteer Opportunities





Some of our Community Partners include:

- City of Palm Beach Gardens
- City of West Palm Beach
- Downtown at the Gardens
- PGA National Resort & Spa
- Roger Dean Stadium

St.Mary's Medical Center
West Palm Beach, Florida

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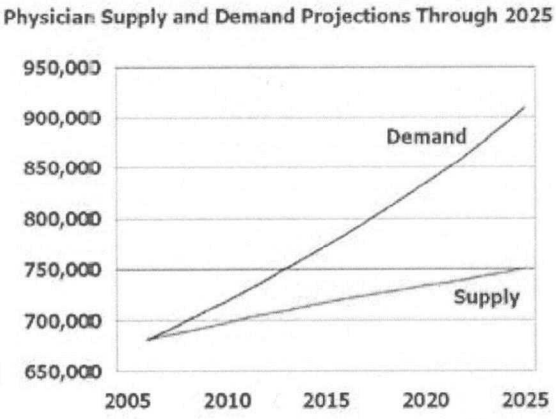
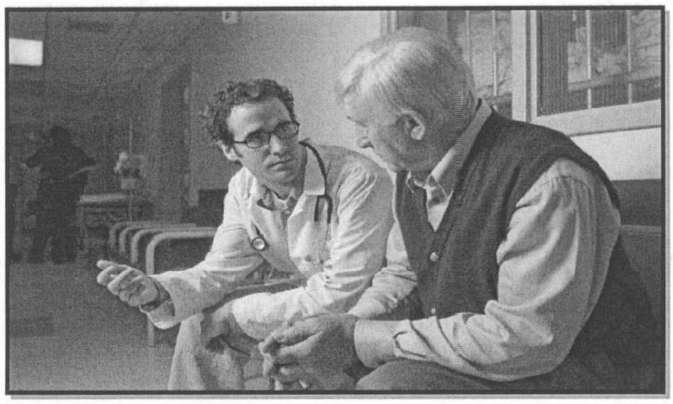
ST. MARY'S MEDICAL CENTER
CHALLENGING ENVIRONMENT

- Payor Mix / High indigent population
- ER Physician Call Coverage
- Malpractice Reform/Sovereign Immunity
- Medicaid Reimbursement ($4 million cut)
- Lack of Primary Care & Specialty Physicians
- Lack of community health centers/limited county health department resources
- Lack of community Neurology, G.I., Hematology, & Pediatric Specialties
- Sherriff's Department patients
- 2.3% of admissions are covered by the Health Care Department at a funding rate that is half of Medicaid.



United States Projections 2012

- We provide the highest amount of Medicaid and charity care of the 13 hospitals in Palm Beach County.



St. Mary's Medical Center
West Palm Beach, Florida

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ST. MARY'S MEDICAL CENTER
2013 QUALITY/CORE MEASURES

	2008	2009	2010	2011	2012	2013
Core Measure Acute Myrocardial Infarction (AMI)	99%	99%	87%	96%	100%	100%
Core Measure Pneumonia	99%	98%	97%	98%	97%	96%
Core Measure Congestive Heart Failure (CHF)	100%	99%	97%	99%	100%	99%
Core Measure Surgical Care Improvement Project (SCIP)	94%	96%	99%	98%	98%	97%

ST. MARY'S MEDICAL CENTER
PHYSICIAN SATISFACTION SURVEY
TREND REPORT

	2005	2006	2007	2008	2009	2010	2011	2012	2013
Admin	47.5	57.3	38.9	62.6	78.8	69.6	71.0	77.9	81.5
Communication	38.6	48.1	39.2	60.2	75.5	69.5	77.6	80.4	70.3
Community Relations	60.0	62.5	51.7	73.0	85.6	88.4	81.8	89.5	92.2
Nursing	73.8	77.1	71.3	82.5	86.8	81.8	86.6	89.1	94.2
Operational Efficiency	61.5	63.6	70.0	78.6	80.8	70.2	85.5	78.9	85.1
Physical Environment	68.4	64.9	50.0	56.5	55.7	60.8	76.7	91.6	82.4
Quality of Care	61.0	65.3	55.8	75.8	86.7	87.1	89.8	88.9	87.3

Doctor's Day Luncheon

St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER SUCCESSES FOR 2013

St. Mary's Medical Center successfully completed a Triennial Survey with The Joint Commission (TJC) on March 8, 2013. The Joint Commission evaluates and accredits hospitals based on a core set of standards and CMS Conditions of Participation (CoPs), these standards focus not simply on an organization's ability to provide safe, high quality care, but on its actual performance. The organizations level of performance in key functional areas, such as patient right's, patient treatment and infection control determine if an organization will successfully attain accreditation and gain the gold seal of approval.

St. Mary's also completed a successful triennial Commission on Accreditation of Rehabilitation Facilities (CARF) survey for Rehabilitation Services. CARF accreditation signals a service provider's commitment to continually improving services, encouraging feedback, and serving the community.

The Florida Department of Children's Medical Services renewed St. Mary's RPICC designation status. Regional Perinatal Intensive Care Centers (RPICC), work to improve the outcome of pregnancy and the quality of life from birth. RPICC centers provide obstetrical services to women who have a high-risk pregnancy and care for newborns with special health needs by reducing the risk of serious illness for pregnant women and newborns and providing the best medical care to women with high-risk pregnancies and sick and preterm newborns.

In addition, the following hospital service lines completed successful surveys/inspections:

- ★ Pharmacy, AHCA Board of Pharmacy
- ★ Biomedical Waste Program
- ★ Inspection by the city of West Palm Beach Bureau of Fire Prevention

St. Mary's also received the following Quality Awards and Recognitions:

- ★ American Heart Association "Get with the Guidelines" Gold Plus Award for Heart Failure and Stroke
- ★ Cigna Centers of Excellence designations for COPD, General Medical, Irregular Heartbeat, Pneumonia, and Pulmonary Medical
- ★ "A" Grade from the Leapfrog Group for Patient Safety
- ★ Achieved an overall index of 99% for Value Based Purchasing for Clinical Process, including 100% for Acute Myocardial Infarction and Heart Failure

St. Mary's Medical Center
West Palm Beach, Florida

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Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER & PALM BEACH CHILDREN'S HOSPITAL 2013-2014 AWARDS

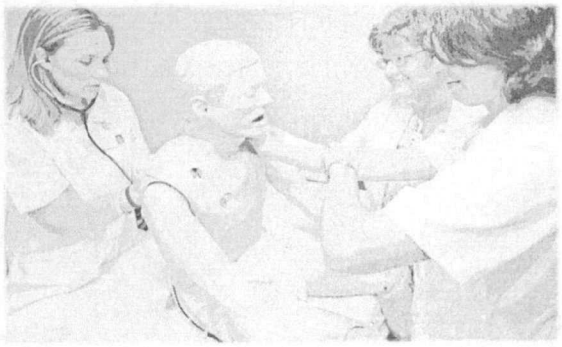
AWARDS & RECOGNITIONS

- 2011, 2013, 2014 "A" grade for patient safety from the Leapfrog Group, a safety, quality and affordable healthcare initiative driven by major companies and organizations.
- August 2012 Consumer Reports magazine ranked St. Mary's first for all of South Florida and second in the state of Florida for patient safety.
- 2014, 2012, 2011, 2009, 2004, 2003 Tenet Circle of Excellence Award Winner.
- American Heart Association's **Get With The Guidelines** Gold Plus Performance Achievement Award for Stroke; Gold for Heart Failure
- Optum Health Network Neonatal Center of Excellence
- Kids Crown Award, " Best Pediatric Hospital", South Florida Parenting Magazine
- CIGNA Quality Designation: Caesarean Section, Craniotomy, Heart Attack, Heart Failure, Pneumonia, Spinal Fusion and Stroke
- CIGNA Center of Excellence: Cesarean Section, Craniotomy, Heart Attack, Spinal Fusion and Stroke
- United Healthcare/United Resource Network Centers of Excellence: Neonatology
- Medal of Honor for Organ Donation (US HHS)

SUCCESSFUL SURVEYS/INSPECTIONS

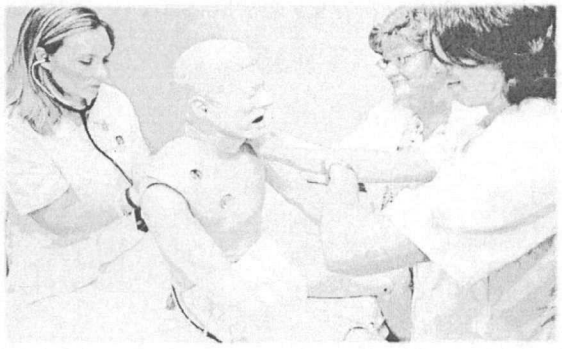
- Joint Commission
  - Full Hospital 3-Year Accreditation
  - Advanced Disease Specific Care 2-Year Certification – Primary Stroke Center
- CARF 3-Year Accreditation
  - Inpatient Rehabilitation Program – Hospital Adults
  - Inpatient Rehabilitation Program – Hospital Children's and Adolescents
  - Inpatient Rehabilitation Program – Hospital Stroke Specialty Adults
- Department of Health - Inspections
  - Biomedical Waste Program
  - Regional Perinatal Care Intensive Care (RPICC) Program
- Department of Health – Bureau of Radiation Control Inspections
  - Kaplan Center Radiation Machine Program
  - Kaplan Center Radioactive Materials Program
  - Kaplan Center and Nuclear Medicine Radiation Materials Program
  - Radiology Department for Nuclear Medicine, MRI, CT
- American College of Radiology (ACR) Inspections
  - Radiology Department for MRI, Ultrasound, CT, and X-ray
- Pharmacy Inspections
  - Food and Drug Administration Survey
  - Chemo Hood Inspection
- West Palm Beach Bureau of Fire Prevention Inspection
  - Schwartz Dialysis Center
- Children Oncology Group Research Survey
- Children's Hospital Association (CHA – formerly NAHCRI)

SUPPORTER
CHILDREN'S HOSPITAL ASSOCIATION
Champions for Children's Health




I am the future of nursing.
I am the future of nursing.
I am the future of nursing.

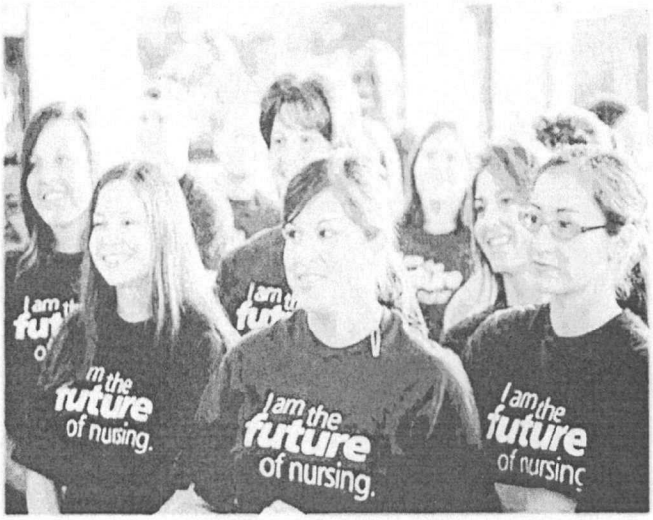
ST. MARY'S MEDICAL CENTER
2014 CLINICAL SCHOOL AFFILIATIONS



St. Mary's Medical Center has contracts with several different Universities, Colleges and Institutes that allow their students to experience and learn patient care. This training is valuable because of the types of patients and services we provide to the community. Large pediatric, obstetrical, trauma and stroke programs provide experience and learning opportunities rarely seen in area medical facilities.

Over 750 students rotated through our facility in 2013:

Academy of Practical Nursing & Health Occupations
Albany College of Pharmacy & Health Sciences
Barry University
Dade Medical College
Darton College
Florida Atlantic Univ Board of Trustees
Florida International University
Florida International University
Fortis Institute
Frontier Nursing University, Inc.
Health Career Institute
Indian River State College
Keiser University
Keiser University
Lincoln College of Technology
Nova Southeastern University, Inc.
Palm Beach Atlantic University
Palm Beach State College
South University
South University
Southeastern College
St. Petersburg University
University of Florida
University of Florida
University of Miami
University of Miami
University of North Dakota
University of St. Augustine
University of Vermont
Walden University, LLC
West Boca Medical Center of Radiology



Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER'S PARTNERSHIP FLORIDA ATLANTIC UNIVERSITY MEDICAL STUDENT EDUCATION PROPOSED TEN YEAR PLAN

St. Mary's Medical Center's mission is to deliver safe, cost-effective care to the community and patients we serve. In that mission we always strive to provide the best, and safest, medical care possible. We are excited to now share that mission and our work with the next generation of physicians as two new initiatives start at St Mary's Medical Center.

St Mary's enriches the education of medical students in the **Charles E. Schmidt College of Medicine at Florida Atlantic University**—Palm Beach County's first and only medical school with clinical clerkships with our medical staff. During clinical training, students work side-by-side with St. Mary's physicians in the diagnosis and treatment of patients, applying knowledge learned from the first two years of study to real-life situations here in West Palm Beach.

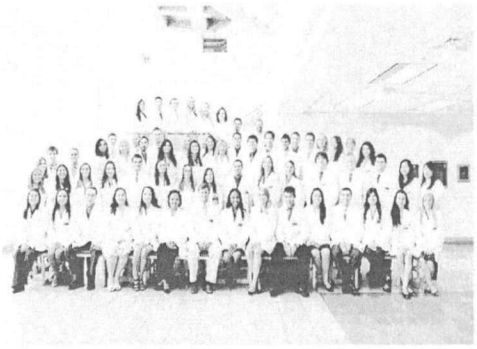
2011
FAU's Charles E. Schmidt College of Medicine, St. Mary's Medical Center and four other hospitals in Palm Beach County formed the FAU Consortium for Graduate Medical Education to establish residency programs in specialties that would serve their communities, starting with internal medicine, general surgery, emergency medicine and psychiatry.

2014
In May 2014, St. Mary's Medical Center served as a clerkship site for fourth year medical students seeking advanced specialty experience.

2015
St Mary's will participate in training residents in emergency medicine and general surgery. Additional residencies in various specialties will follow as community needs suggest.

2017
The FAU Consortium hopes to bring obstetric-gynecology and pediatric residents to St Mary's Medical Center and Palm Beach Children's Hospital for training.

2022
The GME Consortium plans to train more than 400 residents in its five Palm Beach County hospitals.



ST. MARY'S MEDICAL CENTER
UNIVERSITY OF VERMONT
COLLEGE OF MEDICINE
MEDICAL STUDENT EDUCATION

The University of Vermont College of Medicine

St. Mary's Medical Center has teamed up with the University of Vermont (UVM) College of Medicine in Burlington to give future physicians the opportunity to participate in clinical education alongside practicing doctors in our community.

As part of the program, piloted in the Spring of 2012, UVM medical students have the opportunity to participate in a variety of clinical clerkship rotations at St. Mary's, designed to achieve the educational competencies required by the Vermont Integrated Curriculum in place at UVM. While this is the first formal medical student program to be hosted at St. Mary's, with more than 900 students per year, the hospital is already one of the largest teaching and training facilities in our area for non-physician healthcare professionals such as nursing, pharmacy, radiology, respiratory and physical therapy students. The Vermont Integrated Curriculum will be taught by physicians on staff at St. Mary's, and will be the equivalent of the education and training medical students receive in all UVM affiliated clinical settings.

UVM's innovative curriculum is supported by COMET (College of Medicine Education Tools), which is an award winning hybrid learning environment, including reusable learning objects, virtual reality models, streaming audio and video, as well as online exams. COMET's integrated teaching and learning environment will help to foster the productivity and growth of world class medical students at St Mary's.

The affiliation agreement builds on both St. Mary's and UVM's common goal of training medical students to provide quality care. UVM medical students have the opportunity to complete portions of their second, third or fourth-year education at St. Mary's under the supervision of their physician educators. Long term and additional benefits of this relationship could be the recruitment of local area college students to become medical students at UVM and recruitment of graduates of the UVM College of Medicine to practice in the greater West Palm Beach area.

St. Mary's is also exploring the development of residency programs with the University of Miami/FAU in our OB, Surgery and Peds units.

ST. MARY'S MEDICAL CENTER
2013 BOARD OF GOVERNOR'S

ELECTED MEMBERS

Class A Term Expires March 31, 2014

Richard Weiner, MD
Orthopedic Surgeon
Orthopedic Care Specialist
Term: 4/1/11-3/31/14

Dennis P. Gallon, Ph.D.
President
Palm Beach State College
Term: 4/1/08-3/31/11
4/1/11- 3/31/14

Verdenia C. Baker
Deputy County Administrator
Palm Beach County
Term: 4/1/08-3/31/11
4/1/11- 3/31/14

Walter C. Phillips III
WC Phillips Green
Development Services
Term: 4/1/08-3/31/11
4/1/11- 3/31/14

Class B Term Expires March 31, 2015

Robert Borrego, MD
General Vascular Surgery
Term: 7/1/12-3/31/15

Clinton Glass
Chairman
Terms: 4/1/07-3/31/09
4/1/09-3/31/12
4/1/12-3/31/15

Geraldine T. Muoio, Ph.D.
City of WPB Mayor
Terms: 6/1/09-3/31/12
4/1/12-3/31/15

Janis Jones, MD
Pediatrics
Terms: 7/1/10-3/31/13
4/1/13-3/31/15

Class C Term Expires March 31, 2016

Wayne M. Richards
Wayne Richards Law Office
Term: 11/20/12-3/31/15

Jeff Collins
Palm Beach County Fire
Chief Fire Rescue
Terms: 6/1/13-3/31/16

Fr. Mario Castaneda
St. John Fisher Catholic Church
Pastor
Terms: *7/1/13-3/31/16*

Ronald L. Davis, PhD.
Scripps Florida
Professor
Terms: 9/1/12-3/31/13
4/1/13-3/31/15

APPOINTED MEMBERS

Chief Executive Officer
Davide M. Carbone
Treasurer & Secretary
St. Mary's Medical Center

Regional Representative
SVP Florida Region
Marsha Powers
Tenet Health

Chief of Staff
Sheela Shah, MD
Incare Medical Services

Immediate Past Chairman
Bret Baynham, MD
Pediatric Orthopedics/Spine

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER

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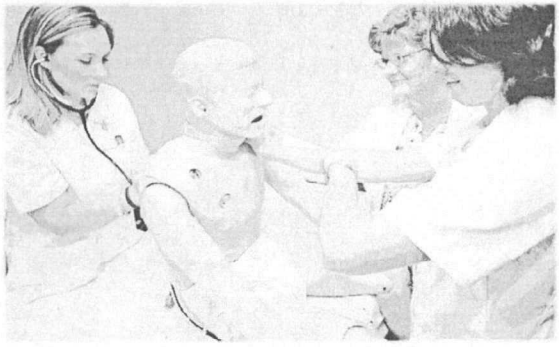
ST. MARY'S MEDICAL CENTER
2014 CLINICAL SCHOOL AFFILIATIONS



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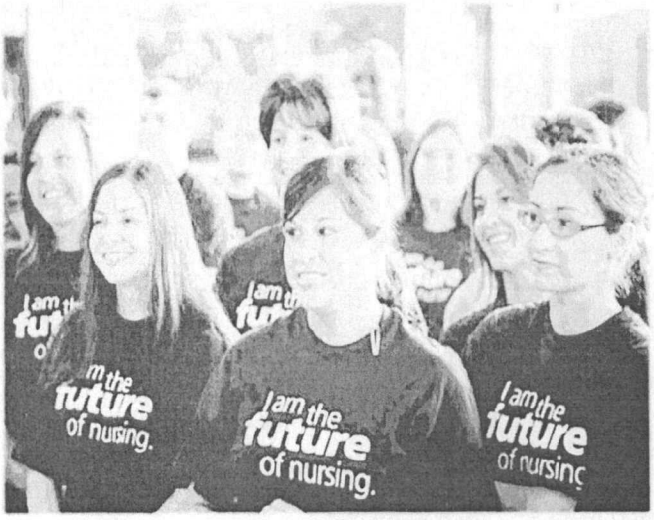
Darton College
Florida Atlantic Univ Board of Trustees
Florida International University
Florida International University
Fortis Institute
Frontier Nursing University, Inc.
Health Career Institute
Indian River State College
Keiser University
Keiser University
Lincoln College of Technology
Nova Southeastern University, Inc.
Palm Beach Atlantic University
Palm Beach State College
South University
South University
Southeastern College
St. Petersburg University
University of Florida
University of Florida
University of Miami
University of Miami
University of North Dakota
University of St. Augustine
University of Vermont
Walden University, LLC
West Boca Medical Center of Radiology



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ST. MARY'S MEDICAL CENTER'S PARTNERSHIP FLORIDA ATLANTIC UNIVERSITY MEDICAL STUDENT EDUCATION PROPOSED TEN YEAR PLAN

St. Mary's Medical Center's mission is to deliver safe, cost-effective care to the community and patients we serve. In that mission we always strive to provide the best, and safest, medical care possible. We are excited to now share that mission and our work with the next generation of physicians as two new initiatives start at St Mary's Medical Center.

St Mary's enriches the education of medical students in the **Charles E. Schmidt College of Medicine at Florida Atlantic University**—Palm Beach County's first and only medical school with clinical clerkships with our medical staff. During clinical training, students work side-by-side with St. Mary's physicians in the diagnosis and treatment of patients, applying knowledge learned from the first two years of study to real-life situations here in West Palm Beach.

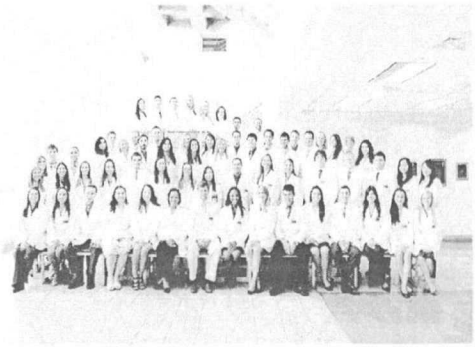
2011
FAU's Charles E. Schmidt College of Medicine, St. Mary's Medical Center and four other hospitals in Palm Beach County formed the FAU Consortium for Graduate Medical Education to establish residency programs in specialties that would serve their communities, starting with internal medicine, general surgery, emergency medicine and psychiatry.

2014
In May 2014, St. Mary's Medical Center served as a clerkship site for fourth year medical students seeking advanced specialty experience.

2015
St Mary's will participate in training residents in emergency medicine and general surgery. Additional residencies in various specialties will follow as community needs suggest.

2017
The FAU Consortium hopes to bring obstetric-gynecology and pediatric residents to St Mary's Medical Center and Palm Beach Children's Hospital for training.

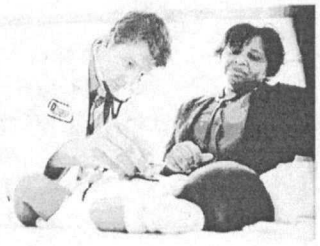
2022
The GME Consortium plans to train more than 400 residents in its five Palm Beach County hospitals.



ST. MARY'S MEDICAL CENTER
UNIVERSITY OF VERMONT
COLLEGE OF MEDICINE
MEDICAL STUDENT EDUCATION

The University of Vermont College of Medicine

St. Mary's Medical Center has teamed up with the University of Vermont (UVM) College of Medicine in Burlington to give future physicians the opportunity to participate in clinical education alongside practicing doctors in our community.



As part of the program, piloted in the Spring of 2012, UVM medical students have the opportunity to participate in a variety of clinical clerkship rotations at St. Mary's, designed to achieve the educational competencies required by the Vermont Integrated Curriculum in place at UVM. While this is the first formal medical student program to be hosted at St. Mary's, with more than 900 students per year, the hospital is already one of the largest teaching and training facilities in our area for non-physician healthcare professionals such as nursing, pharmacy, radiology, respiratory and physical therapy students. The Vermont Integrated Curriculum will be taught by physicians on staff at St. Mary's, and will be the equivalent of the education and training medical students receive in all UVM affiliated clinical settings.

UVM's innovative curriculum is supported by COMET (College of Medicine Education Tools), which is an award winning hybrid learning environment, including reusable learning objects, virtual reality models, streaming audio and video, as well as online exams. COMET's integrated teaching and learning environment will help to foster the productivity and growth of world class medical students at St Mary's.

The affiliation agreement builds on both St. Mary's and UVM's common goal of training medical students to provide quality care. UVM medical students have the opportunity to complete portions of their second, third or fourth-year education at St. Mary's under the supervision of their physician educators. Long term and additional benefits of this relationship could be the recruitment of local area college students to become medical students at UVM and recruitment of graduates of the UVM College of Medicine to practice in the greater West Palm Beach area.

St. Mary's is also exploring the development of residency programs with the University of Miami/FAU in our OB, Surgery and Peds units.

ST. MARY'S MEDICAL CENTER
2013 BOARD OF GOVERNOR'S

ELECTED MEMBERS

Class A Term Expires March 31, 2014

Richard Weiner, MD
Orthopedic Surgeon
Orthopedic Care Specialist
Term: 4/1/11-3/31/14

Dennis P. Gallon, Ph.D.
President
Palm Beach State College
Term: 4/1/08-3/31/11
4/1/11- 3/31/14

Verdenia C. Baker
Deputy County Administrator
Palm Beach County
Term: 4/1/08-3/31/11
4/1/11- 3/31/14

Walter C. Phillips III
WC Phillips Green
Development Services
Term: 4/1/08-3/31/11
4/1/11- 3/31/14

Class B Term Expires March 31, 2015

Robert Borrego, MD
General Vascular Surgery
Term: 7/1/12-3/31/15

Clinton Glass
Chairman
Terms: 4/1/07-3/31/09
4/1/09-3/31/12
4/1/12-3/31/15

Geraldine T. Muoio, Ph.D.
City of WPB Mayor
Terms: 6/1/09-3/31/12
4/1/12-3/31/15

Janis Jones, MD
Pediatrics
Terms: 7/1/10-3/31/13
4/1/13-3/31/15

Class C Term Expires March 31, 2016

Wayne M. Richards
Wayne Richards Law Office
Term: 11/20/12-3/31/15

Jeff Collins
Palm Beach County Fire
Chief Fire Rescue
Terms: 6/1/13-3/31/16

Fr. Mario Castaneda
St. John Fisher Catholic Church
Pastor
Terms: *7/1/13-3/31/16*

Ronald L. Davis, PhD.
Scripps Florida
Professor
Terms: 9/1/12-3/31/13
4/1/13-3/31/15

APPOINTED MEMBERS

Chief Executive Officer
Davide M. Carbone
Treasurer & Secretary
St. Mary's Medical Center

Regional Representative
SVP Florida Region
Marsha Powers
Tenet Health

Chief of Staff
Sheela Shah, MD
Incare Medical Services

Immediate Past Chairman
Bret Baynham, MD
Pediatric Orthopedics/Spine

ST. MARY'S MEDICAL CENTER
MEDICAL EXECUTIVE COMMITTEE MEMBERS
DECEMBER 31, 2013

Title	Name	Specialty
Chief of Staff:	Sheela Shah, MD	Int Medicine
Vice Chief of Staff:	Tom Saylor, MD	Hand Surgery
Secretary/Treasurer:	Lawrence Adams, MD	Pediatrics
Division Director of Anesthesiology	Donald Kemmer, DO	Anesthesiology
Division Director of Emergency Medicine	Richard Paley, MD	Emergency Medicine
Division Director of Medicine	Michael Lotfi, MD	Nephrology
Division Director of Ob/Gyn	Patricia Harding, MD	OB/GYN
Division Director of Pathology	David Abis, MD	Pathology
Division Director of Pediatrics	Vinay Saxena, MD	Pediatrics
Division Director of Psychiatry	Womesh Sahadeo, MD	Psychiatry
Division Director of Radiology	Chad G. Kelman, MD	Radiology
Division Director of Surgery	Alexander Lenard, MD	Spine Surgery
Medical Director of Trauma	Robert Borrego, MD	Trauma
QA/Improvement Chairman	David Petruska, MD	Neurosurgery
Utilization Review Chairman	Jacob Lochner, DO	Rehab Medicine
Members at Large	Suneet Kukreja, MD, Janet Wingkun, MD Ali Malek, MD	Cardiology Neonatology Neurointerventionalist

ST. MARY'S MEDICAL CENTER
2013 PHYSICIAN LEADERSHIP GROUP

This is a volunteer advisory group of physicians who meet routinely with Administration to explore opportunities to further develop services and growth at St. Mary's Medical Center.

Arlosoroff, Chaim, MD
Orthopedic Surgery

Bideau, Lynda A., MD
Pediatrics

Black, Michael, MD
Pediatric Cardiovascular Surgery

Dahabra, Chadi N., MD
Anesthesiology

Elhaddad, Ahmed M. MD
Trauma/General/Vascular Surgery

Kelman, Chad G., MD
Radiology

Lochner, Jacob L. DO
Physical Med/Rehab

Lopez, Berto, MD
Obstetrics/Gynecology

Malek, Ali R. MD
International Neurology

Oster, Claude, MD
Physical Med 7 Rehab

Paley, Richard J., MD
Emergency Medicine

Rubin, Peter, MD
Ophthalmology

Schultz, Steven, MD
Pediatric Critical Care

Stoessel, Ruel T. MD
Perinatology

Tano, Albert, MD
Neonatology

Viralam, Setty G. MD
Neonatology

ST. MARY'S MEDICAL CENTER
2013 ADMINISTRATIVE TEAM

Davide M. Carbone
Chief Executive Officer

Joey Bulfin
Chief Operating Officer

Thomas Schlemmer
Chief Financial Officer

Donna Small
Chief Nursing Officer

Jeff Davis, DO
Chief Medical Officer

Sandy Wyant
Chief Human Resources Officer

Michelle Cartwright
Controller

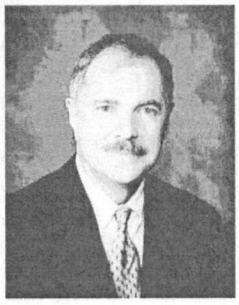
Patti Patrick
Business Development Director

Beverly Beyerlein-Davis
Assistant Chief Nursing Officer/
Clinical Quality Improvement

Don Chester
Assistant Administrator
Government and Community
Affairs

Lisa Rocheleau
Assistant Administrator
Palm Beach Children's Hospital

Mitchell Cohen
Hospital Compliance Officer



Davide Carbone, CEO

Tom Schlemmer, CFO

Joey Bulfin, COO

Donna Small, CNO

ST. MARY'S MEDICAL CENTER
2013 ETHICS COMMITTEE

Fr. Aidan Lacy
Director of Pastoral Care

Joey Bulfin, RN
Chief Operating Officer

Don Chester
Administrative Director of Community and Government Relations

Rae Hibner, RN
Risk Manager & Patient Safety Officer

Mitch Cohen
Hospital Compliance Officer

Sr. Mary Murphy
Pastoral Care

Dr. Paul Acevado
Neurology

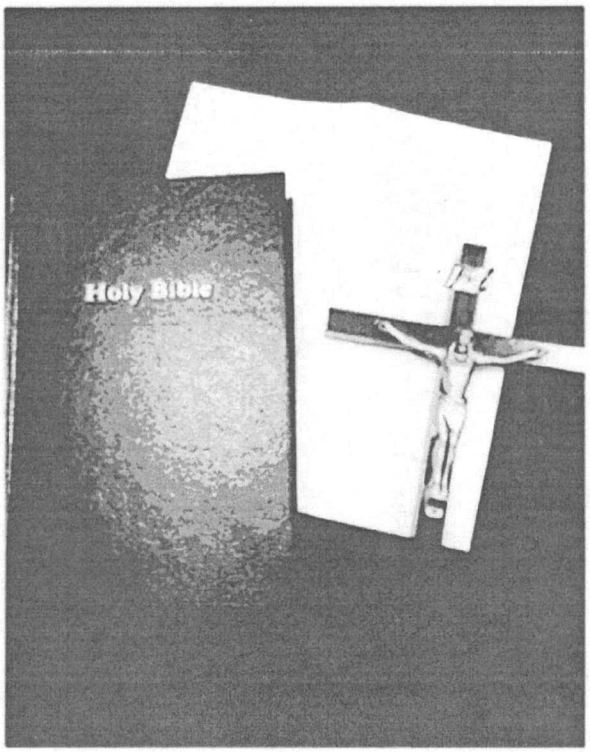
Donna Small, RN
Chief Nursing Officer

Gail Duscha, RN
Accreditation and Regulatory Compliance Manager

Dawn Thompson, RN
Director of Emergency Services & Trauma

Fr. Philip Joly
Pastoral Care

Sr. Betty Frascino
Pastoral Care



VOLUNTEER SERVICES
2013 ACCOMPLISHMENTS

Volunteers from the community contribute many hours of dedicated service to St. Mary's and Palm Beach Children's Hospital on an annual basis. Together with the membership from the Auxiliary, more than 100 volunteers of all ages and backgrounds work with the hospital's staff to provide quality services to our patients and visitors.

Volunteer activities include: delivering patient mail, running errands, working at the lobby information desks, providing clerical assistance and offering assistance to staff, patients and their families. In addition, volunteers may assist the ChildLife Team with activities for the children at Palm Beach Children's Hospital. There are also several high school and college students who spend their summers at our hospital in our Teen Volunteer Summer Program. We hold our volunteers in high regard and consider them an integral component in the operation of our medical center.

Volunteer Program

- Total adult Volunteers - 100 plus
- Recruited and trained over 50 new adult Volunteers this past year
- More than 14,377 hours volunteered

Volunteer Awards

Over 80 awards were given out at a Volunteer Appreciation Luncheon. St. Mary's Medical Center is now partnered with the 'Presidential Volunteer Service Awards' program. Different categories of awards were given for volunteering time from 100 hours to over 6,000 hours. Recipients of 'Lifetime Service Awards' were recognized. Volunteers with service of 5, 10, and 15 years were awarded medals.

Heart Walk Team 2013

VOLUNTEER SERVICES
2013 ACCOMPLISHMENTS

Areas served by Volunteers

- Pastoral Care
- Adult Emergency
- Pediatric Emergency
- Child Life Institute
- OR
- ICU
- Radiology
- OB floors
- IMH
- Patient Book Cart
- Wound Care
- Out Patient Surgery
- Employee Health office
- Education
- NICU
- Physical Therapy
- Rehabilitation
- Pharmacy
- Surgical Family Waiting
- Front Desk Greeters
- Memory Disorder Center
- Stroke for Hope
- Pet Therapy

Teen Volunteer Program:

Recruited and trained 44 teenage and college student Volunteers for the summer of 2013. They volunteered over 1,620 hours.

Minimum requirements for student volunteers

- 3.0 GPA
- must be at least 15 years old
- letter of recommendation from a teacher, employer, coach, clergy, *et al*
- preference given to students in medical programs

ST. MARY'S MEDICAL CENTER
2013 AUXILIARY BOARD

Joan Diamond
President

Nina Herde
Vice President/Treasurer

Jean Allen
Secretary

Fernanda Conheeny
Board Member

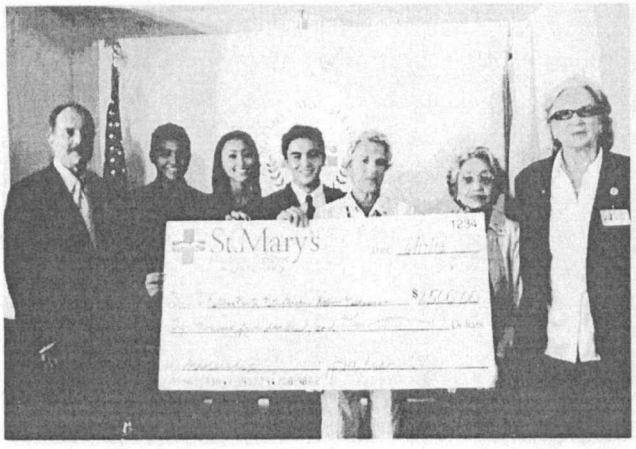
Don Chester
Adm. Director, Community & Gov't Relations
Ex-Officio

Fr. Aidan Lacy
Director of Pastoral Care
Ex-Officio

Lucille Butala
Board Member

Roberta Ward
Board Member

Ivan Ward
Board Member



Teen Volunteer Scholarship Winners

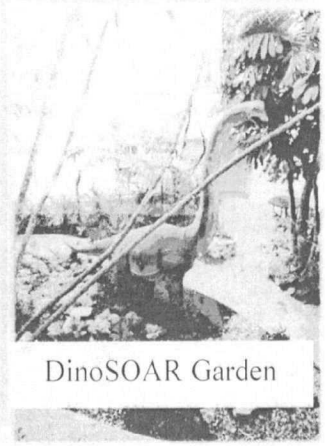
ST. MARY'S AUXILIARY
2013 ACCOMPLISHMENTS

"The Auxiliary of St. Mary's Medical Center" was formed in 2006 and certified by the IRS as a 501(c)(3) non-profit charitable corporation.

The Auxiliary has its own Board of Directors made up of volunteers that meets monthly. The new Auxiliary of St. Mary's Medical Center is operating exclusively for charitable, educational, and literary purposes. The primary focus of the Auxiliary will be to improve the physical comfort and mental well-being of the patients at St. Mary's Medical Center. The Auxiliary will also focus on fundraising, receiving tax-deductible donations, and acquiring grants to help support its goals.

Numerous knitted and quilted blankets have been donated to the Auxiliary. These items have been given out to the children in the Children's Hospital, ER patients, and patients receiving dialysis. The children have also been receiving handmade crayon bags and crayons. The Auxiliary has been providing clothing and transportation vouchers to patients in the Emergency Department. We have purchased toys for the Pedi ER and also support the maintenance of the fish tank in the Children's Hospital.

Through a large donation to the Auxiliary, a new Dinosaur Garden was created on the first floor of Palm Beach Children's Hospital. This garden is a place for patients, visitors and families to relax and enjoy some fresh air while checking out the amazing dinos.



DinoSOAR Garden

To date, the Auxiliary has collected over $50,000 through donations, raffles, and fundraisers. An attorney has been retained to handle all legal issues.

A scholarship program was set up to help students attend college. The Auxiliary awarded three scholarships in 2013 to three of our teen volunteers whom are going to school for medical careers.

PART TWO

THE PASTORAL & SPIRITUAL RESPONSIBILITY OF CATHOLIC HEALTH CARE

St. Mary's Medical Center

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

August 6, 2014
Feast of the Transfiguration of the Lord

The Most Reverend Gerald M. Barbarito
Bishop of Palm Beach
9995 N. Military Trail
West Palm Beach, FL 33410

Dear Bishop Barbarito:

I hope this letter finds you in good health. Our paths seem to cross with ever increasing frequency throughout the year and I always appreciate that you express your interest in the work I do at St. Mary's But it is that time of the year when I gather up the threads of stories that I annually present to you as examples of how we live out the Ethical and Religious Directives in this hospital.

I was on a conference call recently with some members of the Florida Catholic Health Care Conference and in the course of the conversation, I realized just how extraordinary is Tenet's commitment to the mission of this place. Even though we are not owned by a Catholic institution, I discovered that we had more protocols in place to protect the integrity of the ERD's than many other hospitals. That commitment to doing it right and giving it our best is found not just in our policies but in the day to day care giving.

Sometimes you have to step back to see the whole picture. The world I inhabit at St. Mary's can often be a difficult and dark place. The evening news may scream of stabbings, shootings, car accidents, traumas and horrific examples of abuse. But long after the media turns its gaze away and chases the next story, the staff at St. Mary's is quietly working to heal lives that have been tragically ripped apart. There is nothing normal about a hospital chaplaincy and every time I think I have heard it all, life has a way of proving me wrong. However no matter how harrowing the tale what is consistent is a generous response from staff and chaplains alike.

The purpose of this annual report is not just to show you that we live up to the expectations that go along with being a Catholic institute but to show you that the grace and the goodness of God shines in an extraordinary manner through the many ministries of healing that take place at St. Mary's Hospital.

The stories that I present in this section are truly just a small sample and representation of what is done on a daily basis to live out the message of the Gospel. Know that we keep you in our daily prayers and that we are proud to be part of this diocesan family.

Yours in Christ,

Rev. Aidan Lacy
Director of Pastoral Care St. Mary's Medical Center and
Palm Beach Children's Hospital

PASTORAL CARE DEPARTMENT - 2013 STAFF CHAPLAINS

Father Aidan Lacy is Director of the Department of Pastoral Care. Aidan started as a chaplain at SMMC in 2003 and became Director in 2005. His clinical background includes extensive work in 'end of life' issues and he has worked with various hospices in Palm Beach County. He serves on the Continuing Education Board for VITAS Hospice. Aidan recently was certified by the National Board of Catholic Bio-Ethics and serves as chair of the Organizational Ethics Committee at SMMC.

The Rev. Lena Bates began a career in healthcare as a Certified Nursing Assistant working in nursing homes and as a private duty caregiver. After 16 years in palliative care, Lena joined an urban ministry that targeted at-risk Black youth. Ordained in 1997 as an Evangelist, and in 1999 as a Pastor, Lena began working in programs for the homeless, family re-unification, counseling, and addictions. She earned her American Association of Clinical Pastoral Education certification with 400 hours of training for chaplains at Hospice of Palm Beach.

Father Philip Joly was ordained October 25, 2001 for the Diocese of Venice, Florida. Although up till now his official ministries were parish based, he has always had a passion and care for the sick and dying. He worked as a volunteer chaplain on his days off for Tidewell Hospice in Bradenton, Florida. He has worked at St. Mary's for just under one year and plans to do further studies in Catholic bioethics.

Sister Mary Murphy, O.S.F. is a professed religious with the Allegany Franciscan Community that founded SMMC in 1938. Mary entered the Convent in 1961 and spent 25 years in Jamaica, 23 of them as Principal of Immaculate Conception School in Kingston. Upon returning to the US in 1997, Mary spent 10 years working with the homeless in Miami at Camillus House. Mary joined SMMC in 2006 as a Chaplain. Mary also represents SMMC as Liaison to the Franciscan Community.

Sister Betty Frascino, O.S.F. is also a professed religious with the Allegany Franciscan Community. Trained as an educator Sister taught at Corpus Christi School in Miami for five years and then spent 10 years as the Assistant Supervisor of the home for unwed mothers in West Palm Beach. Then, as she likes to say, she spent 20 years in prison. Sister retired from the diocesan Office of Prison Ministry. After retiring, Sister served as superior in the Convent in Tampa before coming to St. Mary's as a Patient Advocate Chaplain.

The Rev. Carlos Betancourt received his Master's of Theology at the Church of God Pentecostal Seminary in Cleveland, Ohio. As the Senior Pastor for the Iglesia de Dios (Church of God) in Lake Worth, FL. He also represents his church as the Secretary for the Hispanic Regional executive Committee for the State of Florida, and as the District Supervisor for the Hispanic Churches of the Church of God in Palm Beach County. Prior to being brought on board as a part-time chaplain, Rev. Carlos served as a volunteer chaplain for 5 years, and was president of the St. Mary's Auxiliary Board for 1 year.

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER
2013 SEMINARIANS
FROM ST. VINCENT de PAUL REGIONAL SEMINARY

The Pastoral Care Department at St. Mary's has designed a curriculum that enables seminarians preparing for Catholic priesthood to acquire the essential skills for effective ministry. Our training and education emphasizes the development of a personal, pastoral and Catholic identity and its consequent competencies.

Skills are gained through:

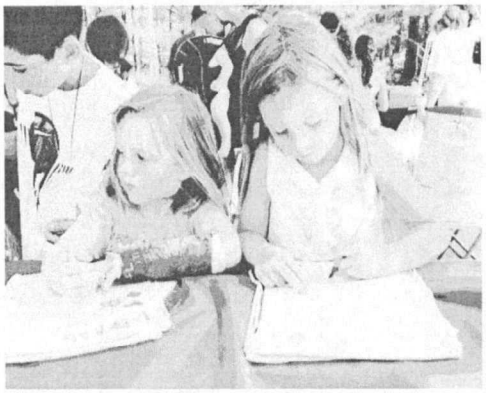
- Insight and integration through the action-reflection model
- Use of individual supervision and group process for personal, spiritual and professional growth
- A practical approach to pastoral theology
- Development of pastoral relationships
- Use of spiritual assessments and pastoral care plans
- Understanding of complementary healing modalities within a variety of contexts
- Leadership, management, and advocacy experiences within interdisciplinary settings and pastoral specializations

This Seminarian Training Program is supervised by Fr. Aidan Lacy and Rev. Philip Joly. It is designed as a pre-cursor to Clinical Pastoral Education (CPE) which is a three-month residency program which is required for ordination. Our program focuses on pastoral competencies related to end-of-life, beginning-of-life/pro-life issues, chronic, rehab and long term care. It is designed for those who want to develop pastoral skills for health care in the parish and to provide a basic understanding of Catholic bio-ethic issues.

PASTORAL CARE DEPARTMENT
2013 ANNUAL CALENDAR EVENTS

Advent

Help distributing food and turkeys to food banks, schools and local churches
Lighting of the Advent Wreath (both Chapels)
Special Advent Services
Lighting of the Menorah for Hanukah



Christmas

Christmas Caroling on wards and units
Christmas Party for Volunteers
Distribution of Toys to Children at Christmas
Christmas Service for all Employees

Epiphany

Presentations on 'Spirituality in the Workplace' for different Units and Teams
Martin Luther King, Jr. Ecumenical Remembrance Service

Lent & Holy Week

Ash Wednesday distribution of Ashes to all units and campus buildings
Stations of the Cross during Lent
Holy Week services and activities
Ecumenical Good Friday service

Eastertide

Interfaith Memorial Services for Children who died at the Hospital
Interfaith Memorial Services for All Patients who died at the Hospital

Trinity / Pentecost

- Annual Volunteer Appreciation Lunch
- Annual Bishop's Mass & Visit
- Special Mass for Physicians & Nurses
- Blessing of Hands during Nursing Week
- Blessing of the Animals – St. Francis
  All Saints / All Souls Masses

Fathers Aidan & Philip Blessing a tarantula

PASTORAL CARE DEPARTMENT
2013 ON-GOING EVENTS

Orientation for All New Employees on the Catholic & Franciscan Tradition
Orientation for All New Employees on the Ethical & Religious Directives
Orientation for Palm Beach Atlantic University Nursing students
Orientation for all New Volunteers
Orientation for all New Teen Volunteers
Supervision of Teens in Summer Volunteer Program
Education Fairs for Non-Clinical Staff on Advance Directives
Education Fairs for Clinical Staff on Advance Directives and End-of-Life Issues
Training for Deacons & Seminarians at St. Vincent de Paul Seminary
Training for Lay Ministers Christ Fellowship, North Palm Beach
'Meet & Greet' Hospitality at Honda Classic Golf Tournament
Hospitality at Monthly Ice Cream Socials and Employee Recognition Programs
Sponsor 'Light the Night' Leukemia-Lymphoma Fundraiser
Departmental Prayers with Staff on Wards and Units
E-mail Meditations for Lent, Advent, Hanukah, Yom Ha Sho'at, *et al*

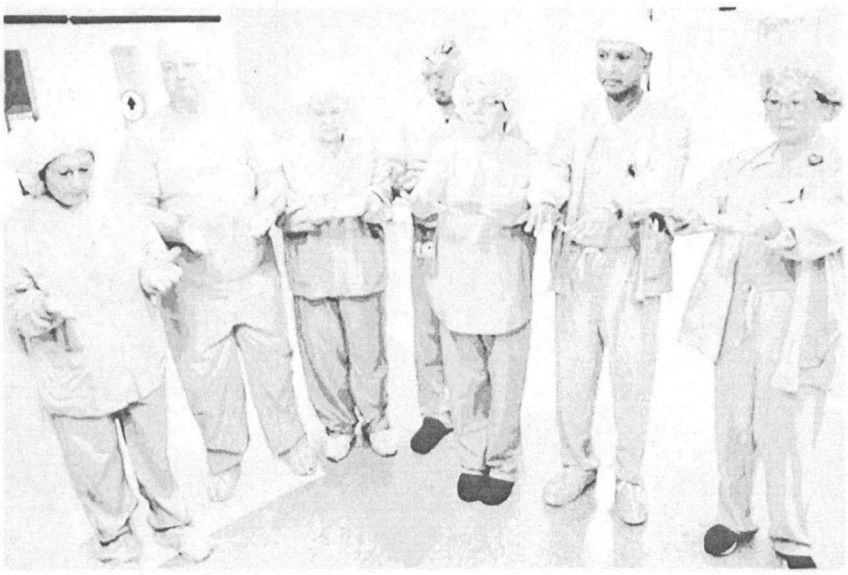
In addition, Catholic Mass is celebrated weekdays (M-F) at noon in the Convent Chapel.

Protestant Noonday Prayers take place weekdays (Tue-Thu) at noon in the St. Philip Benezi Meditation Chapel.

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

PASTORAL CARE DEPARTMENT
2013 STATISTICAL SUMMARY

Simple data and numbers, while helpful to understand the scope of the Pastoral Care Department's effectiveness, do not even come close to describing how the staff and volunteers minister. Encounters vary from minutes in a hallway to hours sitting at bedside. Encounters are also more formal such as the 'Blessing of Hands' for the clinical staff during National Hospital Week as pictured below. The data and numbers, found on the following page, come from a ministry summary that our volunteers and chaplains fill out on a regular basis. Of special significance is the number of volunteer hours and visits which makes a tremendous difference to our effective-ness as a Pastoral Care team.



The Department of Pastoral Care has thirty faithful Catholic volunteers, including 2 priests, 4 deacons, 2 nuns, 6 seminarians, 2 Protestant Ministers, 18 Lay Eucharistic Ministers, and 3 lay women who serve as 'hospitality ministers'.

These sixty-one volunteers represent eleven parishes and Catholic institutions:

St. Edward's, St. Ann's, Holy Name of Jesus, St. Matthew's, St. Anastasia's, St. Francis', St. Rita's, St. Peter's, the Cathedral Church of St. Ignatius, and the Catholic Lourdes-McKeen Residence as well as St. Vincent de Paul Regional Seminary.

Statistics which follow include only pastoral care contacts for St. Mary's Medical Center.

In addition our chaplains have responded to requests for spiritual care at other neighboring healthcare and government facilities including the Hanley Center, Hospice of Palm Beach, VITAS Hospice, Hospice-by-the-Sea, the Health Care District and the Palm Beach County Jail.

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER
PASTORAL CARE DEPARTMENT
2013 MONTHLY MINISTRY STATISTICS

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL
Annountings	5	7	4	4	5	0	3	2	7	1	2	2	**42**
Baptisms	0	0	2	0	1	0	2	2	3	0	0	0	**10**
Communicants	144	120	102	78	56	74	87	52	47	34	36	74	**904**
Pastoral Visits	555	296	205	252	255	218	263	143	130	149	155	207	**2828**
TOTAL	**704**	**423**	**313**	**334**	**317**	**292**	**355**	**199**	**187**	**184**	**193**	**283**	**3784**

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

HOW PASTORAL CARE MAKES A DIFFERENCE AT ST. MARY'S MEDICAL CENTER

Patient / Family Satisfaction

- Patients expect competent and compassionate spiritual care services. Therefore, our spiritual care ministry enhances the image of SMMC.
- In an age of high medical technology, brief hospitalizations, and shortened contacts with physicians and other healthcare professionals, our pastoral care offers one of the few opportunities for patients and families to discuss their personal and spiritual concerns.
- When we help a patient's family, they are more likely to visit us again for a future hospitalization.
- Studies indicate that between one-third and two-thirds of all patients want to receive spiritual care (Carey, 1985; Fitches, Meyer & Burton, 2000).

Spiritual Abuse

- Codes of professional ethics stipulate that Chaplains themselves must respect the diverse beliefs and practices of patients and families.
- Our pastoral care program reduces and prevents spiritual abuse. We act as 'gatekeepers' to protect our patients from unwanted proselytizing.

Shortened Length of Stay

- Research has consistently shown that Chaplains help patients 'get better faster' and enhance their 'readiness to return home' because the visits help them feel more hopeful.
- One study has showed a savings of over $4,000 per patient/day.

Staff Retention

- Losing staff is costly to a hospital. But pastoral care encourages staff so that they persevere. Sister Mary Murphy for example, through her 'prayer times' and follow-up counseling times plays an important role in helping staff cope with personal problems. Our supportive consultation can enhance morale and decrease staff burnout. This reduces employee turnover and the use of sick time. (Note: One Human Resource Department figured that it cost them $50,000 to replace and retrain one nurse.)

Staff Productivity

- We provide sensitive, supportive spiritual care to patients and family during potentially stressful times for staff (e.g., terminal illness, codes, death, oncology, etc.). This pastoral care intervention allows these specialists to attend to their duties. After a pastoral care intervention, our team of professionally-trained Chaplains provide debriefing and follow-up.

Employee Assistance

- Some staff don't take advantage of employee assistance programs. However, they do turn to us for counsel.
- When there's a need for a staff memorial service, we provide a valuable service to the hospital and our staff.

Risk Management and Litigation

- We play an important role in mitigating situations of patient/family dissatisfaction involving risk management and potential litigation.
- When patients or their family become angry or threatening, we are often able to mediate and defuse these intense feelings in ways that conserve valuable organizational resources by reducing risk and potential litigation.

Death Care

- No other healthcare provider at SMMC is as highly trained to deal with grieving families since this is one of our specialties.
- The pastoral care provided to families near or at the time of death helps free the hospital staff to do their job.

Accreditation Standards

- We help healthcare organizations fulfill a variety of accreditation standards of the Joint Commission on Accreditation of Health Care Organizations (JCAHO), including those associated with patient's rights for spiritual care and support.

Mission Statement and Values

- We help SMMC fulfill our mission and values statements that promote healing for the body, mind and spirit.
- We promote mission awareness and enhancement.

Medical Ethics Support

- We help patients and family members identify their values regarding end-of-life treatment choices. We also communicate this information to the healthcare staff.
- Families respond better and in a timelier manner to end-of-life situations when pastoral support is provided.
- Clarifying values and improving communication helps reduce expensive and unwanted care.
- In the face of ever-increasing complications of technology, genetics, laws, and social pressure, the Director of Pastoral Care chairs the Ethics Committee using a 'cohort model' that is collaborative and supportive.

Community Impact

- Some people choose a hospital because of its pastoral care program.
- We establish and maintain important relationships with the community clergy, who often make referrals from their parish or faith community to SMMC and the Children's Hospital at St. Mary's.
- We make unique contributions by providing many community services (such as participation in wellness programs, support groups, educational programs such as with Christ Fellowship, seminary training, training and orientation for nursing students and new employees, etc.).

Bottom Line: The spiritual care we provide is cost effective—it's good for business.

- The only published chaplaincy cost study reported that the services of professional Chaplains range between $2.71 and $6.43 per patient visit (VandeCreek & Lyon, 1994-1995).
- Approximately three quarters of HMO executives surveyed reported that if spirituality (expressed through personal prayer, meditation and other spiritual and religious practices) can have a positive impact on well-being, then it can helpfully impact cost containment (Yankelovich Partners, Inc., 1997).

Endnotes:

[1]Florell, JL (1973). *Bulletin of the American Protestant Hospital Association* 37(2):29-36. Study shows empirical evidence of the effectiveness of a Chaplain working with surgery patients. Randomized patients were assigned to either Chaplain intervention, which involved Chaplain visits for 15 minutes/day/patient, or to a control group ('business as usual'). The Chaplain intervention reduced length of stay by 29%, Patient-initiated call on RN time to one-third, and use of PRN pain medications to one-third. See also: http://www.healthcarechaplaincy.org/publications/publications/white_paper_05.22.01/index.html

ST. MARY'S MEDICAL CENTER
2013 ETHICAL & RELIGIOUS DIRECTIVES MONITORING COMMITTEE

Sr. Betty Frascino, OSF
Patient Advocate
Committee Chair

Davide M. Carbone
Chief Executive Officer

Joey Bulfin
Chief Operating Officer

Donna Small
Chief Nursing Officer

Fr. Aidan Lacy
Director of Pastoral Care

Sr. Mary Murphy, OSF
Chaplain / Franciscan Liaison
Pastoral Care Department

Fr. Philip Joly
Chaplain Pastoral Care

Sandy Wyant
Chief Human Resources Officer

Nancy Segall, RN (Jan-June)
Administrative Director of Clinical Quality Improvement

Beverly Beyerleindavis (June)
Assistant Chief Nursing Officer

Don Chester
Assistant Administrator

Mitchell Cohen
Compliance Officer

The purpose of the Monitoring Committee is to integrate the principles of the ERD's into the daily life of St. Mary's Medical Center. It was decided to integrate our ERD Monitoring Committee into our Ethics and Oversight Committee during 2012 to expedite response time when critical cases occur.

The committee helps formulate policies that meet the goals of patient safety, satisfaction and respect for human life. The committee meets quarterly to review ethics cases, especially those around the areas of beginning and end-of-life.

ST. MARY'S MEDICAL CENTER
ETHICAL AND RELIGIOUS DIRECTIVES
2013 MATRIX

Part One: The Social Responsibility of Catholic Health Care

#	Directive	Accountability Measurements	Committee Evaluation/ Recommendations
1	Assure health care service provides health care to those in need of it and is animated by the Gospel and moral traditions of the Church.	• Review Mission and Core Values Statement at a minimum every three years.	➢ Revision of Tenet Mission & Values: to Medical Executive Committee and Board of Governors approval-8/10 ➢ Reviewed 1/11, 5/13
2	Caregivers should manifest mutual respect, compassion and sensitivity to the vulnerable at a time of special need.	• Same as Directive 1 • Review Customer Satisfaction survey results annually (standard Tenet form).	➢ PSMS Reports reviewed Quarterly; review of PSMS and HCAPHS reports and actions to improve discussed. ➢ Reviewed 1/11, 5/13
3	Service to and advocacy for those people whose social condition puts them at the margins of our society.	• Review annual report of community services provided. • Review Charity Care policy and associated funds.	➢ Charity Care: Report ➢ Reviewed 5/06, 4/07, 11/08, 5/09, 1/10, 1/11, 5/13
4	Research involving human subjects must be conducted ethically.	• Review Institutional Review Board (IRB) Annual Report and recommendations. • Review Research group audits annually.	➢ IRB-list of studies and consents ➢ Reorganization of IRB ➢ Next annual report, 1/11 ➢ Reviewed 1/11, 5/13
5	Adoption of the Directives within the institution as policy, require adherence and provision of appropriate instruction regarding the Directives for administration, medical and nursing staff and other personnel.	• Review ERD policy every three years. • Review orientation agendas for staff and physicians annually.	➢ Organizational Ethics and Medical Staff Bylaws. Reviewed every January and as necessary by Medical staff office. ➢ ERD Policy and Orientation Reviewed ➢ 1/06 by MEC ➢ Committee reviewed ERD 2/07, 4/08, 1/09, 1/11, 5/13
6	Responsible stewardship of health care resources; collaboration with other health care providers in ways that do not	• Review AHCA license application for listing of added or discontinued services bi-annually.	➢ Reviewed 1/10, 1/11, 5/13 ➢ No new services added to or deleted from license.

#	Directive	Accountability Measurements	Committee Evaluation/ Recommendations
	compromise Catholic social and moral teachings.		
7	Respectful and just treatment of employees.	• Review annual report from human resources which includes evidence of the following: equal employment opportunity, promotion, employee participation, safe work environment, just compensation and benefits, recognition of rights of employees to organize & bargain collectively	➢ Employee Opinion Survey Reviewed 9/05, 5/06, 2/07, 4/08, 11/09, 11/10, 1/11, 5/13
8	Adherence to mandates of Canon law	• Assure ongoing dialogue between CEO, Chair of Organizational Ethics Committee and local Bishop.	➢ Report to Bishop submitted and accepted. CEO met with the Bishop. ➢ Reviewed 1/11, 5/13
9	Employees must respect and uphold the mission of the institution and adhere to the Directives.	• Review Recognition & Promotion of Franciscan Traditions annually • Review Organizational Culture Assessment Tool results annually	➢ Director of Pastoral Care and Associate Administrator reviewed at the Mission Committee meeting in 6/03. ➢ Reviewed 9/06, 8/07, 11/07, 11/08, 11/09, 1/11, 5/13 ➢ New pre-employment video regarding Standards of Conduct shown and approved 11/09.

Part Two: The Pastoral and Spiritual Responsibility of Catholic Health Care

#	Directive	Accountability Measurements	Committee Evaluation/ Recommendations
10	Provide pastoral care and assure appropriate professional preparation of pastoral care personnel, including understanding of the Directives	• Review Pastoral Care Department Annual Goals, Budget and status report annually	➢ Director of Pastoral Care and CFO reviewed 6/05, 11/06, 11/07, 11/08, 1/09, 1/10, 1/11, 5/13
11	Pastoral care personnel should work in close collaboration with local parishes and community clergy	• Same as Directive 10	➢ Reviewed 1/04, 1/06, 2/07, 4/08, 1/09, 1/10, 1/11, 5/13 ➢ Presented annual review of pastoral care program. Department goals for 2011. Chapel renovated after recent flooding.
12	Celebration of Eucharist and provision of the sacraments are an important part of the Catholic health ministry	• Same as Directive 10	➢ Reviewed in 1/04, 1/06, 2/07, 4/08, 1/09, 1/10, 1/11, 5/13 ➢ Communion report & daily mass schedule. ➢ New crucifixes in all patient rooms and lobby entrances.
13-20	Appropriate provision of Catholic sacraments	• Review appropriate records on sacraments annually	➢ Reviewed 5/06, 2/07, 4/08, 1/11, 5/13 ➢ Pastoral Care Report 5/09, 5/10, 5/13
21-22	Consult with local bishops regarding appointment of priests, non-Catholic members of pastoral care staff, deacons and Director of pastoral care	• CEO and Chair of Organizational Ethics Committee in consultation with the Bishop	➢ Report to Bishop to be sent mid-March each year. Sent 5/06, 5/07, 05/08, 5/09, 5/10 ➢ Reviewed 1/11, 5/13

Part Three: The Professional – Patient Relationship

23	Extend and respect human dignity to all persons	• Review Ethics Committee report on patients' rights and responsibilities policies every three years • Review patient satisfaction survey results annually	➢ Reviewed 2/05, 02/08, 5/09 Next review 2/11, ➢ Reviewed 9/06, 8/07, 11/08, 5/09, 5/10, 10/10 ➢ Reviewed 4/11,
24-28	Implementation of patient rights within bounds of Catholic teaching, *e.g.* advance directives, surrogates, informed consent	• Same as Directive 23	➢ Reviewed 2/05, 4/08, 5/09, 5/10, 4/11,
29-30	All persons have the right to have their bodily and functional integrity preserved and protected	• Same as Directive 23	Reviewed 2/05, 4/08, 5/09, 5/10, 4/11,
31-33	Well-being of whole person must be taken into account in deciding about any therapeutic intervention or use of technology	• Same as Directive 23	➢ Reviewed 2/05, 4/08, 5/09, 5/10, 4/11,
34	Respect each person's privacy and confidentiality regarding information related to the person's diagnosis, treatment and care	• Review TJC and Mock TJC survey results regarding confidentiality	➢ TJC results following survey in 2011 ➢ PSMS yearly review 5/10. ➢ Reviewed 4/11,
35-36	Health care professionals should be educated to recognize symptoms of abuse, violence and sexual assault and report cases to proper authorities	• Same as Directive 23 • Review Education Department annual report on educational activities • Review policies and procedures dealing with abuse, violence and sexual assault annually	➢ Education Department • Not available for 1/06, reviewed 5/06, 5/07, 11/08, 11/09 Next review 5/12 ➢ Domestic Violence/Sexual Assault • Reviewed 5/06, 9/06, 5/07, 5/08, 11/09, 4/11, /13
37	Ethics Committees or alternate forms of ethical consultation are available	• Review summary of Clinical Ethics Committee meeting minutes	➢ Reviewed 1/09, 5/10, 4/11, 5/13

Part Four: Issues in Care for the Beginning of Life

38-41	Those techniques of assisted conception that respect the unitive and procreative meanings of sexual intercourse and may be used as therapies for infertility (Catholic). Other than Catholic see Directive 69 and 70	• Artificial reproductive therapies are not used at St. Mary's Medical Center	➢ Reviewed 4/05, 5/06, 5/07, 11/08, 11/09, 11/10, 1/13, 10/13
42	Surrogated mother-hood not permitted	• Surrogate reproductive technologies are not practiced at St. Mary's Medical Center	➢ Reviewed 4/05, 5/06, 5/07, 11/08, 11/09, 11/10, 1/13, 10/13
43	Treatment for infertility should include technical assistance to infertile couples and assistance in pursuing other solutions, e.g., counseling, adoption	• Same as Directives 38-41	➢ Reviewed 4/05, 5/06, 5/07, 11/08, 11/09, 11/10, 1/13, 10/13
44	Prenatal, obstetric and postnatal services for mothers and their children are provided in a manner consistent with the organization's pro-life mission	• Provide list of services annually. (RPIC rates, live birth rates)	➢ Reviewed 5/06, 5/07, 11/08, 11/09, 1/13, 10/13
45 & 48	Direct elective abortion is never permitted	• Medical Staff sign an attestation at initial appointment to the medical staff. • Termination of Pregnancy Policy	➢ Reviewed 2/02, 1/04, 5/06, 5/07, 5/08, 5/09, 5/10, 1/13, 10/13
46	Compassionate physical, psychological, moral and spiritual care should be extended to those persons who have suffered from the trauma of abortion	• The pastoral care department are available for grief counseling • Ability to access diocesan resources through Project Rachel	➢ Reviewed 1/05, 4/08, 5/09, 1/13, 10/13
47	Indirect termination of pregnancy is permitted for a proportionate reason	• Review Termination of Pregnancy Policy annually	➢ Reviewed in 1/05, 4/08, 5/09, 1/13, 10/13

49	Induction of labor permitted after viability for a proportionate reason	• Same as Directive 47	➢ Reviewed 10/06, 4/08, 5/09, 1/13, 10/13
50	Prenatal diagnosis is permitted when safe unless intention is to abort	• Prenatal diagnosis is not permitted at St. Mary's Medical Center, when undertaken with the intention of aborting a child with a serious medical defect.	➢ Reviewed in 2/02, 5/06, 4/07, 5/10, 1/13, 10/13
51	Non-therapeutic experiments on a living embryo or fetus are not permitted	• There are no clinical trials or research that takes place at St. Mary's which would jeopardize the health of an unborn child. • Chair of ERD/Ethics sits on IRB committee	➢ Reviewed 1/13
52	No institutional promoting or condoning of contraceptive practices is allowed; instruction in Catholic natural family planning is provided. For those not of the Catholic faith, see Directives 69 and 70	• St. Mary's Medical Center refer patients who are looking for instruction in Natural Family Planning (NFP) to the Diocese of Palm Beach Family Life Office • Discharge education includes information on natural family planning	➢ Reviewed 2/02, 9/06, 5/09, 1/13, 10/13
53	Direct sterilization of either men or women, whether permanent or temporary is not permitted.	• Review sterilization policy every year • Review quarterly report of ethics cases.	➢ Reviewed 4/03, 9/06, 11/09, 1/13, 10/13 ➢ Cases are reviewed at the Quarterly Clinical Ethics meetings
54	Genetic counseling may be provided to promote responsible parenthood	• St. Mary's Medical Center does not provide genetic counseling at this time.	➢ Reviewed 04/04, 09/07, 5/09, 1/13, 10/13

Part 5: Issues in Care for the Seriously Ill and Dying

55-59	All persons should receive appropriate end of life care	• Review Ethics Committee report regarding patients' rights and responsibilities policies every three years, and as revised	➢ Reviewed 1/05, 1/08, 1/09, 1/13 ➢ End of Life Policy reviewed
60	Euthanasia is prohibited; dying patients should receive psychological and spiritual support and palliative care	• Same as Directives 55-59	➢ Reviewed 1/05, 1/08, 1/09, 1/13 Discussion in Ethics Committee regarding combining policies into one.
61	Pain management is important and is allowed even when it indirectly shortens the person's life	• Same as Directives 55-59	➢ Reviewed 1/05, 1/08, 1/09, 1/13
62	Determination of death should be made by the physician or competent medical authority	• Same as Directives 55-59 • Review RN policy every three years, and as revised	➢ Reviewed 2/02, 9/06, 1/09, 1/13
63-65	Organ donation after death is encouraged	• Same as Directives 55-59 • Review Lifelink and University of Miami summaries of organ donations annually	➢ Reviewed 5/06, 2/07, 1/08, 1/09, 10/10, 1/13
66	Assure use of human tissue obtained by direct abortions is not used for research or therapeutic purposes	• Review IRB policy every three years, and as revised	➢ Reviewed 1/05, 9/08, 1/09, 1/13

Part Six: Forming New Partnerships with Health Care Organizations and Providers

67	Bishop should be involved when issues of Catholic identity or reputation are raised, or when situations entailing a high risk of scandal come about	• Define, implement and annually review Protocols for communication with the Bishop relative to these issues	➢ No issues identified ➢ Reviewed 11/08, 1/09, 10/10
68	Partnerships must respect church teaching; diocesan bishops should be involved in the formation of partnerships and should authorize them in an appropriate way	• Same as Directive 67	➢ Reviewed 11/08, 1/09, 10/10 ➢ No new partnerships formed
69	When a Catholic health care institution is participating in a partnership that may be involved in activities judged morally wrong by the Church, the Catholic institution should limit its involvement in accord with the moral principles governing cooperation	• Review annually Board meeting minutes and related documentation which reflect the CEOs indication to Board members of any such actions	➢ No activity ➢ Reviewed 1/09, 10/10
70	Legitimate cooperation may be refused if it causes the possibility of scandal	• Review of documentation that reflects related consultation between CEO, Chair of Organizational Ethics Committee and the Bishop	➢ reviewed 1/09, 10/10-no activity
71	The possibility of scandal must be considered when applying the principles governing cooperation. Cooperation, which in all other respects is morally licit, may need to be refused because of the scandal that might be caused. Scandal can sometimes be avoided by an appropriate		➢ Reviewed 10/10

	explanation of what is in face being done at the healthcare facility under Catholic auspices. The diocesan bishop has final responsibility for assessing and addressing issues of scandal, considering not only the circumstances in his local diocese but also the regional and national implications of his decision.		
72	The Catholic partner in an arrangement has the responsibility periodically to assess whether the binding agreement is being observed and implemented in a way that is consistent with Catholic teaching.		➢ Reviewed 10/10

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

ST. MARY'S MEDICAL CENTER
IMPLEMENTATION OF THE
ETHICAL & RELIGIOUS DIRECTIVES 2013

DIRECTIVE 1

This directive states that health care be provided to those in need and it is animated by a gospel of mercy and a strong moral tradition within our church. Later in this report we will get to the financial statements of charitable care. Every year that amount grows but behind those numbers is an ethos of treating people with dignity and respect. It is easy to find the face of God in a small child; it is humbling to feel the presence of God when a family is grateful for the care that they have received. It is very challenging however when one is met with hostility, suspicion, anger and raw grief to see and be a presence of God in such a challenging medical situation. It is one thing to have a mission statement with Gospel values; it is a whole different thing to live it out. I cannot tell you how many times I have heard our staff respond with these words of generosity and pride (you are welcome here, this is **St. Mary's** and this is what we do).

DIRECTIVE 2

Care givers are asked to manifest mutual respect, compassion and sensitivity to the vulnerable at a time of special need. Because this directive often seems to go against the ways of a cruel and indifferent world, we sometimes need to reach out multiple times until a patient believes that the offer of assistance is genuine.

An example of this is a case that we called "I don't speak to Catholics". Last year we had a Haitian woman in her late thirties who suffered the deep pain of a fetal demise on a Thursday evening. The nurse taking care of her physical needs asked if she would like a visit from Pastoral Care to help her deal with her loss. The call went out to **Father Philip Joly** who was the chaplain on call that evening. He spoke with Dr. Harding about the particulars; the mother had had multiple health issues, minimal pre-natal care, high blood pressure and was vastly overweight. The baby was presumed to be dead in the womb for possibly a week or more.

Father Joly entered the room to visit with the mother. She only spoke Creole but her son and nephew both adults were there, and able to translate. The nephew introduced **Father Philip** and told her that he was a Catholic priest. She immediately turned her back to him and said she does not speak to Catholics. **Father Philip** spoke to the nephew and son who were extremely apologetic. The next day the mother was asking for financial assistance to bury her child. This time it was **Sister Mary** who came to visit but because the funeral home and the cemetery who offered their services free of charge were Catholic she refused their offer. Time and time again,
in that process, offers of assistance were made but were met with hostility. A case management representative who originated from the Caribbean herself visited the mother and

in her conversation she learned the mother was a fundamentalist Baptist who was prejudiced against Catholics. It would have been very easy for **Father Philip, Sister Mary** or the case manager to walk away. But even in the face of prejudice they responded with grace and gentleness. When the mother realized that the only free options were Catholic she then picked a funeral home of her own to handle arrangements. The mother had misrepresented her financial situation and could afford burial. It would be very easy to become cynical when faced with such situations; however our staff responded with kindness when met with hostility. This is only one example of how challenging it is to live out Directive 2.

DIRECTIVE 3

While each of the seventy-two directives focuses on different aspects of health care, this one is at the heart of **St. Mary's Medical Center and The Palm Beach Children's Hospital**. It speaks of service to an advocacy for those who are on the edges of our society. St. Mary's responds to this challenge on an institutional level and on a patient care level. St. Mary's along with the Florida Conference of Bishops has spent a lot of time and energy advocating the expansion of Medicare in the State of Florida with officials and legislators in Tallahassee. It is a sad reflection of our society when partisan politics trumps basic human need. Sad reality is that people will die without health care that could have been provided and paid for out of Federal funds. Just because we have met obstacles in the past does not mean that we give up advocating for the future.

The advocacy has to also take place in the daily interaction between patient, physicians and family. All too often because the patient is unconscious and unable to articulate their needs or wishes the desires of the family can sometimes unwittingly gain prominence. Many times when our nurses or staff see these situations , one of the first people that they turn to is, the Pastoral Care Staff with a request for an ethics consult. They know that we will not shy away from speaking out to insure the unconscious patient is not forgotten. Even when the patient has an advanced directive the family is often reluctant to act upon it. The patient may have written that they do not wish to be kept alive by extraordinary means but the family cannot bring themselves to a place where end of life care is initiated. There are usually unresolved family issues, such as regrets or feelings of guilt that get between them and the patient's wishes. Our job in a respectful manner is to navigate through the family dynamic and advocate for the patient. That is not an easy task, it is not always initially welcomed by the family but when it is done in a respectful manner the family will respond.

DIRECTIVE 4

Directive four speaks about ethical research. The truth about patient care is that every patient is different and each situation can be a learning moment for all those involved in care. That is not to say that advances in medical research should trump patient care. However what we learn during patient care may assist in medical research. St. Mary's 'by its very nature is a Level 1 Trauma Center \which deals with complex medical situations, which are challenging and uncommon. Even if the patient does not survive, the injuries that brought them in we can still learn from the event. With that in mind the Department of Defense has asked that **St. Mary's Medical Center** be involved in a program that is usually restricted to Veteran's

Hospitals. There is a correlation or similarity between the head injuries that someone may receive in a high speed car accident and the injuries associated with soldiers who have survived IED explosive device events. The plan of care that we use can be adapted to reduce the effects of injuries in two very different sets of circumstances. By sharing our data with the VA both health care institutions gain a new level of knowledge which can advance patient care and lead to better results. To achieve its designation, a Level 1 Trauma Center, by its very nature has to be on the cutting edge of research work. For many years we have primarily concentrated our research efforts in the field of pediatric oncology but we have to look at all areas if we are to continue to grow. However, whatever research that St. Mary's is involved with will not compromise the integrity of the Ethical and Religious Directives.

DIRECTIVE 5

Directive 5 speaks about the need to review the ongoing implementation of the ERD policies. With that in mind and realizing that we have been presenting an annual report for over ten years, we felt it was necessary in 2013 to review the review. Consequently you will see in this year's report that we have added new information, deleted reviews that were no longer relevant, and we will continue to make modifications throughout the year. Any changes in the ERD Matrix will go in front of the Organizational Ethics Committee. The purpose of this review is to make sure that you receive the most up to date and accurate picture of life at St. Mary's.

DIRECTIVE 6

This speaks of responsible stewardship of health care resources and collaboration with other health care providers. Since **St. Mary's Medical Center and Palm Beach Children's Hospital** rejoined Florida Catholic Health Care Association, we have worked closely on Developing plans to expand Medicaid in Florida and worked with the Bishop's and Health care providers to come up with a unified response to changes in legislation around opt-out organ donation policies and radical changes in end of life care.

In relation to stewardship issues budgetary constraints have always been an issue and always will be. One of the Allegany sisters who was the administrator of this hospital for over thirty years, **Sister Josephine Waters OSF had** a truism "No Margin, No Mission". Because we have responsibly handled matters of financial stewardship we are able to does the outreach of community work that is part of St. Mary's tradition. Although these are financially challenging times for everyone involved in health care and it would be very easy to trim back "nonessential bedside services,", the administration of this hospital has been extremely supportive, up to and including in financial terms, the work of the Pastoral Care Team.

DIRECTIVE 7

These directives speak to how a Catholic Health Care Institution must treat their employees respectfully and justly. This includes promotion of the following: equal employment opportunity, safe work environment, just compensations and the recognition of rights of employees to organize and bargain collectively. Beyond this, we also engage in an annual physician survey and an employee opinion survey so we can get a more accurate feedback of what is working and not working within the hospital.

In late 2012 the administration of St. Mary's initiated a new program of "rounding" The idea behind this program is if we have satisfied, engaged and high performance staff members it will translate to better patient safety results and higher customer satisfaction scores. In order to get sixteen hundred employees all on the same page, the administration team at St. Mary's has implemented a leadership retreat day, where once a quarter all the managers and supervisors are brought to an off campus location and we work on ways of identifying opportunities for growth, ways to encourage and thank our employees for their hard work and dedication and to seek new ways of reducing costs and increasing volumes. These creative sessions have resulted in a tighter focus on patient satisfaction, health and safety issues and found new areas of business and service lines for St. Mary's. This process of collaboration that stretches across all areas of health care has led to an increase in employee morale.

DIRECTIVE 8

Directive eight speaks about a need for an ongoing dialogue between the hospital and the local bishop. In addition to this annual report, **Davide Carbone CEO** and **Bishop Barbarito** meet at least twice a year to discuss ongoing issues. Whenever an emergency issue arises, the hospital has a policy of reaching out within twenty four hours so that they can coordinate response with the Diocesan Office of Communications. Because over the years the relationship between St. Mary's and the Diocese has deepened and we have taken on more charitable projects together, the Bishop and our CEO meet on a more regular but informal basis.

DIRECTIVE 9

To assist in the implementation of this directive when new employees are brought on board they are orientated both on the Franciscan history and they are made aware that all existing St. Mary's policies have incorporated within them the ERD directives. Our physicians in particular, when they renew their privileges on an annual basis, they must again reaffirm their commitment to practice health care at this institution in conformity with the ERDs

DIRECTIVE 10

Directive 10 speaks about ministering in an appropriate, professional and respectful manner to the needs of our patients. The beginning of such professionalism lies in an understanding of the ERD's. **Father Philip Joly** attended classes provided by the National Catholic Bioethics Institute in Philadelphia so that he could guide and direct our staff when dealing with difficult medical dilemmas.

DIRECTIVE 11

In accordance with this directive we have worked to collaborate closely with the clergy in our community. I am very grateful for the active support I have received from the priests and religious of this diocese. The parish clergy have helped us recruit volunteers and they have trained Ministers of Holy Communion in accordance with Canon Law and your diocesan guidelines for volunteer work at the hospital. All of our volunteers must produce a letter from their pastor and must go through an extensive background check.

To help foster a spirit of cooperation with local parishes, **Fr. Philip Joly** assists on weekends with the sacramental life of St. Ann, St. Luke and St. Clare parishes. **Fr. Aidan Lacy** assists at St. John Fisher, St. Ann and St. Clare parishes. This raises the awareness of the work that is carried out at St. Mary's Medical Center and has generated Pastoral Care volunteers.

We are grateful for volunteers and support from the following parishes in 2012:

- The Cathedral Church of St. Ignatius, Palm Beach Gardens
- St. Edward, Palm Beach
- Holy Name of Jesus, West Palm Beach
- St. Ann, West Palm Beach
- St. Juliana, West Palm Beach
- St. John Fisher, West Palm Beach
- St. Clare, North Palm Beach
- St. Rita, Wellington
- St. Matthew, Hypoluxo
- St. Peter, Jupiter

The benefit of collaboration with local parishes has continued to grow in 2013. Not only does it increase our volunteer base but the parishes become more aware of our Catholic identity and the work that goes on at St. Mary's. This has led to new and exciting projects. An example of this is St. Edward's Parish on Palm Beach. The pastor **Msgr. Thomas Klinzing JCL,** invited both **Father Philip** and me to give a presentation on the work of Pastoral Care at St. Mary's. It was so well received that the Ladies Guild came up with two projects in response. They collect and prepare, back packs for the homeless which are given to them at the time of discharge and fully filled diaper bags for mothers who are experiencing challenging financial times. Both of these programs have been well received here in the hospital and have led to discussion on additional programs in 2014.

DIRECTIVES 12-13-14-15-16

We continue to work closely with the local parishes and provide 24-7-365 on-call sacramental services. Ministers of Holy Communion round the wards each day (in both Spanish and English) and the Sacraments of Baptism, Reconciliation and the Anointing of the Sick are provided as needed. Not only do we provide the Sacraments, but the teaching behind the Sacraments. I am proud to say that both professional staff and volunteers work diligently with those who may have been away from the Church for a long time.

Please see the table in this section for details of the numbers. Even a casual glance at the numbers shows dramatic increases in Sacraments and pastoral visits provided in 2013 over the previous year. We annually present the attached figures to the ERD oversight committee and they always express pleasure in the range and scope of sacramental ministry that we make available.

While administration of the Sacraments is important, the relationship that it creates lasts long after the sacramental ritual is completed. One baptism out of many throughout the year stands out for me and that would be the baptism of baby **Molly.** Baby **Molly** was born in June of 2012 she was born with two terminal conditions that were not compatible with sustained life. The father had been raised in the Catholic tradition but was not active and the mother had not been raised in any set faith. However, when the enormity of what they were facing was presented to them, the father quickly turned to his Catholic roots for support. **Molly** was a beautiful little girl on the outside but on the inside her organs were slowly shutting down and she had minimal brain scan function. We performed the baptism in our NICU with parents, grandparents, Godparents, a new christening gown, a balloon and photographs in abundance. In the midst of their pain and uncertainty there was a moment of joy for this family that **Molly** had entered their life. The difficult decision was made by the parents that to continue treatment would be an excessive and painful burden on little **Molly** and so she was admitted to hospice care. **Sister Mary Murphy** had established a strong bond with the parents and even though **Molly** was discharged from us and no longer under our care, she still continued to visit with the family. For over two weeks **Sister Mary** visited and sat with that family. In the course of those two weeks they addressed questions of life and death and the mystery of suffering and redemption. It was a difficult time for all but a holy and sacred time as well. When **Molly** passed away they reached out to the Pastoral Care Staff and asked us to officiate at her funeral. Bonds created in situations like this will last a life time. Several months later **Molly's** parents came back to St. Mary's to be part of **Sister Mary's** Golden Jubilee celebrations. Both parents stated it was difficult to enter the hospital again but since Sister had been there for their moment of grief, they wanted to be part of her moments of joy. Grief and joy, Cross and Resurrection, death and life can be found in encounters and moments such as these. Incidences like this where hospital situations and church intersect if handled in a spiritually sensitive manner can lead to such moments and a better understanding of the sanctity of life.

The story above about baby **Molly** was included in last year's report. I kept it in this year's report only because there is now a new chapter to add. We tend to keep in touch with families

who have lost loved ones but it is a delicate balancing act. We want to show them that we care, that they are not forgotten but we are also aware our calls to them can reopen some wounds and be a painful reminder of a difficult chapter in their lives. Molly's parents appreciated the calls but we did not hear from them for a period of several months. Then on Christmas Eve 2013 I received a phone call from the house manager asking me to attend to a family. I went in and to my surprise, I discovered it was **Molly's** parents and the wife was full term. Even though it had been an easy pregnancy they were naturally full of trepidation that history would repeat itself. Happy to say she gave birth later that day to a healthy baby girl, that they named **Nellie.** That name is not a common name these days but was done in partial memory of my own mother and in gratitude for all the support we had given them. The Baptism is scheduled for later this year. These are the moments that we cherish and we realize that the grace of God is found in cross and resurrection; in death and in life. It was one of the best Christmas presents I had in years.

DIRECTIVE 17

In accordance with Catholic Church teaching, it is preferable that infants be baptized in the midst of their faith community; however newly born infants in danger of death are baptized at St. Mary's. When we receive a call from the duty nurse we respond immediately. The nursing staff, through education and orientation, is very well aware that any Christian can baptize in case of emergency during those rare times when a priest or deacon is not available. The nursing staff takes this privilege and responsibility very seriously. This can be borne out by the simple fact that the staff keeps vials of holy water available on the units. In cases of infants who are stillborn, to provide comfort we do a ritual of blessing and commendation for the deceased and their family. All baptisms are kept in our own hospital records, along with a notification to St. John Fisher Parish and if the family is attached to a particular parish, we also inform them of our actions. The Sacrament of Baptism and St. Mary's are linked in people's minds; very often a member of the community will identify themselves as a 'St. Mary's baby'. We also have babies who were baptized in emergencies who were not expected to live return to us years later for visits. In a ministry that often can be very tough, these return visits are a source of joy and celebration of our pro-life theology.

The sacramental encounter does not end when the ritual of Baptism is completed. We provide ongoing support for the parents of the newly baptized who are still patients in our NICU. We have to deal with long term illness and sadly even the death of many of our gravely ill and prematurely born patients. At this time of darkness it is often the light of faith and the compassion of others that illuminates the path forward for sorrowing families. I want to bring to your attention two local Catholic funeral homes who again and again have offered their time, talent and services free-of-charge to families who could never afford to have a Catholic burial for their child. **Quattlebaum and Tillman's Funeral Homes** both located in West Palm Beach have been amazingly generous and kind in assisting parents during the worst days of their lives.

I also want to commend **Our Lady Queen of Peace Cemetery** for their support when dealing with the death of an infant. Under Florida law any fetus under the age of twenty-one weeks

that does not draw breath is not considered to have lived. Under Florida law their remains can be disposed of as medical waste. While that may be the law, that is not how they are treated here. While every effort is made to reach out to the family and include them in plans for burial that often does not happen. Sometimes it is too painful for the family to revisit those memories, sometimes they fear there may be legal or financial obligations placed on them but for whatever reason we are left with abandoned babies. Several times a year we go out and bury them at Queen of Peace in a small but simple ceremony that reflects the dignity of life. There is something moving and humbling about a group of tough grave diggers gathering around a small hole in the ground with their heads bowed praying prayers for the often forgotten ones. We continue this practice throughout and during 2013. The last one was a few weeks ago and **Father Philip** brought along some of our seminarians, who were with us for pastoral experience, to the cemetery with us. Sometimes when working at St. Mary's we forget just how abnormal our experiences are. The abnormal becomes a normal for us and it is only when outsiders see what we do and how we do it that we remember the impact of even the smallest gesture. These future priests will most likely not be asked to do some of the things we do in our daily ministry. Exposing them to the complexities of Pastoral Ministry can only help them in future situations.

DIRECTIVES 19-20

One of our long-term goals as a department is to maintain a three-tiered volunteer program consisting of:

1. A first tier group of Catholic volunteers who visit patients and administer the Sacrament;

2. A second tier of volunteers who can reach out to the un-churched and disenfranchised members of our community by exercising a ministry of hospitality. This ministry of hospitality includes, not just prayer, but identifying those who need further visits from our trained chaplains, and sometimes, who need financial or medical assistance; and

3. A third tier of volunteers, who are community clergy and lay ministers who can be engaged in emergency situations, and who can provide a resource for patients back to their own faith communities.

One of the benefits of having Protestant staff and volunteers assist us in ministering to our patients and their families is that it gives **Sr. Mary Murphy, Sr. Betty Frascino, Fr. Philip Joly and Fr. Aidan Lacy** more time to focus on our Catholic patients and their families. By having these additional volunteers around the hospital, it heightens awareness of Catholic identity and presence and has resulted in a dramatic increase in requests for Pastoral Care from our staff. Because of that increased presence of Pastoral Care staff and volunteers, hospital employees are also now turning to our professional chaplains for their own pastoral care and spiritual needs.

DIRECTIVES 21-22

These directives speak about consulting with the local Ordinary with regard to priest and Non-Catholic members to Pastoral Care. We have been very fortunate in the make-up of our team here at St. Mary's and on the stability of our team over a long period of time. The nature of the work is emotionally and spiritually draining and naturally there are traditionally high turn-over rates as members' burn out. We are very fortunate with our staff and their level of commitment which seems to deepen as the years go by. I am a little concerned about **Father Philip Joly** as we come to the end of his three year release from the diocese of Venice to minister with us. We are actively working with the hospital administration and Bishop Barbarito so we can keep **Father Philip** on our team.

DIRECTIVE 23-25

Directive 23 deals with the inherent dignity of the individual and this involves respecting their racial, cultural, linguistic and religious beliefs. These and other factors shape the decision-making process around health care practices. When it is decisions of life and death, at all times we must remember the dignity of the patient and of the family. But if it comes to choosing to respect one over the other we must always side with what we believe is best for the patient. We often ask people to make medical decisions and I have learned over the years that people are afraid of making the wrong decision and so often would not make any decision at all. This can mean that in those times of uncertainty, unwittingly the patient can suffer needlessly. When we ask them to make a medical decision what most families without a medical background are doing, is making an emotional or spiritual decision that has medical consequences. By its very nature this dynamic is going to lead to unintentional conflicts and miscommunications.

One of the most difficult examples we had in 2013 sadly encapsulates the drama and tensions we often face. Last summer I received an ethics consult from a nurse in NICU regarding baby **Anderson.** He had been born with multiple system failure and had no realistic chances of recovery. The mother had conceived the child out of wedlock and was isolated from her family as a result of her actions. We approached her several times about end of life care. She refused to accept our diagnosis and asked for second and third opinions. We even temporarily transferred the child down to Miami Children's Hospital so that the mother could hear from other sources the diagnosis of non-viability. The infant obviously could not communicate or tell us how much pain they were experiencing but it was quite obvious that each day we had to up the dosage of pain medication so the child's breathing was less labored and was not in distress. Time and time again we went back to the mother. We offered to talk to any doctor, pastor or family member that could help her in the decision making process. Each time we were met with refusal to discuss the situation and eventually she stopped visiting the baby because she did not want to have these difficult conversations or see the child in distress. With great reluctance realizing all we were doing was extending the child's suffering we were forced to go to court and ask them to appoint somebody who could make decisions in the interest of the child. Going over the parent's head is never easy but we believed it was the best thing we could do for the sake of the child. The court listened to both sides and before rendering a

decision appointed a medical nurse with extensive pediatric background to come visit the child and review the case. The nurse had a considerable background in this area and was so shocked and distressed after visiting the child that she physically threw up. The child was literally rotting from the inside out and the stench of decaying flesh was overpowering. The judge on hearing the report appointed a guardian to handle medical decisions. The guardian quickly decided that hospice care was most appropriate for baby **Anderson**. The mother on hearing that news went to her extended family and they along with legal representatives threatened lawsuits and go to the local press saying we were "killing" her child. Despite the threats we stood firm in our belief that we could not let an innocent child suffer. Eventually baby **Anderson** was admitted to hospice and passed away in three days. At no time and In no way did we ever cut off communicating with the mother, even after the power of decision making was taken from her. We had this case reviewed by legal experts from outside and even the lawyer whom the family had retained eventually agreed that we had done the right thing. This is one of those cases where we tried to balance the needs of all, where we tried to respect culture and traditions but at the end of the day our job is to respect human dignity to all even a dignified death.

All policies in relation to health care and employees of St. Mary's are shaped under the premise that the inherent dignity of the human person must be protected regardless of social problems or social status.

It is easy to state that dignity must be protected, but sometimes the implementation of this directive calls for extraordinary pastoral sensitivity, creativity and courage.

DIRECTIVES 26-27

The issue of advanced directives is only going to become a more complex topic as medical advances continue and legislation around this issue is shaped by litigation. Currently there is a proposal before the Florida State Legislature to change the law in favor of a presumption that everyone is a potential organ donor unless we receive written notice otherwise. The proposal has generated fierce debate and even Catholic Bishops across the country are not unified in their response. While the good of organ donation is beyond dispute there are fears in some medical quarters that this would lead to a less strenuous effort to preserve life in critical situations. No matter how well intentioned a piece of legislation is it cannot cover all eventualities.

Until this issue is resolved we have to be shaped by individual patient's wishes and their Advanced Directives. Carrying out the wishes contained in Advanced Directives can often be quite a challenge in itself. There are often cases where the family, although aware of the patient's wishes contained in written Advanced Directives for whatever reason do not wish to honor or follow them.

We had a scenario last year where we had a patient who struggled to find someone to act on his behalf should he become incapacitated. The patient was brought to us conscious but facing

surgery that had a huge risk of him not surviving. Upon hearing this he wanted to make an Advanced Directive. We asked who he wanted to designate and he told us he was homeless and that he had no family. We then asked him if there was a friend who was willing to act on his behalf and he replied that the homeless communities do not trust authorities and would not be willing to be involved in the process. After that attempt failed, I reached out to some non-profits and asked would they be willing to be a Guardian Ad Litium. To my surprise every single non-profit who had worked with me on numerous cases in the past all declined. The patient had a history as a serial child abuser and a lengthy prison record. He was temperamentally difficult to deal with and nobody wanted to deal with him. He wanted me to act as a surrogate however, I could not since I was employed by the hospital who was going to do the surgery and that would be seen as a conflict of interest. His wishes were that if he survived the surgery but could not be weaned from a vent within three weeks, that he would prefer terminal care rather than spending the rest of his life incapacitated. Whatever his past actions had been his request needed to be honored. It took a considerable amount of time but eventually we found someone in Miami who was willing to be the voice of this man. Sadly the effects of the surgery were too much for him to recover from and he was eventually put under hospice care.

Preserving open lines of communication so that free and informed consent of the patient can take place is a lot more difficult as family structures change. Recent legislation in the state of Florida now gives same sex partners patient visitation and decision making rights which can occasionally put them at odds with biological family members. We have also to deal with decision-making that takes place over long distances and in a multitude of languages. .

DIRECTIVE 30

The Pastoral Care Department works closely with organ transplant teams, especially when families struggle with moral issues around transplants. As difficult and delicate as these matters are, especially in relation to an infant, we have found that it helps families in their grieving process to know that their loved one is sharing the gift of life with others.

On a cerebral level most people understand that the donation of organs is the gift of life. However, when the moment of crisis comes, families who in principle agree with organ donation struggle greatly because they first have to admit there is nothing else that can be done for their loved ones. Therefore the journey with the family who are dealing with this issue has to be done respectfully, slowly and very much at their pace. Every so often however, one or two families come in to this awkward situation and with the assurance of their faith, that we are more than just our physical bodies, they respond with graciousness and courage. One of these cases was **Lily**.

Lily was a sixteen year old girl who was involved in a motor vehicle accident along with her mother, fourteen year old brother and a cousin. It was reported to us that while on a journey to a family gathering in Miami, apparently the tire blew out on the van as they traveled on I-95. The mother who was driving lost control of the vehicle and went off the interstate and into a

canal. All the passengers were able to get out except **Lily** who was trapped under water in the car. Although fire rescue were able to get to her pretty quickly, she remained unresponsive and was brought to St. Mary's. Although we kept her alive on a ventilator **Lily** essentially drowned while in the vehicle and her brain was without oxygen for far too long. After about a week, **Lily** was declared brain dead. They were a very beautiful family, the parents were very proud of all their children; the younger brother in particular idolized his sister who would have graduated high school already with an associate's degree for college. The parents realizing the gift that their daughter had been in life wished to continue that gift to others and donated her organs.

The morning of the procedure, **Father Philip** was called to the bedside once more. He walked in on an extraordinary scene. The entire family, parents, brother, aunts, cousins and friends gathered with the father praying over his daughter, **Lily**. The father prayed from the heart the usual prayer of Thanksgiving that humbled those who heard it and reduced the assembly to tears of gratitude for a life well lived.

So often in end of life discussions we have families who are afraid of death. When we have a discussion with them about end of life issues, often we are met with the accusation that we are not pro-life. **Lily's** father would have an answer to many of these families. For when he was confronted by some family members who thought he was giving up on his daughter his response was eloquent. He stated that we are not promised life by our God but we are promised salvation. Salvation for **Lily** was a spiritual event but the donation of her organs provided physical salvation for others.

DIRECTIVE 31, 32

This directive speaks about a personal obligation that is laid upon each one of us to preserve our health. While that sounds very obvious there are occasions when this directive and skewed understanding of faith can work against it. **Rev. Carlos** was asked to visit a young man who was a recent paraplegic. He had been injured in Texas and was living with his sister in Palm Beach County but was having quite naturally extreme difficulties in coping with his injuries and his new circumstances in life. The doctor realized the patient was depressed naturally but also that he wanted to give up and die. He was refusing to eat. **Rev. Carlos** visited and upon learning that they shared a similar cultural and religious background, he opened up. The reason he was not eating was not that he was giving up but that he was fasting so God would heal him. **Rev. Carlos** was able to speak a language that includes believing in miracles and the importance of fasting and prayer. He was also able to speak to the need of believing in medicine and trusting that doctors and nurses work for their good. **Rev. Carlos** told him he needed to eat and end his fast so the medicines would work in his favor. To do so would be a conviction of faith in God and the doctor's work because the young man trusted **Rev. Carlos**, he began to eat, grew stronger and was in better spirits. Sometimes the work of Pastoral Care is to allow people to see things from a different angle.

DIRECTIVE 33

This directive speaks to the relationship between ordinary and extra-ordinary means. They also speak of the balance between risk and burden and planning on-going patient care. This is often a very delicate medical and emotionally charged area. To facilitate this process all of our staff is aware that they can initiate an ethics consult. When a consult is called our **Pastoral Care Director** will bring together all those involved in the care of that patient in order to facilitate open and honest discussion, and come up with a plan of care that is medically realistic, compassionate, and in compliance with the ERD's.

In accordance with these directives our Pastoral Care Department has cultivated a close working relationship with **Hospice of Palm Beach County**, **Hospice-by-the-Sea** and **VITAS Hospice** to assure that all end-of-life issues at St. Mary's meet Catholic guidelines. The principles of extraordinary means, informed conscience, and munificence are at the heart of the decision-making process used by our Pastoral Care staff when they facilitate consults between family and medical staff. Because of the overlapping nature of our ministries we have close cooperation and often follow former St. Mary's patients to hospice to insure continuity of pastoral care.

Frequently, as a Catholic priest, I am asked by families of patients at our hospital to continue to provide spiritual and sacramental care for patients after they have moved to hospice.

Fortunately, the hospice is located adjacent to our facility and I am able to meet their needs after completing my daily duties at the hospital.

DIRECTIVE 34-35

Compassion and understanding care should be given to a person who is a victim of a sexual assault, however vicious assaults of this nature have a ripple effect that go beyond the deed and impact the lives of many people. We live in a world where thankfully, there is a heightened awareness that we must do all we can to protect children; we must not lose sight of the other vulnerable members of our society, particularly the aged and mentally challenged.

This past year we came upon a severe case of abuse and neglect that was wrapped up in a claim of freedom of religion. We had a small child nineteen months old who was brought to the Pediatric ER. The couple on a mission said they noticed their son was losing weight. They believed he was shedding baby fat. They said they did not bring him to a doctor because they did not have insurance but he was hospitalized and had a fever. From the beginning there was tension between the doctor's plan of care and the family's wishes. The doctors told the parents the boy needed a ventilator because he was having trouble breathing and would also need to have a sample of his blood removed for testing. The parents objected on religious grounds. Based on the medical advice of our doctors, we went to court so we could get an order from a judge for our treatment plan to be implemented. The rationale behind this is that while we respect people's beliefs, a nineteen month old cannot make decisions based on faith. After all the tests were done, the doctor reached out to a DCF investigator and a Palm Beach County

Sheriff's Deputy. The conclusion had been reached that the young boy had been neglected based on religious practices. The parents admitted they fed him only juice and fruits an organic diet. They said this was in accordance with their faith tradition. They claimed they were Jehovah's Witness and this was in part of the Jehovah Witness tradition. They were not actually registered with the Jehovah Witness organization, they were not registered with the national Jehovah Witness organization and it is not part of their tradition. We also discovered that the child had not only been starved but had been restrained for a large part of the time and this was also part of their "religious belief". While we respect all religious traditions, we cannot condone a religious practice that infringes upon the health and safety of others particularly in the case of a minor.

DIRECTIVE 36, 37

We train our health care professionals to recognize the symptoms of abuse and violence but every so often we come upon a case that reveals just how much support those who battle with mental illness need from society. We had in the summer of 2013, a lady in her mid-forties who was brought in after a severe beating. She had been assaulted viciously be her daughter who had mental issues. One of the most horrific injuries was that the patient had no eyes. They had been gouged out by her daughter who was convinced her mother was a large black cat who was about to attack her. Her rationale was if she took out her eyes she would not be able to see the daughter, her attacker. We admitted the daughter to our Institute of Mental health and the mother to ICU. The injuries that the mother had sustained were so severe that after a while we realized she would not recover and so we recommended to the only other family member, the son who was twenty years of age, that hospice be brought in. The son struggled with this on several levels. It is hard for any young man to let go of their mother but he was petrified of making the decision because he believed that if his mother died as the result of his sister's actions that the charges of assault would be upped to the charges of murder. He believed he would then be responsible of the death of both his sister and mother. It took a long time to work with him and to work with the authorities so that the right thing could be done for both mother and daughter. The mother passed away very quickly after the removal of life support and the daughter has been institutionalized for life.

There are so many layers to these situations that require sensitivity and a lot of humility while ministering in these situations. These are probably the most difficult for all our pastoral care staff and because of the emotional and spiritual toll that it takes on all involved, I encourage them to step away to recharge and let go after dealing with a situation such as described above. If we do not we are in danger of becoming hardened and judgmental, cynical and therefore no use to the next little one that comes across our path.

DIRECTIVES 38-44

Directive 42 speaks to the unique relationship of a mother and child, particularly that we must strive to make sure that it will never be commercialized. Recently, we came across a case that highlighted our constant need for vigilance. Often in this area people think of surrogacy

(which is not in line with Catholic Church teaching), but there are other areas on which continued vigilance is required.

During 2013 St. Mary's facilitated the births of **3464** babies which included over **1223** high-risk deliveries (RIPIC) and **632** Neonatal Intensive Care admissions. Plans are being developed to expand this area so that we more fully meet the needs of our community. Because St. Mary's does extensive work meeting the health needs of the poor and migrant, we have an unusually high amount of premature births. The principle of Catholic teaching that life is valued at all stages can be found on a daily basis in our NICU and Mother-Baby units by the Level One Care provided for high risk pregnancies and preemies.

DIRECTIVES 45-46

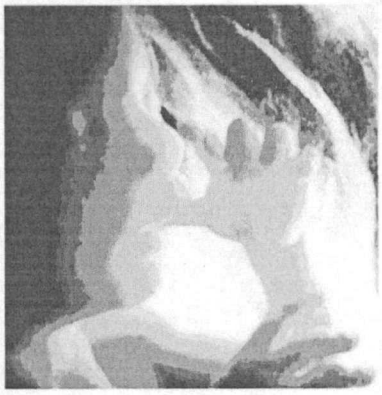
Often the word abortion is used in relation to the termination and ending of a life. The ERDs at their core speak to and re-affirm the dignity of the human person and in a special way his or her right-to-life. Our staff goes to extra-ordinary lengths to honor this truth. This truth holds true whether we are successful or not in our efforts. Even if the situation looks desperate because it is a young life our medical staff are inclined to try any and all measures even those that have only a slim chance of success.

Last year we had a ten month old infant boy who was brought in to our Pediatric Emergency room by EMS staff. The infant, **Chase** was in respiratory distress and then went in to cardiac arrest. As is the custom the ER staff immediately contacted Pastoral Care. **Father Philip Joly** was called in. The parents were very apprehensive with his presence as they were overwhelmed with the baby's condition so the arrival of the priest was their realization of their worst fears. The baby was intubated but it was a difficult and traumatic intubation because **Baby Chase** had an irregular airway.

The baby was admitted to PICU. He had genetic defects in his heart and lungs that the parents had known about since pregnancy. They had been advised to abort the child. They had refused to do so and turned to St. Mary's because of the level of care. He had been under a doctor's care since birth. His first few months had been difficult but the parents had been able to bring him home for extended periods of time.

The next day, **Father Philip** followed up with the parents. Because the child was more stable, the parents were more receptive to his visit. Indeed over the course of the next few days it was the parents who sought Father Philip Joly to come and pray for their son at his bedside. After a few days baby Chase was extubated but still struggling. The parents are told the horrific news that his condition was terminal. They then decided to begin Hospice Care in their home. Baby chase went home but passed away the very next day. Two days later a funeral home contacted **Father Philip.** The parents of **Baby Chase** requested that he do the memorial service for their son. He of course honored their wishes.

We work closely with the families, the medical staff, the police and the funeral homes and provide memorial services to assist the family in the grieving process.



St. Mary's does not provide direct abortions; however, we regularly have patients who have had an abortion. The Pastoral Care Department offers support to these women while they are patients. For those who request on-going assistance, we make referrals to the diocesan program 'Project Rachel'. The compassion exhibited by those involved in this program has so moved some of our medical staff that they themselves have taken advantage of these services for personal healing.

We strive in our small department to attend every death of a patient in the hospital; we also endeavor to work with all parents who suffer the loss of an infant or child, including fetal demise. In addition, the Pastoral Care staff assists indigent families with burial arrangements. Members of the Pastoral Care Department (both clergy and religious) have attended or presided at funeral/memorial services throughout the year. With regard to indigent families, we tend to concentrate on patient or staff members who do not have a church community or family structure to rely on.

Most of this work is done on a private and personal basis by the chaplains outside normal working hours so that the privacy and dignity of the family can be respected. On several occasions we have facilitated burial arrangements for families with little or no income. This has been provided out-of-pocket by individual chaplains and staff members. We have also been
very fortunate to have developed good working relationships with two Catholic funeral homes (**Quattlebuam's and Tillman's**). These two companies have gone above and beyond in providing compassionate and practical spiritual care often at minimal or no cost to the family. They are to be commended.

DIRECTIVE 47-51
Abortion, that is the directly intended termination of pregnancy before viability, is never permitted at St. Mary's. In cases where the life of the mother or the child is in jeopardy, Catholic principles were adhered to and members of the Ethics Committee were involved in the decision-making and review process.

DIRECTIVE 52-54
Classes in natural family planning at diocesan locations are offered to our patients and their families. This directive encompasses instructing and assisting parents on responsible parenthood and in methods of natural family planning. We follow the Catholic directives closely in this area, but as the concept of family broadens in secular society, we are faced with increasingly challenging situations.

One of the ways we meet these challenges, while being true to the principles, is sharing our medical expertise with families. As I mentioned earlier, we are a RIPIC center and have many high-risk pregnancies. Sadly, many of these pregnancies do not make it to full term.

We have had scenarios where the patients have come to us with multiple pregnancies and each time we have had to deal with the pain and loss of a child. If they request, in consultation with our labs, we will perform autopsies which often yield valuable knowledge that can help them be better prepared for a future pregnancy or bring them to the realization that they may need to seek other avenues such as adoption.

DIRECTIVES 55-66

Directive 55 speaks of offering care to persons in danger of death. This is always a delicate task because all conversations must be framed within the context of medical necessity and the family's desire that all will be well. However the desire that "all will be well" is not always enough. Sadly if the support system in the family is fractured, when a crisis of this magnitude comes along it is too much for the family to bear.

In 2013, I was called in one evening to attend a baby who had wandered away from its parents and was found face down in a swimming pool. Despite our best efforts and an extended stay in our PICU Unit, the baby was declared brain dead and was removed from life support. There was a history of domestic violence and a cycle of drug abuse that stretched from generation to generation. They had no funds available for a service but a local funeral home agreed to provide funeral services free of charge. Even at the funeral service the finger pointing and the blame game had begun. We tried to do follow up after the services but never received a response.

Approximately nine or ten months later in 2013, I received another call and this time it was the mother of the young infant who was brought in with a suspected drug overdose. Our trauma team did all they possibly could to save her. Sadly she died. Again in the waiting room we had fractured family threats of physical violence, recriminations and hysteria. I was again requested to do the funeral service as they had no church affiliation. The same funeral home graciously provided services free of charge. I led the funeral service that even in the ranks of all the difficult services I have done in my time as chaplain, has to stand out as both tragic and bizarre. When I walked in to the funeral parlor there was a haze of smoke in the air. Family members were going in and out of the room to the parking lot. The funeral director pulled me to one side and showed me the area where the family was doing drugs. The smell of alcohol in the room was overpowering. The only people, I believe in that room, who were sober and not stoned, was a great grandmother and the two of us. There was a video tribute running which displayed pictures of the young woman's life. I remember looking at the pictures that stretched from her own childhood right up to the point where she became the mother herself. There were pictures of her with the infant that I buried the previous year. The sad and the striking part of all those pictures was the last time there truly was a smile on her face and a sparkle in

her eyes was ,when that young woman was probably about eight or nine years of age. I remember talking to the great grandmother and she revealed that this young woman had become involved in drugs at a very early age. Even photographs of happy events like Thanksgiving dinners or Christmas holidays or even holding her child for the first time there was deadness in her eyes. I did the funeral service but to this day, I am not quite certain of how much use we were to them but the presumption that comes with end of life care regardless of circumstances we are called to stand with the family. Again we offered support to the surviving members but sadly drugs seemed a more preferable option to them. Regardless of the circumstances we are not called to judge, we do not give up and we do not have the luxury of walking away.

This Directive is a very difficult one as it tries to strike the balance between the moral obligation to use ordinary or proportionate means of preserving the patient's life and unreasonable hope and excessive burdens that long term care may place on the family or community. This situation has become more and more common because of advances in medicine. We can do a lot more to sustain life than ever before and that makes it harder for families to let go.

With the advances we have in medicine we can do a lot to sustain life but just because we can sustain or preserve life does not mean we can always bring about recovery. When a family requests that "everything be done" they do not always understand the toll it may take on the patient.

Last year we had a patient, **Scott** who was brought in to us after a severe beating. The injuries around the head were especially traumatic. **Scott** had witnessed a crime and before he could testify he suffered these injuries. Initially we believed he was homeless but then discovered he was a transient worker with no family. His condition continued to worsen and we sought for the courts to appoint an emergency guardian. The guardian came in, assessed the injuries and because there was multi system failure occurring recommended Hospice. A few hours before the transfer was to take place we were made aware of a sister in North Carolina. She had not seen her brother for many years and wanted everything done. Every time the doctors spoke to her about withdrawal or care she would state that Jesus would do healing and miracles. This went on for almost two weeks. Although the patient was mostly nonresponsive, on one occasion he managed to communicate to a nurse that he just wished to die. When that information was communicated to the sister she said, "It was the medicine talking". Our staff was concerned that we were putting through medical care that was extremely painful with little or no benefit to him. We eventually persuaded the sister to come visit after several weeks and assumed as she walked in and saw the condition of her brother she would realize the gravity of the situation and agree to Hospice care. He passed within minutes.

Scott's sister meant well at all times but because she was not physically present it was hard for her to grasp what was done to her brother. ERD 57, says we may forgo extraordinary or disproportionate means of observing life. The ERD further states that disproportionate means

that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden. The real difficulty comes when the patient cannot give an opinion and doctors and family struggle to be medically realistic and to imagine what the patient would have wanted. This is why Pastoral Care is so important. We can walk with the family on this difficult journey.

In the above case although it took several weeks, the family and the physicians did come to a common agreement. That does not always happen. When there is disagreement the wishes of the family must be honored as long as it is not in conflict to church teaching or state law. However it is hard for a family who are in the midst of a crisis to imagine the long term consequences of a decision to continue care. No family member wants to give up and although we can sometimes save them physically, they will never be the person they were. Even though we may physically loss of save the patient, there may often be a period of mourning for the person, that the family knew before the accident.

Last year in September 2013, Palm Beach County experienced vast amounts of rainfall. A couple feet of rain water fell within a matter of hours and flooding ensued. A man by the **Juan** took out his air boat and was giving people rides through the flooded waters. He lost control of the air boat and he crashed. He suffered traumatic injury to the brain and there were multiple injuries across his body. From the moment Pastoral Care responded we were met with hostility. We were seen as "angel of death" and a sign of bad luck and told to stay away. To complicate matters the mother of the patient and the wife of the patient would not speak to each other. They demanded separate consultations with the medical staff.

Several times over the next few days, the patient coded and was in imminent danger of death due to drop of blood pressure on the brain. Although in each case he was revived, the doctors warned the family that due to the initial head trauma and those subsequent efforts to revive him would cause severe brain damage and that if he did survive he would not be the same person. The family insisted that everything be done. Due to the care of our staff he eventually was released or discharged from the hospital but he is now in a wheelchair and his brain functions are very limited. The family have come back to visit and have voiced gratitude for the work we did. They have also stated that although we tried to explain they could not grasp just how different life would be. The directives speak of offering appropriate information that makes it possible for family members to address the morally, legitimate choices that are available to them. It is hard for a family in the midst of a crisis to truly see and understand the bigger picture.

DIRECTIVE 59 speaks of free and informed judgment and adherence to Catholic moral teaching. While Catholic moral teaching is clear on end of life issues sometimes the understanding that families have about those teachings is confused and as a result informed judgment is clouded.

DIRECTIVES 67-72

As this report is being written and formulated it is against the backdrop of intense debate and media scrutiny in regards to health care services in the United States. As various portions of health care legislation have been enacted, the Catholic Bishops have expressed concerns about certain courses of treatment. It is a balance between individual conscience and providing services especially to the most vulnerable people in society. Throughout this debate **Davide Carbone, CEO** and **Bishop Barbarito** have maintained an ongoing dialogue. The debate about expanding Medicaid in the state of Florida is a prime example of how the interests of the hospital and the beliefs of Catholic social teaching line up together. The amount of uninsured people who turn at the last moment for emergency health care has caused severe financial strain on the state wide hospital system. That affects the bottom line and places jobs in jeopardy. It is also a matter of social justice that those on the margins of society not be treated as less than those who are fortunate to have insurance. Therefore Tenet Healthcare and the Florida Catholic Conference of Bishops are working closely to bring about legislation changes in Tallahassee. However 2014 is an election year and that makes politicians very reluctant to discuss dramatic changes in policy. Sadly lives have been lost while this debate continues.

Partnerships in Catholic Healthcare range from the national level as listed above to the community level. **St. Mary's Medical Center** is working to achieve Level One status as a trauma center so that we can improve and enhance our care to those who suffer as a result of severe accidents. **Bishop Barbarito** did not hesitate in lending his support to the health care district. But even beyond official circles, partnership is important, because it maintains our sense of Catholic identity and deepens our connection to the very community we care for. Cooperation can be found sometimes in the simplest of events, such as our Christmas celebration. The children's choir of St. Clare's Catholic School came and lent their voices to the celebration. When we had an event to commemorate the feast of St. Francis we reached out to local wild life advocates in the community so the blessing took on an exotic feel. This was well received and garnered local media coverage.

Cooperation with the wider community is part and parcel of St. Mary's tradition. St. Mary's has a unique status. Whenever the President, Vice-President or the Speaker of the House is in South Florida, our hospital is the stand-by hospital of choice for the Secret Service. During last year's presidential election, since Florida was a swing state, we were on stand-by dozens of times. On one occasion when the president was in town a member of the police motorcycle escort was struck by a car. The ambulance attached to the motorcade brought him to St. Mary's and although he was conscious upon arrival he passed away soon afterwards. At the time of his death we had several hundred law enforcement officers from a multitude of agencies gathered outside waiting for news. We attended to the immediate grief of the officers and at the request of police reached out to his family. We stayed with them throughout the night and because those bonds were formed we were asked to officiate at the officer's funeral service. The family had no church affiliation although raised in the Catholic tradition. We quickly realized that the funeral service because of the circumstances of his death would garner national media attention and thousands would attend the service. Because of the partnership

with local churches we reached out to Christ Fellowship and they were able to accommodate us. Logistically it was a challenge as the funeral procession alone stretched over seventeen miles but the staff rose to the occasion. It is moments such as those that show that St. Mary's reputation in the community is solid and that the mission that began seventy-five years ago still continues.

We are conscious particularly that any partnership which will affect the mission or religious and ethical identity of this hospital must also respect church teaching and discipline. We will not enter into any partnership with any organization that cannot respect our commitment to the Ethical and Religious Directives. Any time there has been a hint of conflict we have been transparent and contacted the Bishop's office for guidance and clarification. While partnerships with local organizations are important our partnership with the diocese is of the highest importance. It is the framework from which our community development is shaped.

When the agreement between the Allegany Sisters, the Diocese and Tenet was put into place twelve years ago, it was uncharted territory. The agreement left plenty of room and scope for working at how the ERD's would be lived out in the day to day administration of the hospital and the daily care of our patients. When the agreement was signed there was a lot of skepticism as to how this would work. There were the prophecies of doom that once the ten years was up and no longer legally binding the Catholic identity would be cast aside and possibly even the hospital would be sold. Like the Y2K phenomenon which was much hype and had very little real impact the ending of the ten year agreement passed barely unnoticed. Nothing changed nothing ended we just kept on doing what we do. Although no longer required to present an annual report to the Bishop's office the commitment has and will remain as strong as ever. The Pastoral Care Department may be small in numbers, but it has managed to impact, not only St. Mary's, but the wider community in significant ways.

Each year during National Nurses Week we do a 'Blessing of Hands' in the hospital. This year we were also asked to do that same blessing for the nurses at our sister Tenet hospital, Good Samaritan. This has been so popular that we have had to extend the blessing of hands beyond nurses to all healthcare professionals: doctors, respiratory therapists, transporters, radiology techs, CNA's, case workers and others.

Not everybody in the wider Christian community understands the ERD's, but they see the value benefits of them in the health care process. One of the ways this was highlighted recently was when we received a request from Christ Fellowship to train their hospital visitors

and volunteers. Although we did not always use the term 'ERD' with them, we presented the directives as models of practical application of Christian principles. The Pastoral Care Department continues to forge new partnerships with different civic and church organizations which increase awareness and visibility of the Catholic mission.

Other programs of pastoral outreach and education included learning **agreements** with seven students at St. **Vincent de Paul Regional Seminary.** They enjoyed their time with us and I believe their St. Mary's experiences will help prepare them for their summer programs in Clinical Pastoral Education. So that the seminarians can have the maximum exposure to patient contact, we have worked with the seminary to issue ID's and complete background checks from the first day they arrive. This program has been so successful, that the seminary has asked to increase the number of seminarians from four to seven for the academic year 2012-2013.

To quote from the Gospel of John Chapter 20 v.30 "There are many other signs that Jesus gave in the presence of His disciples but they are not recorded in this book." This could also be applied to the story of St. Mary's Medical Center. Each year I try to pick stories that highlight not just the work of the pastoral care staff but also showcase the spirit that permeates this place and every year there are stories that are untold but that does not diminish their importance.

To celebrate the seventy-fifth anniversary we organized an event in October of 2012. As the sun was setting we gathered three hundred people. The group consisted of staff, patients, volunteers and friends of St.Mary's from the wider community. They were arranged into groups of three each wearing different colored shirts, green, white and blue. With patience, guidance and a lot of good humor the crowd was organized into forming a living representation of St. Mary's logo. Pictures of this event are part of our anniversary celebration. I chose one of those pictures for the cover of this report. There is one where they are looking up at the photographer who was hanging from a crane thirty feet in the air. The members of the group represent different faiths, different backgrounds and yet they are all part of the St. Mary's story. The image of them looking upwards with a smile on their faces captures the mission statement that we are people of hope always looking beyond and ready to reach out in compassion, joy and love.

PART THREE

THE PROFESSIONAL-PATIENT RELATIONSHIP

ST. MARY'S MEDICAL CENTER
POLICIES REVIEWED / APPROVED 2013
MEDICAL EXECUTIVE COMMITTEE

JANUARY, 2013

a. Self-Administration of Medication
b. Analgesia and Sedation in the Adult ICU
c. Universal Protocol

FEBRUARY, 2013

a. Compounding Accuracy and Sterility
b. Environmental Quality and Control
c. Medical Records Delinquency
d. Hospital Chart Completion

MARCH, 2013

a. TPN in the Adult Hospitalized Patient
b. Pharmacokinetics-Pharmacodynamics Monitoring of Drugs
c. Adverse Drug Reporting
d. Brain Death
e. Operative and Invasive Procedures
f. Anticoagulation
g. Diet Manual

APRIL, 2013

a. Non Beating Heart Organ Donation

MAY, 2013

a. Credentialing Process
b. Scheduling of Emergency Department On-Call
c. Single Case Privileges
d. Telemedicine Privileges for Selected Services
e. Temporary Privileges
f. Moderate Sedation
g. Propofol Infusion Policy for Sedation

JUNE, 2013

a. Electroconvulsive Therapy (ECT)
b. Documentation of ECT Procedure and Anesthesia Use

JULY, 2013

a. Code Silver Armed Assailant

AUGUST, 2013

a. Physician Attribution Policy

SEPTEMBER, 2013

a. Activation of Pediatric Transport Team
b. Assessment of the Pediatric Transport
c. Competency Criteria for Pediatric Transport
d. Pediatric Transport Nurse Role
e. Pediatric Transport Respiratory Therapist Role
f. Physician Orders During Transport
g. Resuscitation of the Pediatric Patient During Transport
h. Safety Guidelines During the Pediatric Transport
i. Request for an Application - Medical Staff

OCTOBER, 2013

a. Emergency Department Stroke Alert
b. In-patient Stroke Alert
c. Trauma Policies

NOVEMBER, 2013

a. Pt Mgmt Following Sexual Assault
b. Specimen Disposition

DECEMBER, 2013

None this month.

PART FOUR

STORIES THAT FEATURE ST. MARY'S MEDICAL CENTER IN A POSITIVE LIGHT

2013 Daisy Award Winner – William Morrison


Local & Business

WEST PALM BEACH

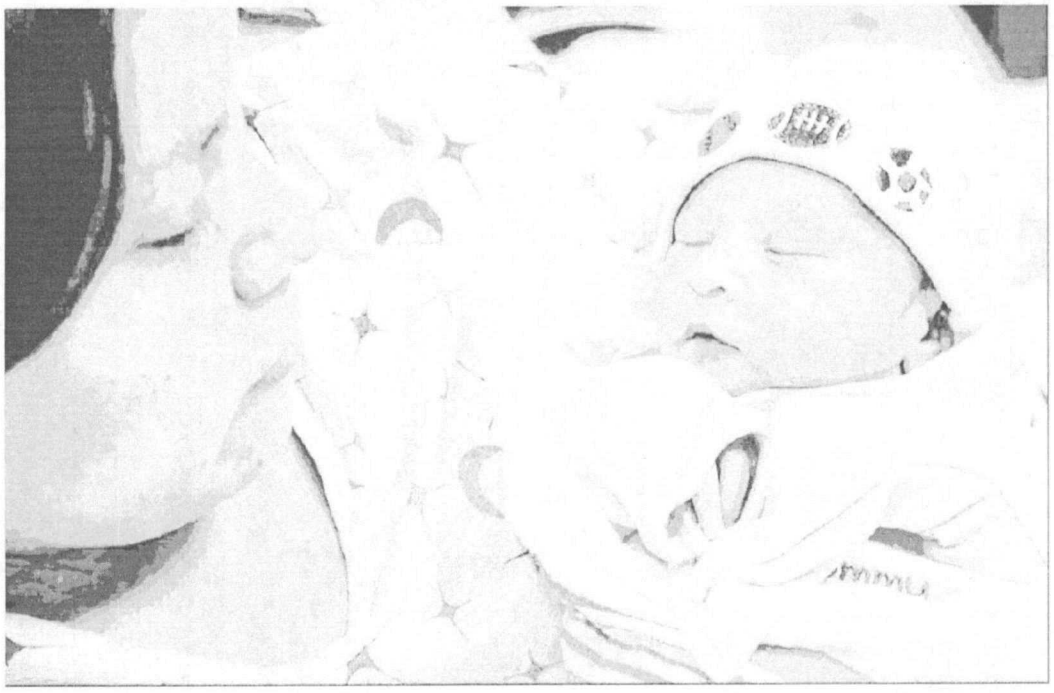
Children celebrate surviving cancer by sharing tales

Children Celebrate Surviving Cancer ♥♥

St. Mary's Medical Center

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

The Palm Beach Post
BREAKING NEWS STARTS HERE

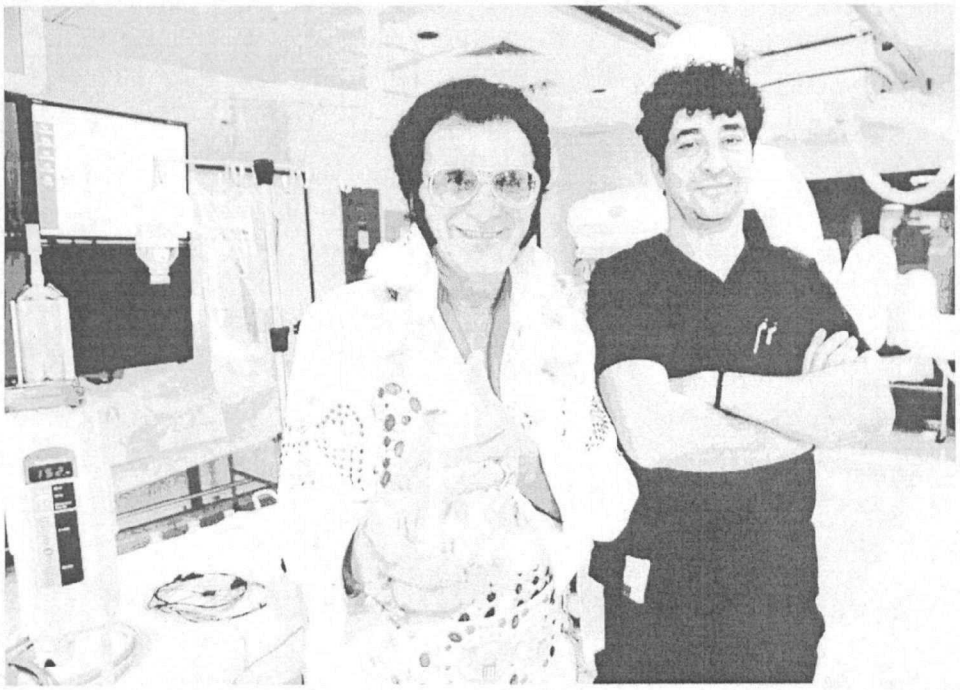


Eliel Abraham Garcia Mendez, St. Mary's Medical Center's first baby born in 2013, lies in his mother's arms at the hospital in West Palm Beach on Tuesday. Eliel weighed 6 pounds, 7 ounces, when he was born at 2:38 a.m. to Ana Mendez Miguel and Mynor Garcia Velasquez. Eliel is the Lake Worth couple's second child, joining a 4-year-old brother.

The Palm Beach Post
BREAKING NEWS STARTS HERE

1/3/2013

Cutting-edge approach saves stroke victim's life



Elvis impersonator Al Maeyens visits with his surgeon, interventional neurologist Dr. Ali Malek at St. Mary's Medical Center in West Palm Beach. "You saved my life," said Maeyens, who suffered a stroke on Nov. 14. Malik is chief of the hospital's Comprehensive Stroke Center. (Bruce R. Bennett/The Palm Beach Post)

By Jodie Wagner
Palm Beach Post Staff Writer
PALM BEACH GARDENS —

"Elvis" nearly left the building just before Thanksgiving.

Al Maeyens, 63, a long-time Elvis Presley tribute artist, was rushed to Palm Beach Gardens Medical Center and then St. Mary's Medical Center Nov. 14 after he suffered a massive stroke at his Palm Beach Gardens home.

He underwent lifesaving surgery performed by Dr. Ali Malek, an interventional neurologist who is chief of the Comprehensive Stroke Center at St. Mary's.

The West Palm Beach hospital is one of 22 throughout Florida with that designation, given by the Florida Agency for Healthcare Administration. Others in Palm Beach County include JFK Medical Center, Delray Medical Center and Boca Raton Regional Hospital.

St. Mary's also has been designated a GE National Show Site for Interventional Radiology. As a show site, the hospital is able to utilize a variety of sophisticated interventional radiology equipment, including the GE Innova 3131 Bi-Plane Suite technology for advanced interventional neurology, cardiovascular and radiology imaging procedures.

Medical professionals from around the world travel to St. Mary's to learn different interventional neurology procedures and train with St. Mary's neurointerventionalists, radiologists and imaging specialists, St. Mary's public relations manager Ryan Lieber said.

Malek and his neurointerventional special procedures team removed a clot from the base of Maeyens' brain shortly after he was transported to St. Mary's. The hour-long procedure saved his life.

"This is what we wanted," Malek said. "The reality is it doesn't always turn out this way. This isn't a standard-of-care procedure. This is a heroic measure done essentially to save brain when other modalities don't work, when nothing else is available."

"Dr. Malek pulled a rabbit out of a hat," Maeyens added.

Recovery has been steady for Maeyens, who spent a week in the hospital and was able to enjoy Thanksgiving dinner at home with his family, which includes his wife, Dee, two children and three grandchildren.

On Dec. 2, less than three weeks after his surgery, Maeyens returned to the stage as Elvis.

Maeyens has been performing as a tribute artist for nine years. He started after his wife convinced him to sing karaoke on stage at the Muvico theater at City Place in West Palm Beach.

He maintains a busy schedule, performing shows at venues around the county. His wife and a friend share the stage as his backup singers.

"I perform to keep the King's memory alive and try to duplicate as spot-on as possible what Elvis did in that time period," said Maeyens, who keeps his sideburns long and styles his hair exactly like the singer did.

Maeyens admitted his first few shows following his surgery were difficult, as he still as problems with balance.

Yet he's pleased with his recovery and plans to follow doctor's orders concerning his diet, medication and exercise regimen.

"I want to live," he said. "My kids are so freaked out over what happened. They call me every day. They want to find out how Dad's doing."

Performing gives him an extra incentive to maintain his health, he added.

"If I didn't feel good, I couldn't do it," he said. "I get on the stage, and I feel great."

NEWS CHANNEL 5
wptv.com

1/7/13

The Palm Beach Children's Hospital was mentioned on WPTV News Channel 5 on January 4th, 2013. Mollie Schmitt started making a difference 17 years ago with the "Cap for Kids" program by delivering baseball caps to children who have lost their hair. Now new generations of kids are taking over the program so kids can continue to receive the caps.

http://mediacenter.tveyes.com/downloadgateway.aspx?UserID=79096&MDID=1447249&MDSeed=3551&Type=Media

Palm Beach Gardens & Jupiter
FLORIDA WEEKLY
YOUR NEWS AND ENTERTAINMENT SOURCE

1.31.2013

Palm Beach County Tenet hospitals get Cigna excellence designations

SPECIAL TO FLORIDA W EKLY

Delray Medical Center, Good Samaritan Medical Center, Palm Beach Gardens Medical Center and St. Mary's Medical Center are among the Tenet hospitals recognized by Cigna for the high volume of Center of Excellence designations given in 2012, according to a prepared statement from Tenet. As a whole, Tenet Healthcare has been awarded 173 Center of Excellence designations in 2012, compared to the 71 designations that were received in 2011.

"The number of Center of Excellence designations that our hospitals have earned shows our strong commitment to quality," said Marsha Powers, senior vice president of operations of Tenet Florida. "These designations prove that we continue to provide our community with superior clinical quality and improved patient outcomes."

Tenet hospitals receiving 2013 Cigna Center of Excellence designations are:

- Delray Medical Center — Heart Attack and Stroke.

- Good Samaritan Medical Center — COPD (pulmonary disease).

Palm Beach Gardens Medical Center — Cardiac Defibrillator Implant, Cardiac Pacemaker Implant, COPD (pulmonary disease), Coronary Artery Bypass Surgery, General Cardiac

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- Palm Beach Gardens Medical Center — Cardiac Defibrillator Implant, Cardiac Pacemaker Implant, COPD (pulmonary disease), Coronary Artery Bypass Surgery, General Cardiac Medical, Heart Attack, Heart Valve Replacement, Pneumonia, Pulmonology Medical, and Stroke.

- St. Mary's Medical Center — COPD (pulmonary disease), General Cardiac Medical, Irregular Heartbeat, Pneumonia, and Pulmonology Medical.

Tenet Florida, a region of Tenet Healthcare Corporation, comprises nine acute care hospitals with 10 sites of service and 3,483 licensed beds and numerous related health care services. Hospitals in the south Florida region include Coral Gables Hospital, Delray Medical Center, North Shore Medical Center FMC Campus, Good Samaritan Medical Center, Hialeah Hospital, North Shore Medical Center, Palm Beach Gardens Medical Center, Palmetto General Hospital, St. Mary's Medical Center and West Boca Medical Center. I

http://palmbeachgardens.floridaweekly.com/news/2013-01-31/Community/Palm Beach County Tenet hospitals get Cigna excell.html

SunSentinel

4:27 PM EST
Tuesday, Feb. 5, 2013

74° F, Mostly cloudy

Bacteria in sharks' mouths almost as scary as teeth

Severe infections often follow bites

By David Fleshler, Sun Sentinel

8:15 p.m. EST, February 1, 2013

The scariest thing about a shark's mouth — aside from the teeth — is the bacteria.

"It's a really dirty bite," said Dr. Robert Borrego, medical director of the St. Mary's trauma center in West Palm Beach, which has treated several shark-bite victims. "Some of them get infected."

To improve medical treatment in the state that usually sees the nation's most shark bites, Borrego and other researchers have begun working with shark fishermen to swab the insides of shark's mouths, analyze the bacteria and figure out which antibiotics would fight them most effectively.

On the beach at Singer Island Friday morning, they began catching sharks and — carefully — taking samples.

"We got one! We got one!" shouted Nathan Unger, assistant professor at the Nova Southeastern University College of Pharmacology, who is involved in the study.

As he pulled back on his fishing rod, the gray form of a five-foot blacktip shark emerged from the surf. Josh Jorgensen, an experienced shark fisherman, rushed over with a rope and threw it around the thrashing fish's tail.

Working quickly, Unger used a 2-foot metal wand to swab the inside of the mouth of the shark, which was understandably irritated at its involuntary participation in scientific research. Jorgensen dragged the shark into the surf and let go, allowing it to race back out to sea and put its unpleasant encounter with land-based mammals behind it.

Jorgensen is director of the Blacktip Challenge shore-based shark fishing tournament, which is working on the study with Nova Southeastern University and St. Mary's Medical Center. The tournament, now in its fifth year, is a catch-and-release activity, in which the sharks are tagged for scientists.

The problem is, physicians don't know exactly what sorts of bacteria live in sharks' mouths, Borrego said, so they can't select precisely the right antibiotics. Instead they use a "shotgun" approach with antibiotics that kill a wide range of bacteria and hope for the best.

One 3-year-old boy bitten by a shark ended up at St. Mary's for a month from the infection, which required hyperbaric oxygen treatment. A scuba diver bitten on the back of the knee by a bull shark had to keep returning for treatment of the stubborn infection. Although no one has ever died just from the infection, Borrego said, the treatment in severe cases can be difficult and can involve the removal of muscle.

Unger, who on Friday caught his very first shark, said researchers plan to obtain about 50 samples from a variety of species.

"The goal is to see what bacteria is there so we can know what antibiotics to use to treat future shark-bite victims," he said. "It would be interesting to see if different species of shark have different species of bacteria."

The issue is particularly pressing in Florida. The state averaged 23 unprovoked attacks a year from 2001 to 2010, although that number dropped to 11 in 2011, the most recent year for which statistics are available.

Shark attacks can't be broken down by species with precision, since often the species isn't known. Blacktips are tied with bull sharks in accounting for the largest number of bites in Florida, according to the International Shark Attack File at the Florida Museum of Natural History.

Blacktip encounters are typically cases where the shark in murky water mistakes a hand or foot for a fish. These attacks are rarely, if ever, fatal. Species accounting for the largest number of fatal attacks are great whites, tiger sharks and bull sharks, all found in Florida waters.

But because of their significance as biters, blacktips are a big focus on the study, which is timed to the annual blacktip migration through South Florida taking place now.

Jorgensen said 64 anglers are participating in the tournament from St. Augustine to Key Biscayne. The research project will continue until enough samples have been taken to allow the researchers to drawn firm conclusions.

During their migration, blacktips can be seen disconcertingly close to the beach. Friday morning at Singer Island, blacktips could be seen 20 or 30 yards out, leaping from the ocean in their characteristic spinning maneuver. One showed up as a long, dark shadow moving through a wave that was about to break.

"We want to focus on the ones that are more common for bites," Unger said. "If they're the ones most often implicated for bites, we want to know what's in their mouths."

12 WPEC

2/21/13

On February 20th Dr. Paul Acevedo, neurologist at St. Mary's Medical Center, was interview on WPEC CBS 12. Dr. Acevedo commented on the possible brain project proposed by the government, similar to the human genome project, which involves studying and mapping the human brain. Dr. Acevedo also expressed the possible benefits of studying the human brain.

FRIDAY, FEBRUARY 22, 2013 BROWARD COUNTY EDITION $1.50

SOUTH FLORIDA SunSentinel

Early deliveries can pose risks

By Nicole Brochu Staff writer

A number of South Florida hospitals are making little headway in reducing births that are unnecessarily high-risk, according to a new report by patient safety watchdog, The Leapfrog Group.

The study focused on births where doctors agreed, often for reasons of convenience, to induce delivery or deliver by C-section before 39 full weeks of gestation, even though there was no medical reason for the decision.

Of13 South Florida medical centers that reported 2012 data on those births, 10 performed early elected deliveries more than 5 percent of the time, which Leapfrog deemed unacceptable.

But Plantation General Hospital, West Boca Medical Center and St. Mary's Medical Center in West Palm Beach stood out for having rates below 4 percent.

St. Mary's, in fact, had no such deliveries in 2011 and 2012, according to Leapfrog data. The high-risk deliveries the hospital performed all have been medically necessary, said its chief operating officer, Joey Bulfin. The facility has a policy that requires doctors to follow American College of Obstetricians and Gynecologists guidelines — in place for 30 years — recommending against early elective deliveries.

"We don't allow that to happen here," Bulfin said. "It's not just a policy. Sound medical research shows that delivering a baby before 39 weeks without medical indications puts that child at risk."

Early elective deliveries can be dangerous, and expensive, because they often lead to neonatal intensive care admissions, longer hospital stays and higher health-care costs, Leapfrog President and CEO Leah Binder said.

The good news is that rates have been falling across the country since 2010, when Leapfrog first began calling attention to them, joining a longstanding national effort by the March of Dimes and others to end the practice of early elective deliveries.

Nationally, the rate of those deliveries fell from 14 percent in 2011 to 11.2 percent last year, and 75 percent of reporting hospitals improved from 2011 numbers, according to the Leapfrog report.

"But there's a lot more work to do," Binder said, calling the deliveries a stubborn and serious women's health problem.

"A lot of these babies end up on a respirator or in the NICU, suffering greatly, and it's simply unnecessary," she said. "Most of the time, mothers don't understand they're putting their babies at risk. Physicians, that's a different story. They should know better."

Most early elective deliveries are designed to ensure a convenient or predictable timetable, for the mom or the doctor, or so that a patient can be guaranteed her obstetrician is the one who delivers her baby.

"None of the reasons, quite frankly, are appropriate," Binder said. "You don't put a baby's life at risk because you don't want to go into natural labor. You need to let nature take its course if you want the baby to be safe."

Of the 20 states with more than 10 hospitals reporting early elective delivery data in the 2012 Leapfrog Hospital Survey, Florida scored near the bottom, with such high-risk deliveries representing 18.2 percent of the total, the same as Tennessee. Only two other states scored worse: Texas, at 18.3 percent, and Pennsylvania, at 26.2 percent.

High-Risk Deliveries, By the Numbers*

	2011	2012
Northwest Medical Center, Margate	15	15.3
Palms West Hospital, Loxahatchee	25	15.8
Plantation General Hospital	19.3	3.9
St. Mary's Medical Center, West Palm Beach	0	0
West Boca Medical Center	0.8	2.1
Baptist Health South Florida, Miami	N/A	8.9
Baptist Health South Florida, Homestead	N/A	15.1
Baptist Health South Florida, South Miami	N/A	13.8
Baptist Health South Florida, West Kendall	N/A	26.2
Good Samaritan Medical Center, West Palm Beach	21	14
Hialeah Hospital	6.1	37.8
Kendall Regional Medical Center	9.5	14
North Shore Medical Center, Miami	19.4	22.1

** percentages of overall births*

http://www.sun-sentinel.com/health/fl-high-risk-delivery-rates-20130220,0,4808342.story?page=1

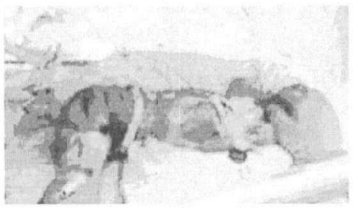
Follow us on ... Thursday, March 14, 2013 1:30 p.m.

Palm Beach Daily News

Posted: 12:00 a.m. Tuesday, March 12, 2013

IT'S YOUR HEALTH

Healing Institute benefit takes on serious topic of preemie abuse



Palm Beach County's premature birth rate of 14.4 percent is higher than the state and Indiana rates, according to the Healing Institute

By Carolyn Susman

Special to the Daily News

Tea at The Chesterfield hotel often is accompanied by tranquil thoughts, overindulgent nibbles, and fascinating conversations.

But a recent tea party wasn't aimed at collecting ladies to celebrate a timely tradition. It was aimed at bringing concerned supporters together to raise money to help save premature babies.

From child abuse. Let that sink in.

"Premature infants are three times more likely to be abused than a full-term baby due to their medical complications," says Dr. Sandy Munoz, chief executive officer of the Children's Healing Institute in West Palm Beach.

The Institute held its first fund-raising tea for its TEACUP Preemie program last month at The Chesterfield and raised $7,000 at this inaugural event.

The TEACUP program provides the usual support groups and music therapy for mothers and babies. But it also provides hospital-grade breast pumps to allow mothers to feed their hospitalized babies, either directly or by providing breast milk for them.

And breast milk helps prevent child abuse because, says Munoz, it encourages bonding between mother and baby. "Mothers who are more attached are less likely to abuse," Munoz says.

Why is that important? It helps the baby to thrive physically, of course. Preemies need human milk to promote intestinal growth and lower the rate of gut rot in preterm infants that can be stimulated by formula.

Breast milk supply is difficult to maintain without a nursing infant around and the breast pump keeps the milk flowing.

The TEACUP program primarily serves lower-income families, who are recommended by the hospital where their baby is being cared for. Currently, the program is available at Wellington Regional, St. Mary's, and Bethesda medical centers.

The Episcopal Church of Bethesda-by-the-Sea is a strong supporter of the program and has given $5,000 to it. As a consequence, Munoz is a regular volunteer at the Church Mouse, Bethesda's thrift shop, a job she loves.

But the thought of child abuse — of a tiny premature baby especially — is almost impossible to accept.

Munoz says the triggers for this kind of abuse include parents with poor coping skills who are under financial stress and probably have other children.

"You add a child with a lot of needs and ....

"It's like having PTSD (post-traumatic stress disorder.) They want everything done for it that can be done," Munoz notes. But once at home, without support, the fragile child may cry and be fussier than its siblings.

This can lead to shaken baby syndrome and other horrors. The TEACUP program tries to help avert that through support programs, as well.

Despite years of striving for healthy babies, the premature birth rate in Palm Beach County is 14.4 percent, higher than state and national rates, according to the Institute.

More than 2,300 premature infants were born in Palm Beach County in 2010, figures show. And the Neonatal Intensive Care Unit (NICU) at St. Mary's Medical Center in West Palm Beach admits about 950 premature infants a year.

Premature babies are expensive to treat and still can suffer disabilities. But Munoz says there is reason for optimism.

"Baby John, our first TEACUP client in 2009, was born at 24 weeks, nearly four months early, and only weighed one pound, six ounces," she says. "He is now three years old and is doing great. His video is on our website."

Click on childrenshealinginstitute.org to be convinced.

http://www.palmbeachdailynews.com/news/news/national/healing-institute-benefit-takes-on-serious-topic-o/nWpSc/

Global Health

APRIL ISSUE 2013 TRIBUNE www.GlobalHealthTribune.com

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The Pediatric Cardiothoracic Surgery program at The Palm Beach Children's Hospital at St. Mary's Medical Center Celebrates Its One Year Anniversary

West Palm Beach, FL (April 2013) – The Palm Beach Children's Hospital at St. Mary's Medical Center celebrates a big anniversary for the smallest hearts. Approximately one year ago, Dr. Michael Black joined the medical staff at St. Mary's Medical Center and developed the Pediatric Cardiothoracic Surgery program. Under the leadership of Dr. Black, St. Mary's Medical Center has been able to perform limited incisions in the surgical care of cardiac disease and congenital malformations. This minimally invasive surgery technique uses very small incisions to perform a variety of cardiovascular procedures. The benefits include shorter hospitalization, a smaller 2 inch incision, less painless damage to muscle and tissue and a quicker return to daily activities. In the first year, Dr. Black performed a total of 55 cardiac procedures as well as 20 non-cardiac procedures.

"Pediatric Cardiothoracic Surgery program saw roughly 30 cases in the first year," states Dr. Black. "However I don't measure the success of the program through numbers. I measure it by looking at the faces and the lives that I have improved or saved through this program. That's nearly 50 children that our program has helped." The success of the Pediatric Cardiothoracic Surgery program is attributed to the multidisciplinary approach involving cardiothoracic surgeons, cardiologists, nurse practitioners, critical care physicians and anesthesiologists to help meet the needs of patients and their families.

Dr. Michael Black

"We are very fortunate to have Dr. Black as a part of our team and are looking forward to continued success and growth this year," commented Davide Carbone, chief executive officer of St. Mary's Medical Center. "Palm Beach County residents once had to travel to Miami or Orlando in search for the advanced treatment of congenital heart defects. Now, St. Mary's can offer a very unique minimally invasive treatment option right here in the community."

The Palm Beach Post

Tuesday, April 30, 2013 REAL NEWS STARTS HERE Final edition One dollar

Marking 75 years for St. Mary's

WEST PALM BEACH — Bishop Gerald Barbarito (left) and the Reverend Philip Joly greet parishioners and guests after Mass on Monday at St. Ann Catholic Church to celebrate St. Mary's Medical Center's 75th anniversary.

WEST PALM BEACH — Bishop Gerald Barbarito (left) and the Reverend Philip Joly greet parishioners and... on Page 5B of Tuesday, April 30, 2013 issue of Palm Beach Post

St. Mary's Medical Center

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

Palm Beach Gardens & Jupiter
FLORIDA WEEKLY
IN THE KNOW. IN THE NOW.

5/30/13

St. Mary's Medical Center 3rd Annual White Dove Cocktail Party at Lake Pavilion

1. Andy Bellew, Michael Black, Patti Patrick
2. Nina Herde, Joan Diamond, Soozi Cameron
3. Davide Carbone, Richard Kaplan, Lex Lenard
4. Kathleen Schlemmer, Tom Schlemmer, Mike Tonno
5. Dee Chandler, Scott Chandler
6. Cathy Moore, Steve Moore
7. Holly Martin, Jancy McErlain, Tracy Wodraska
8. Barbara Barrett, Al Molek, Susan White, Jill Goodman
9. Richard Kaplan, Susan Kaplan
10. Chet Glass, Cheryl Glass, Denise Nelson
11. Sister Titus, Sister Mary, Sister Mary Anne
12. Alan Kohn, Beth Kohn
13. Chad Kalman, Barbara Barrett
14. Phil Scuderi, Wendy Scuderi
15. Robert Borrego, Cori Borrego
16. Theresa Jones, Len Mutich, Laura Pfendler
17. Lavyce Boyd, Al Boyd

Comp. Resp. 327

St. Mary's Medical Center

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

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75th Anniversary Mass for St. Mary's Medical Center

South Florida's oldest faith-based hospital, St. Mary's Medical Center, proudly celebrated its 75th anniversary in April. Founded in 1938 by the Franciscan Sisters of Allegany, NY, St. Mary's was originally a 50-bed facility. Seventy-five years later, St. Mary's Medical Center is now an award winning 464-bed acute care hospital and tertiary care center for the region with more than 1,800 employees, 530 physicians and over 200 volunteers. St. Mary's celebrated with an anniversary mass, hosted by the Bishop of the Diocese of Palm Beach, Gerald M. Barbarito, at St. Ann's Catholic Church in West Palm Beach. To learn more about St. Mary's Medical Center's 75th Anniversary, please visit www.stmarysmc.com/75.

St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

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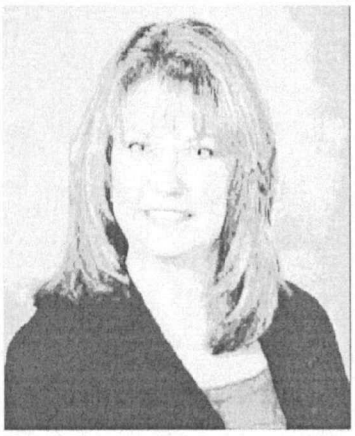
St. Mary's Medical Center's Pediatric Oncology Nurse Inducted into the Tenet Heroes Hall of Fame



Mary Prokop.

West Palm Beach, FL - St. Mary's Medical Center's pediatric oncology nurse, Mary Prokop, is inducted into the Tenet Heroes Hall of Fame, Tenet Healthcare Corporation's highest honor for employees.

Comp. Resp. 329

When Prokop's daughter was diagnosed with leukemia and was treated by the pediatric oncologists at our hospital, Prokop's life was changed forever. The care that both she and her daughter received touched and inspired her more than she could believe. One instance that she remembers vividly is when a nurse gave her daughter a teddy bear the day she was diagnosed. After her daughter fully recovered, Prokop returned to school to become a registered nurse and work at the same hospital and on the same unit where her daughter received care. She now works side-by-side with the same physicians who helped save her child's life. She has drawn from her own experiences to be that special nurse who can not only help to medically treat a pediatric patient with cancer, but also provide the empathy of someone who has gone through the process.

The experience came full circle when Prokop floated to the general pediatrics floor during her shift. She was caring for a patient who was being treated for a concussion. After speaking with the doctor about her discharge plans, she learned that a tumor was found during one of her scans.

Prokop's heart sank, knowing what the family was about to endure. Remembering the nurse who was with her family at this particular time, Prokop purchased a teddy bear for the little girl from the gift shop. She brought the bear up to the room and shared her story of how the teddy bear helped her daughter.

"Our Tenet Hero inductees represent the best of who we are at Tenet and what we do as healthcare providers in the communities we serve," said Trevor Fetter, Tenet's president and chief executive officer.

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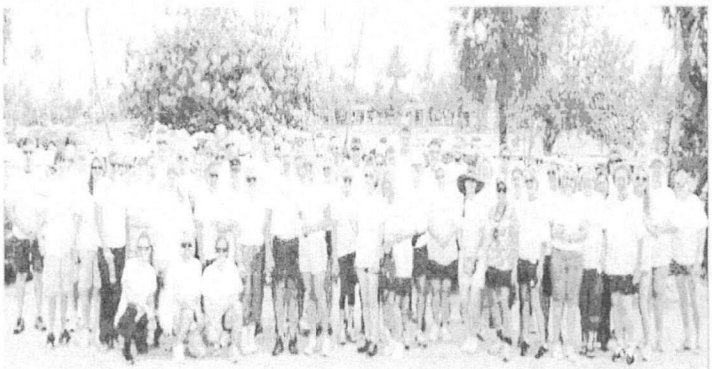
St. Mary's Medical Center Takes Great Strides for Cystic Fibrosis



Employees, patients, family and friends from St. Mary's Medical Center all came together in an effort to battle Cystic Fibrosis on April 13, 2013. Over $87,000 was raised at the 2013 Cystic Fibrosis Foundation Walk at Carlin Park to support lifesaving cystic fibrosis research, education and care. "Every day we are losing precious young lives to this disease. That is why now it is more important than ever that we raise every dollar we can to fight CF," said Davide Carbone, chief executive officer of St. Mary's Medical Center and chair for the CF Foundation's Palm Beach office. "We're grateful for every volunteer, donor and corporate sponsor who supports Great Strides." So far the hospital has raised $4,700 for this cause but have several more fundraising events planned for this year.

St. Mary's Medical Center

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

DELRAY BEACH TRIBUNE
Your closest neighbor

2 Local Tenet Hospitals Receive 'A' Safety Ratings in National Survey

By Jason Schwartz

Delray Medical Center and West Boca Medical Center were honored with an "A" Hospital Safety Score by The Leaptrog Group, hospital officials announced. The A score was awarded in the latest update to the Hospital Safety Score based on preventable medical errors, injuries, accidents and infections.

The two local hospitals were among eight Tenet Florida hospitals that earned an A. The others are Coral Gables Hospital, Good Samaritan Medical Center, North Shore Medical Center, Palm Beach Gardens Medical Center, Palmetto General Hospital and St. Mary's Medical Center.

"All of our hospitals are dedicated to delivering safe, quality care," Marsha Powers, senior vice president of operations of the Tenet Florida Region, said in a release. "The hard work of all of the staff members, nurses and physicians is being exemplified through this distinguished award, which is grounded in evidence-based quality."

The Washington-based Leapfrog Group evaluates hospitals based on data the hospitals file with the federal government as part of its treatment of Medicare patients. Leapfrog also asks hospitals to complete a questionnaire focused on information technology and employee education.

"Hospitals that earn an A have demonstrated their commitment to their patients and their community," said Leah Binder, president and CEO of The Leapfrog Group. "I congratulate these hospitals for their safety excellence, and look forward to the day when all hospitals will match this standard."

The Leapfrog Group was formed in the 1990s among employers such as General Motors, FedEx, UPS and Toyota that were concerned that many of their workers were getting hurt in hospitals that were supposed to restore them to health. About 180,000 Americans die each year from preventable hospital errors such as infections.

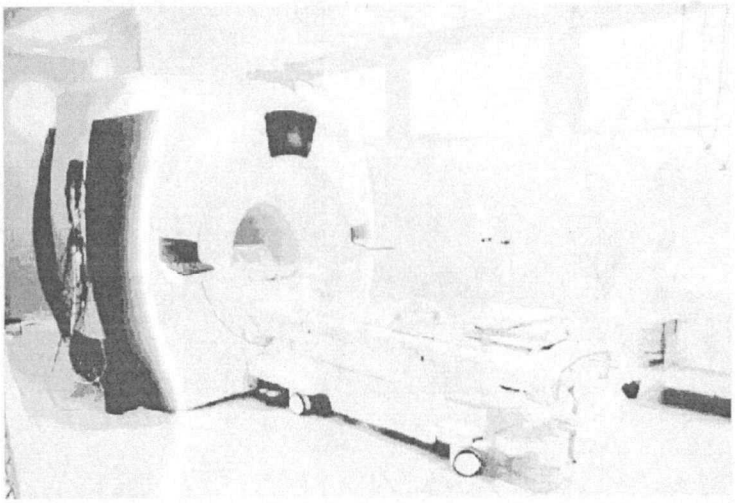
The Hospital Safety Score was compiled under the guidance of the nation's leading experts on patient safety and is designed to give the public information they can use to protect themselves and their families. To see Tenet Florida's scores as they compare nationally and locally, visit the Hospital Safety Score website at www.hospitalsafetyscore.org.

St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

South Florida Hospital News and HEALTHCARE REPORT

One of the Most Advanced 3T MRI in the Southeast United States Arrives at St. Mary's Medical Center



The new Discovery MR750w 3.0T MR system from GE Healthcare has arrived at St. Mary's Medical Center. This is one of the most advanced GE 3T MRI in Florida and the Southeast United States. It combines a caring design with insightful technology to meet the needs of both clinicians and patients.

Features of the Discovery MR750w 3.0T MR system include wide-bore digital technology which improves patient comfort and reduction of exam time. The 500 pound weight limit and 70cm bore is specifically designed to accommodate larger patients with ease. Beyond the widened bore and soft, flexible coils, the table surface has been completely re-designed to help alleviate pressure points for a more relaxing exam. The result for clinicians is a new level of diagnostic performance.

In addition to the Discovery MR750w 3.0T MR system, St. Mary's Medical Center has also acquired the GE Optima 660 CT Scanner, bringing new CT technology to the hospital that will provide patients with access to one of the most advanced cardiac and neurological capabilities. The GE Optima 660 CT Scanner features ASIR dose-reduction technology by up to 40%, the lowest possible radiation dose on the market.

St. Mary's Medical Center

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DAISY Award winners

St. Mary's Medical Center recently honored the quarter's DAISY Award winner, Michaela Lord from our nursing residency program. Michaela was nominated by Marty Turk, RN from our Education department, for being respected by her fellow nurses as well as the management team. In the past 8 months, Michaela has grown into a professional and caring nurse with an award-winning smile and caring heart.

The DAISY Award for Extraordinary Nurses is a special program that recognizes the outstanding deeds nurses perform every day. It was created by the DAISY Foundation, which was founded in memory of J. Patrick Barnes by his family members after they experienced firsthand the skills and compassionate caring of their son's nurses.

DELRAY BEACH TRIBUNE
Your closest neighbor

Haitian Toddler Gets a new Lease on Life

By Tamiyha Thompson

When workers with a Lake Worth-based nonprofit organization found a toddler with a rare birth condition in an isolated village in Haiti last year, they vowed to find her treatment to save her life.

"When I first saw her I cried, I didn't want her to die," said Sylvie Florestal-Sainvil, who found Lillie suffering from infection and malnutrition while on a mission to Haiti with Peace of Mind Outreach.

Baby Lillie was born without a fully developed rectum. The 21-month-old girl could only rid her body of solid waste through a surgically inserted tube placed into her stomach.

"When the baby was born, I was surprised," said Ceverot Charles, the toddler's father. "We had to go from one hospital to another."

Upon returning to Florida, Florestal-Sainvil began raising funds while searching for an American hospital that would provide the life-saving surgery. These medical procedures are expensive and so far, most if not all of Lillie's bills have been paid for by donations.

On June 27, well-wishers waited with bated breath in the waiting room at St. Mary's Medical Center in West Palm Beach for doctors to do the five-hour surgery. Baby Lillie's mom and dad were waiting with Sylvie. "The room was filled with a lot emotions, tears were rolling down my face," Florestal-Sainvil said.

Seven hours later, they got the good news that the surgery was successful.

"I thanked god," Florestal-Sainvil said after the surgery.

"I was very excited because even in Haiti they said she wouldn't come out alive and she did," Charles said.

Lillie and her parents who have little to no money are staying with members of non-profit organization.

The girl is expected to need more surgeries in the future. If you would like to donate food, clothing, and or money, contact Peace of Mind Outreach, visit pomoutreach.org or 561-762-5444.

http://delraybeachtribune.com/?p=6733

The Palm Beach Post
BREAKING NEWS STARTS HERE

7-25-13

MEET YOUR NEIGHBOR DAVID FITTING, 20

Survivor tries to inspire kids with cancer

He was diagnosed with brain cancer at ages 10 and 11.

By Andres Duenas

*Palm Beach Post Staff Writer*All odds were against him. Twice diagnosed with stage IV brain cancer — at ages 10 and 11 — and a survival rate of a mere 3 percent, it would take a miracle for David Fitting to make it through.

But Fitting, now 20, beat the odds. In 2003 he was diagnosed with glioblastoma, an aggressive and malignant cancer.

"The first time around I was in shock because I was 10. My mom had colon cancer, so I always thought that only adults could get cancer," he said.

The Boynton Beach resident recalls when the doctor came in and told him he had cancer: "I remember asking him when I was going to die."

Standing in the doorway the day he was diagnosed was his mom, Kathy Cummings, who herself had survived stage III colon cancer. To Fitting, she was living proof you could beat cancer. "After seeing her I knew that everything was going to be OK; something just told me that it was."

Fitting underwent 36 radiation treatments and a year of chemotherapy.

Two-time cancer survivor David Fitting visits Gulfstream Park in Gulfstream on July 5. TAYLOR JONES/THE PALM BEACH POST

7-25-13

His battle didn't end there. After undergoing brain surgery to remove a second tumor,

Fitting had to endure two more years of chemo, which forced him to give up sports, something he grew up loving. He turned to comedy for strength.

"Stand-up comedy was something that helped me cope with what was happening," he said.

With lots of time to practice, Fitting honed his comedic skills and eventually became something of a professional. He went onto win two national contests in his mid-teens. One of those contests gave him the opportunity to fly out to Los Angeles and perform two nights at the Melrose comedy club. He had the chance to perform alongside such comedians as Todd Glass, Jeff Ross and Daniel Tosh.

Fitting, now a nine-year cancer survivor, is a burly, weightlifting 6-footer.

A student at Palm Beach State College studying mathematics, he dedicates himself to making regular visits to St. Mary's Medical Center where he volunteers with the Pediatric Oncology Support Team Inc., doing whatever he can to help ease the trauma of kids who have been diagnosed with cancer. He tries to be a mentor and helps them remain optimistic. Comedy worked for him, and he encourages the kids to find something that will help them cope.

"When you're sick you can't really do much, but there are a lot of others things you can do and you have to focus on that," said Fitting, who reminds every person battling with cancer that "every day that you're on this earth, you're a survivor." aduenas@pbpost.com

http://digital.olivesoftware.com/Olive/ODE/PalmBeachPost/LandingPage/LandingPage.aspx?href=UEJD LzIwMTMvMDcvMjU.&pageno=MTE2&entity=QXIxMTYwMg..&view=ZW50aXR5

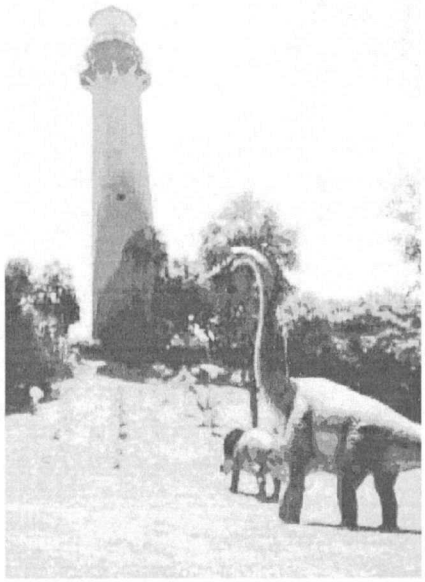
JUPITER THESE DAYS.COM

7-25-13

Earth-Shaking News: Dinosaurs Close in on Jupiter Inlet Lighthouse

JULY 24, 2013 BY

The two dinosaurs that descended on Downtown at the Gardens last week have made their way north, pounding the pavement to reach the Jupiter Inlet Lighthouse.



"This is definitely fun for us, and the visitors enjoy it," said Kathleen Glover, assistant director of the as members of a group tour stopped to snap cell-phone pictures of the prehistoric creatures.

The dinosaurs, a brontosaurus and a triceratops, can be found grazing on the grass on the west side of the 105-step red structure. They will enjoy the plants and trees on the grounds of the lighthouse – as well as the spectacular view – until July 31. Then, they will ship off to their final destination: Palm Beach Children's Hospital at St. Mary's Medical Center in West Palm Beach.

The dinosaurs were created by Ashem, a Delray Beach landscape-design firm, as part of the planned dinosaur garden on the hospital campus. Glover issued both beasts an "I Survived the Climb" certificate.

The Jupiter Inlet Lighthouse and Museum is operated by the nonprofit Loxahatchee River Historical Society. Its next big fundraiser, "Rock the Light," will take place Nov. 23 at the national landmark that dates back to 1860. For information, call 747-8380.

http://jupiterthesedays.com/earth-shaking-news-dinosaurs-close-in-on-jupiter-inlet-lighthouse/

Palm Beach Gardens & Jupiter
FLORIDA WEEKLY
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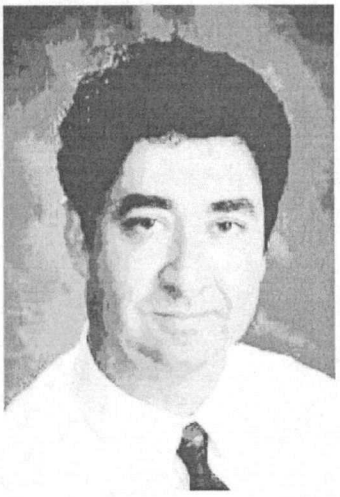
7-26-13

Stroke center director honored by Chamber of Palm Beaches

SPECIAL TO FLORIDA WEEKLY



Dr. Ali Malek

Dr. Ali Malek, director of the neurointervantional program and the Comprehensive Stroke Center at St. Mary's Medical Center, was honored by the Palm Beach Chamber of Commerce with the Healthcare Professional Award, the hospital said in a prepared statement. Under Dr. Malek's leadership, the first brain procedure utilizing the Pipeline Embolization Device was performed in Palm Beach County on patients with life-threatening brain aneurysms. During the procedures, blood flow is temporarily halted causing the aneurysms to shrivel up and vanish by lining the blood vessel where the aneurysm existed, without going directly into the brain aneurysm itself. Before the pipeline, large aneurysms were filled with permanent platinum coils increasing likelihood of permanent pressure on a nearby nerve or the brain.

Since joining St. Mary's Medical Center in 2008, Dr. Malek helped St. Mary's Medical Center become selected as a GE National Show Site for Interventional Radiology and use of the GE Innova 3131 Bi-Plane Suite technology. This addition catapulted St. Mary's Medical Center into the role of community leader for advanced interventional neurology procedures.

Time is brain, and until recent years there was little hope for those patients presented outside the three-hour window for stroke treatment. After the threehour treatment window has expired, Dr. Malek uses some of the most advanced technology to do minimally invasive surgery by guiding a microscopic catheter into the patient's groin and track it up safely into the brain arteries and remove the blood clot, according to the hospital's statement.

St. Mary's Medical Center continues to build their ongoing focus of comprehensive neurological care to adults and pediatric patients. St. Mary's Medical Center has invested $3.1 million dollars to date in some of the latest neurointerventional equipment and devices. St. Mary's Medical Center is one of only eleven hospitals in Florida designated as a Comprehensive Stroke Center. A

Comprehensive Stroke Center offers more aggressive stroke management than ordinary stroke centers, with a full continuum of services for stroke patients, including acute rehabilitation.

Dr. Malek joined St. Mary's Medical Center from the University of South Florida and Tampa General Hospital. He has served as faculty in the departments of neurology and neurosurgery, and as the director of the hospital's Neurosciences ICU for five years. Dr. Malek completed his neurology residency at the University of South Florida and was chief resident in his final year.

Dr. Malek is triple board-certified in neurology, vascular neurology and neurocritical care, and also an integral part of the team at the Palm Beach Neuroscience Institute, a facility dedicated to the diagnosis and treatment of neurological, neurovascular and neurosurgical disorders.

http://palmbeachgardens.floridaweekly.com/news/2013-07-25/Healthy_Living/Stroke_center_director_honored_by_Chamber_of_Palm.html

The Palm Beach Post
BREAKING NEWS STARTS HERE

8-5-13

JUNO BEACH

Two dinosaur statues a big hit with kids at Marinelife Center

Figures will be moved to a park at Palm Beach Children's Hospital .

By Scott Eyman Palm Beach Post Staff Writer

Early Sunday morning, Parker Gochee, of Palm Beach Gardens, was playing with his favorite T-Rex. Late in the morning, nothing else would do except to visit Loggerhead Marinelife Center in Juno Beach, where two dinosaurs have temporarily taken up residence.

Parker is 4 years old, and, as he puts it: "I love dinosaurs! Especially the triceratops." In that case, Loggerhead is the place for him and a lot of other people for most of this week.

The dinos — a brachiosaurus (which looks like a brontosaurus but isn't) and a triceratops (which doesn't resemble anything but a triceratops) are on tour throughout Palm Beach County until they end up at the Palm Beach Children's Hospital at St. Mary's Medical Center as part of a new park titled DinoSOAR.

The pair of dinosaurs have previously been displayed at Downtown at the Gardens and the Jupiter Lighthouse, and they fit right in at Loggerhead , because the turtle center has long had a fully articulated replica of the Archelon — a prehistoric sea turtle.

The two dinos on temporary display are the result of a mid-five-figure donation by a St. Mary's patron that will create a children's garden with a waterfall, lush landscaping, fiberglass skeletons and two dinosaurs as the dual centerpiece of the 2,000-squarefoot park.

All in all, a cool environment for the kids at the 75-bed pediatric unit handles everything from oncology to dialysis to intensive care.

They'll bring delight there, but they've brought people to Loggerhead.

"The response has been terrific," says Jack Lighton, Loggerhead's recently named president and CEO.

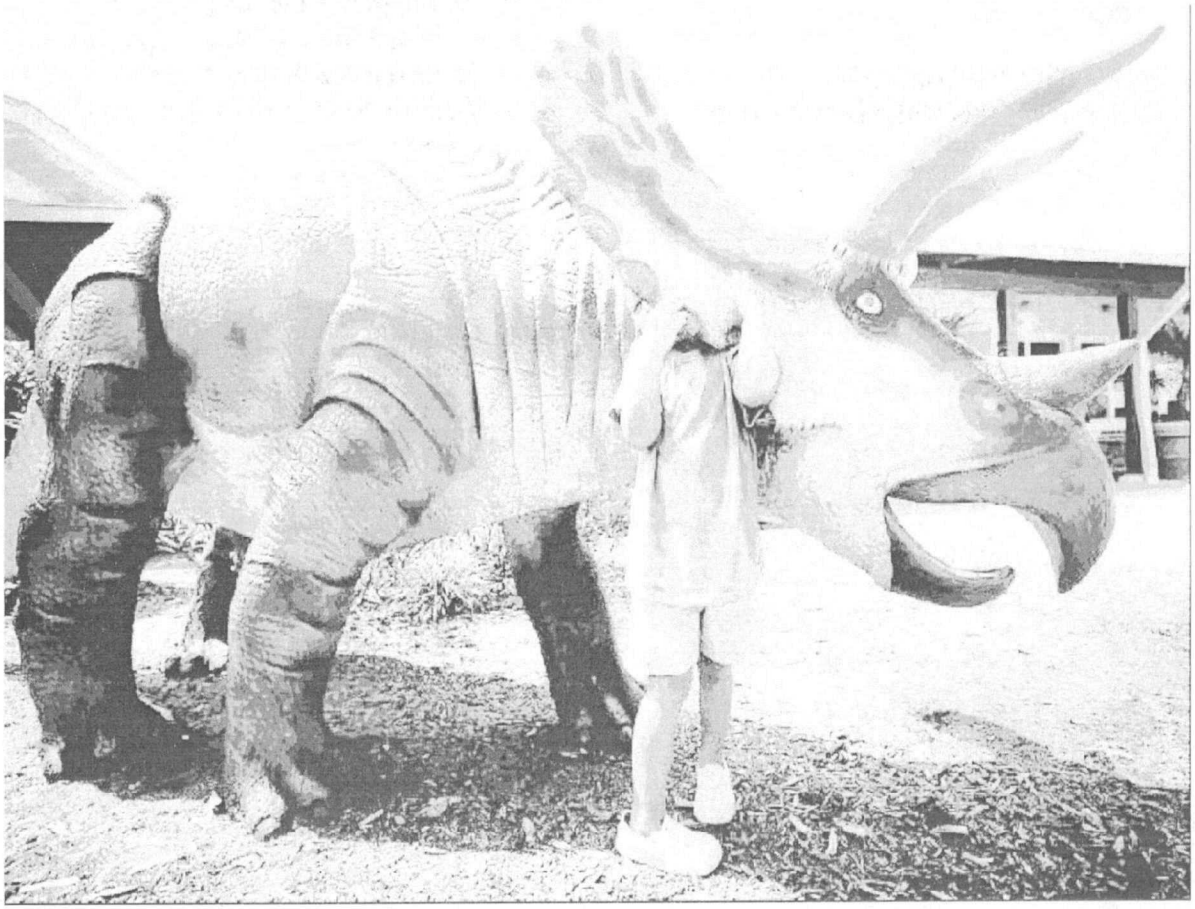
"We had a thousand people here for our turtle release the other day, and the kids got a tremendous charge out of the dinosaurs."

The thunder lizards fit in with Lighton's mission of stressing Loggerhead's medical and research facilities as well as the ongoing release program that's a function of its uncannily perfect location.

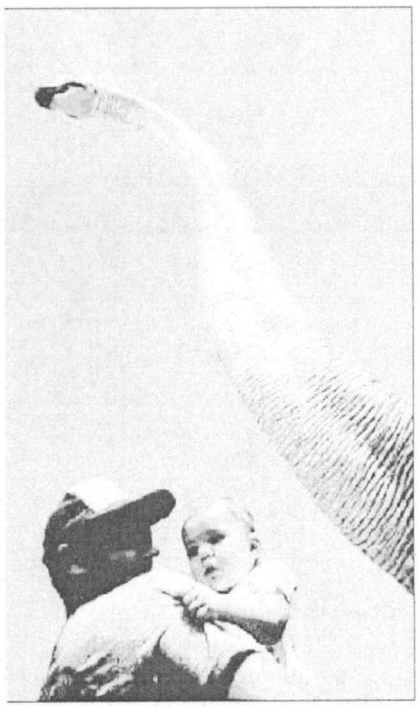
"We want to bring our campus to the children's hospital and the Quantum House as much as possible," says Lighton.

"We're both in north county, we both offer world-class science, caring teams and the ability to have fun."

Next stop for the dinos is the Palm Beach Zoo. They'll fit right in — school's out, and dinosaurs are here. seyman@pbpost.com



Parker Gochee, 4, of Palm Beach Gardens plays with his favorite, the triceratops statue, Sunday at Loggerhead Marinelife Center in Juno Beach. The statues will become part of a park at Palm Beach Children's Hospital at St. Mary's Medical Center in West Palm Beach.
PHOTOS BY BRUCE R. BENNETT / PALM BEACH POST



Liam Hannon, of Jupiter, holds his 7-month-old daughter, Brooklyn, near a towering dinosaur statue on display.

Palm Beach Gardens & Jupiter
FLORIDA WEEKLY
IN THE KNOW. IN THE NOW.

8-8-13

Palm Beach Children's Hospital joins children's hospital group

SPECIAL TO FLORIDA WEEKLY

The Palm Beach Children's Hospital at St. Mary's Medical Center has attained membership into the Children's Hospital Association — the voice for more than 220 children's hospitals nationwide, the hospital said in a prepared statement. As champions for children's health, the association builds awareness of child health issues and advances public policy, enabling hospitals to better serve children.

"By participating in the Children's Hospital Association, we now have broader access to a network of institutions and people who understand the health care needs of children," said Davide M. Carbone, chief executive officer of Palm Beach Children's Hospital at St. Mary's Medical Center, in the statemet. "We are excited to collaborate with our peers and serve as an advocate on behalf of all children."

The mission of the Palm Beach Children's Hospital at St. Mary's Medical Center is to deliver safe, cost-effective care to its patients and the community.

Throughout the Palm Beaches and Treasure Coast, the Palm Beach Children's Hospital is the only hospital devoted exclusively to children and their unique needs, the statement said. The hospital offers a full range of pediatric care from emergencies to specialty services to complex surgical care.

"We are pleased to welcome the Palm Beach Children's Hospital and look forward to its active involvement," said Mark Wietecha, Children's Hospital Association president and CEO, in the statement. "Our hospital members are the backbone of the nation's pediatric health care infrastructure. Together, we are committed to providing the highest quality care and developing innovative solutions to impact the future of children's health and health care."

Children's hospitals represent less than 5 percent of all hospitals and provide a disproportionately large share of the nation's pediatric acute clinical care.

Children's hospitals are also vital centers of primary and specialty pediatric medical education and are leaders in pediatric research. ¦

http://palmbeachgardens.floridaweekly.com/news/2013-08-08/Healthy_Living/Palm_Beach_Childrens_Hospital_joins_childrens_hosp.html

The Palm Beach Post
BREAKING NEWS STARTS HERE

8-12-13

LOCAL BUSINESS IS OUR BUSINESS LIMB LENGTHENING

St. Mary's is epicenter of limb procedure

Surgical lengthening a financial boon to Palm Beach County, drawing thousands from across the globe.

By Wade Millward Palm Beach Post Staff Writer

WEST PALM BEACH — Melissa Witherspoon sat in a check-up room and reminisced about life when she was nearly half a foot shorter.

She struggled to reach light switches and faucets, her feet dangled over chairs and theme park workers turned her away from rollercoasters.

These daily challenges eventually brought the 18-year-old, who has the most common form of dwarfism, nearly 1,000 miles from Silver Spring, Md., to St. Mary's Medical Center for an uncommon procedure intended to grow her past her natural 4-foot, 2-inch stature.

She's a patient of the Paley Advanced Limb Lengthening Institute, a wing of St. Mary's known in the medical community as among the few handling the most complex surgeries for lengthening arms and legs.

What's more, local officials said the institute has been a financial boon to the area. With other county hospitals also offering specialized treatments, they hope to grow the county's new reputation as a medical tourism hub.

The man behind the institute, Dr. Dror Paley, introduced modern limb lengthening to North America.

Medical professionals regard him as one of the foremost experts on the procedure.

"He's a leader in the field," said orthopedic surgeon Dr. S. Robert Rozbruch of New York's Hospital for Special Surgery. "One of the American pioneers of this technique."

Paley, 57, trained in the late 1980s in Italy and the former Soviet Union, where the procedure originated. He introduced it first at home in Canada before bringing it to the United States.

He practiced in Baltimore for 22 years before moving to St. Mary's in 2009. His patients include people born with disproportional limbs or rare diseases, people with poorly healed injuries and those unsatisfied with their height.

A small percentage of the world's population is affected by the type of deformities helped by limb lengthening, and most major medical centers have a surgeon who can perform basic procedures, Paley said.

But he's among the handful of surgeons whose majority of surgeries are limb lengthening.

Many of the world's most complex cases come to him and his team — including five physician assistants, a nurse and two medical assistants — bringing about 1,000 patients a year from as far as Ireland, Egypt and Australia. The institute employs around 30 people total.

Traveling with those patients is an average of four friends or family, introducing about 5,000 people in all to West Palm Beach who stay for up to a year, Chamber of Commerce of the Palm Beaches President and CEO Dennis Grady said.

No other doctor in the county brings in that number, he said.

"He's definitely qualified as a strong economic engine in one of the fastest growing industries in the country," Grady said. "We're right in the middle of it. We're ground zero."

That influx of patients means millions of dollars to local medical providers, hotels, restaurants and attractions, Palm Beach County Business Development Board President and CEO Kelly Smallridge said.

South Florida weather makes the area an attractive healing location for families, she said.

She noticed the county was developing a reputation for medical tourism about three years ago.

Other hospitals boosting the county's status include Boca Raton Regional Hospital for cancer treatment and Atlantis' JFK Medical Center for heart procedures.

Smallridge is planning an October meeting of hospital CEOs and biotechnology researchers from the likes of Jupiter's Max Planck and Scripps Florida research centers to collaborate and advance the county's reputation, she said.

"This is taking it to the next level," she said.

The actual limb lengthening happens after patients have surgery, institute Program Coordinator and Executive Director Caroline D. Eaton said. Devices either on or inside patients' arms and legs lengthen the broken bones a millimeter a day for around five months, and new bone grows.

The bones are no weaker after the procedure, Eaton said. Exterior devices, called fixators, are usually used on younger patients. Adult patients typically get internal rods.

Patients find Paley through word of mouth, online research and media attention, she said.

The procedure's cost ranges from around $30,000 to $200,000, depending on the extent of the treatment, Paley said.

The cost is usually covered by insurance.

"What we do with people is change their lives," he said.
Because the procedure takes months and is painful, it is considered a last resort, said Dr. Shepard ft. Hurwitz, the American Orthopedic Surgery Board's executive director and a University of North Carolina orthopedics professor. Since relatively few patients need it, many hospitals do not offer it.

The entrepreneurial Paley is known for promoting his practice, said Hurwitz, who has performed simple limb lengthening procedures and shared a few patients with Paley while Hurwitz practiced in Charlottesville, Va.

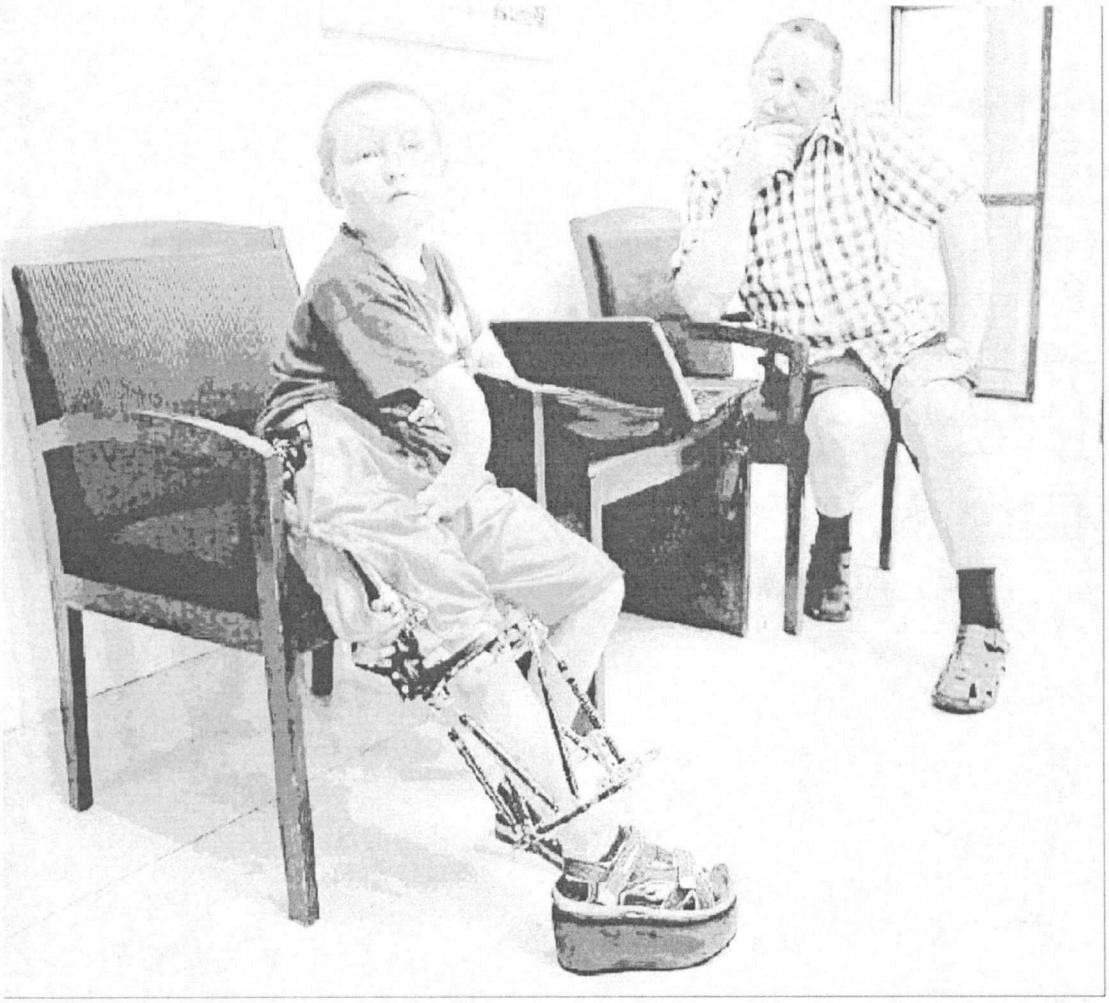
"He's what I'd call an innovator, a pioneer of sorts, someone who's made a contribution," he said of Paley. "He's had more than his share of successes, with the alternative being major amputation ."

Witherspoon said the marks on her legs where her leg devices once were are "battle scars."

The procedure has been worth the pain, she said. Her leg fixators were removed about a year and a half ago. She's enjoyed the hotel room her family's rented for nearly a month while her arms lengthen.

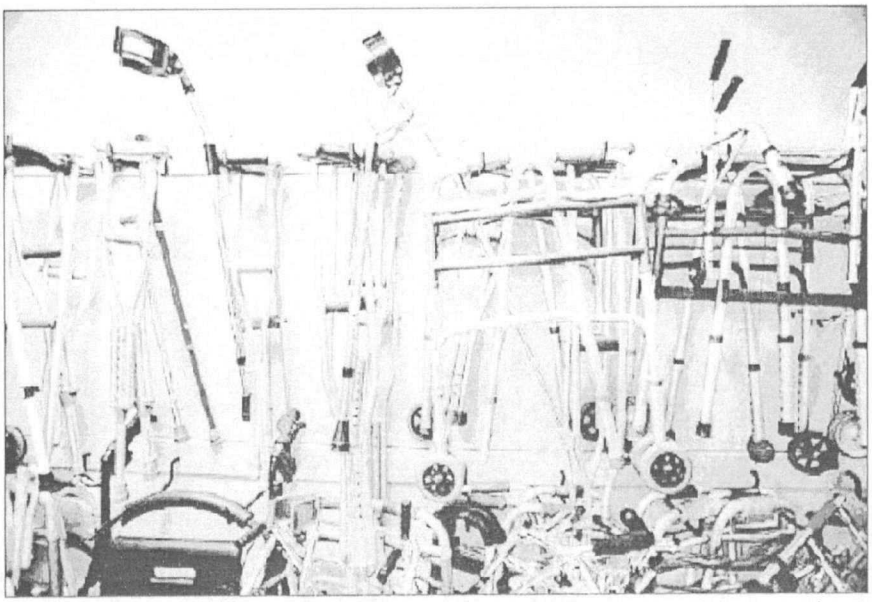
Her hope is to one day work in TV production. She wants to document Paley's institute and the close-knit community he and his staff serve.

"I would say he's the best," she said. "This changed my life." vmillward@pbpost.com



Sean Byrne, 9, of Kildare, Ireland, waits with his father, David, for physical therapy at the Paley Advanced Limb Lengthening Institute at St. Mary's Medical Center in West Palm Beach. Dr. Dror Paley, the man behind the institute, is regarded as one of the foremost experts on the procedure.

PHOTOS BY LANNIS WATERS / THE PALM BEACH POST



Crutches and walkers await patients undergoing treatment at the institute, which employs about 30 people. About 1,000 patients a year come to be treated here from as far away as Ireland, Egypt and Australia.

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The Palm Beach Post
BREAKING NEWS STARTS HERE

8-19-13

PALM BEACH GARDENS

1,250-foot sundae sets record

Event also scoops up money to help hospitalized children.

By Michelle Kaplan Special to The Palm Beach Post

PALM BEACH GARDENS — You scream, I scream — they were all screaming Sunday when they broke the Guinness Book of World Records for the longest ice cream sundae at PGA National Resort & Spa.

More than 1,000 people turned out to scoop ice cream and slather whipped cream into a series of gutters that snaked through the foyer and coiled around the British and PGA Grand Ballrooms for 1,250 feet.

Guests lined up and shelled out $30 per family to pick up their kits — boxes that contained chocolate sauce, peanuts, a banana and a cup full of sprinkles. Also included, the tools: plastic scoopers, bowls and most important, spoons, for cleanup, of course.

A cool deal considering a portion of the money will support Alliance for Kids, an organization that brings the community together to help hospitalized children.

"We provide children 'life' support," said Jane Miller, president of the alliance and the child life manager for Palm Beach Children's Hospital.

"We normalize the environment for hospitalized children. We prepare them for painful procedures by managing distractions. We provide all of the fun stuff."

Attendees also received a number that corresponded to a location where their section of tabletopped gutters awaited.

There they stood, men, women and children, elbow to elbow, determination in their eyes, scoopers in hand and ice cream dribbling down their chins with one common goal: to beat the record of 1,101 feet set in June at White Bear Lake, Minn.

About 120 staff and volunteers, some from Palm Beach Children's Hospital, stood as captains, each responsible for 100foot sections, with 11/2gallon tubs of ice cream in front of them. Their job: enforcing the rules.

"We're making sure all ice cream balls touch," said volunteer Stacy Laman of Palm Beach Gardens. "It has to touch without any spaces in between."

The ice cream also had to be topped with at least three different toppings to qualify as a sundae. To break a record, Guinness has an online "Challengers" process. Challengers must upload a video to their site. Depending on the type of event, measurements are taken by an independent party. The paperwork is filled out, signed, witnessed and mailed out.

There are four key criteria.
It must be measurable, such as the fastest, longest, tallest, shortest, largest, oldest. It must be based on a single variable. It must be verifiable — can you prove it — and it must be breakable, something that is open to being challenged.
Tenyear old Sebastian Jazmin, brother, Marco, 12, and mom, Andrea, of Boynton Beach, were up for that challenge. Sebastian has his toppings strategically lined up, each in a separate cup. This day is in part for him.

"I have ALS," (Lou Gehrig's disease)." Sebastian is a recipient of service

from the Alliance. Staring down the line Andrea laughs, "This is lunch."

Sebastian disagrees.

"No, this is just a snack. I still need lunch after this."Somewhere in the middle Betty Brodie, 79, of Wellington, is beaming. She stumbled upon a table loaded with additional toppings — not your mama's toppings. Decadent caramelized bacon, granola with cranberries, honey, wasabi peas and pumpkin seeds. Ingredients that would deem her creamy creation healthy, right?

"This is an exciting thing to do with kids, elderly people," said Brodie. "It's perfect. Ice cream brings them all together."

At 1:30 p.m. they did it. The official count by the surveyor was 1,249.9 feet — that amounts to the length of four football fields and approximately 350 gallons of the cold stuff consisting of the standards: chocolate, vanilla and strawberry.

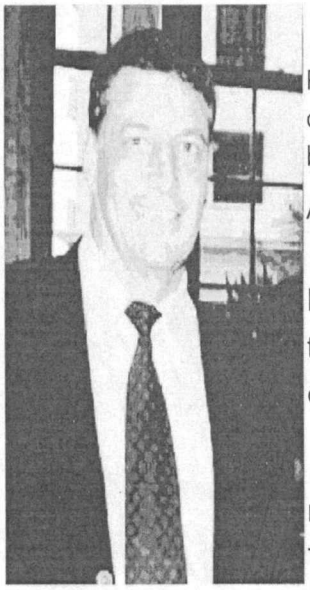
The sweet smell of victory was just the cherry on top.

JUPITER COURIER
Newsweekly

10-25-13

Passionate pediatric surgeon confronts obesity – early

By Gwen Carden Special to The Courier Newsweekly



Pediatric surgeon Dr. Robert Cywes got very discouraged after years of operating on morbidly obese children to repair the damage caused by adult diseases like Type II diabetes and high blood pressure.

Actually, he wasn't just discouraged; he was angry.

He told himself there had to be a better way, a way to stop those diseases before they developed, and he vowed to figure out what that might be.

PROVIDED PHOTO Dr. Robert Cywes

Today, Jupiter resident Cywes (pronounced "Sigh-Ves") heads up the new weight management program at Palm Beach Children's Hospital at St. Mary's Medical Center. A key element of this program is bariatric surgery, the only adolescent-specific surgical program in the U.S. not affiliated with a university.The South African born surgeon readily concedes that the concept of bariatric surgery in children as young as 10 doesn't sit right with many people, but in his opinion it's because the critics are on the outside looking in.

"These are not just 'fluffy' kids," said Cywes, who performed bariatric surgery on 700 children in Jacksonville before coming to Palm Beach Children's Hospital this July.

"These children are at least 100 pounds overweight, and one-third of them have already developed a serious disease because of it.

"My role is to find reasons not to operate on a child," added Cywes, whose patients have included a 16-year-old boy who had already had a hip replacement.

Dr. Cywes points out that most children who end up going under his knife have first spent 11 months on a specially-designed low-carbohydrate weight loss program he created that focuses on behavior change.

Buy-in from both patients and parents is required. Forty percent of the children experience enough success on the program to no longer be surgical candidates, while 60 percent complete the next, and most drastic step, of surgery.

Of those Cywes has operated on (average age 16), 45 percent had high blood pressure; 38 percent had Type II diabetes; and 37 percent had high cholesterol.

KIDS WHO REMAIN OBESE

"Kids who remain obese are likely to have more complications down the road than those who have the surgery and lose a significant amount of weight," says the unabashedly passionate doctor. "Children cannot be fat and healthy."

Although he has all the surgical methods available to him that are used on adults, 90 percent of the bariatric surgeries he performs are "banded plications" in which the stomach is folded in with stitches. It's done on an outpatient basis, doesn't damage the stomach and can be easily undone. Furthermore, complications are extremely rare, only .6 percent.

"The risks of banded plication are far lower than the risks of other types of surgeries those children will eventually need after developing serious illnesses from obesity," noted Cywes.

He said one-third end up at a normal weight, and the vast majority of children who have the surgery do not become morbidly obese again because they have made lifestyle changes.

THE CRITICS

When confronted by critics saying the operation should be delayed until the child is 18, Cywes counters this way:

"If you found out your 12-year-old was smoking, at what point would you intervene? Would you wait until she was 18 to get her to stop, even though that means six years of unhealthy behavior?

"Well, that's what happens when you allow a morbidly obese child to stay that way for six more years than necessary. It's far better to prevent disease when there is less of it."

For more information about the children's bariatric program at Palm Beach Children's Hospital go to www.obesityresolved.com or call Cywes at 561-227-9240.

http://www.tcpalm.com/news/2013/oct/24/had-to-be-a-better-way-passionate-pediatric-8211/

11-1-13

The Halloween party at the Palm Beach Children's Hospital at St. Mary's Medical Center was discussed on the Fox 29 morning show.

The Palm Beach Post
REAL NEWS STARTS HERE

11-20-13

WEST PALM BEACH

IPads donated for young patients

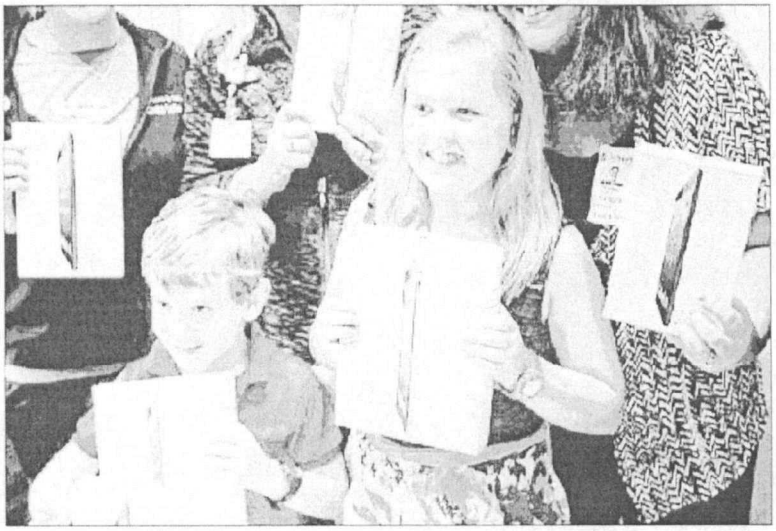
11-year-old Wellington girl's service project provided the impetus.

By Jodie Wagner
Palm Beach Post Staff Writer

Ten new iPads were donated to Palm Beach Children's Hospital at St. Mary's Medical Center Tuesday afternoon, courtesy of an 11-year-old Wellington girl and her big-hearted family.

Binks Forest Elementary School student Sarah Clein and her mom, Deborah, started Aaron's iPad Lending Library this spring as part of the girl's fourth-grade community service project.

The nonprofit distributes iPads, cases and iTunes gift cards to children receiving medical treatment in hospitals throughout South Florida.



Sarah Clein of Wellington, 11, cousin Aaron Pinsky, 6, and their supporters hold up iPads Tuesday after donating 10 of them to Palm Beach Children's Hospital at St. Mary's Medical Center through the nonprofit Aaron's iPad Lending Library. ***LANNIS WATERS / THE PALM BEACH POST***

Sarah was inspired by her 6-year-old cousin, Aaron Pinsky, who battled Ewing's sarcoma — a rare bone and soft tissue cancer — in 2012.

He spent 82 nights in the hospital while undergoing treatment.

During his hospitalization, Aaron used an iPad given to him by friends of his mom, Beth. It was his only connection to the outside world.

"It made me happy," said Aaron, now disease-free. "I played games and watched movies and FaceTimed with my family."

The Palm Beach Post
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11-20-13

Aaron, who lives in Coral Springs, was one of the few patients at Joe DiMaggio Children's Hospital in Hollywood who had a personal tablet. Most of the others on the oncology floor shared one, which they used during treatments and procedures.

Before Tuesday's donation of eight iPad Minis and two iPads — one of which was provided by the Palm Beach County Sheriff 's Office — Palm Beach Children's Hospital had just five iPads, which were rotated among young patients.

The new iPads will be a welcome addition, said Jane Miller, manager of the Child Life Program at Palm Beach Children's Hospital.

"The Child Life staff uses these iPads as visuals for their diagnosis education," Miller said.

"We also use them for distraction, so when a child is getting stitches, IVs, any kind of invasive procedure, it is wonderful to distract them with an iPad."

Since beginning Aaron's iPad Lending Library, Sarah and Deborah have donated 26 iPads — 16 to Joe DiMaggio Children's Hospital and 10 to St. Mary's Medical Center — and hope to raise money for many more.

"We'd like them to be on every oncology floor," Deborah Clein said. "Every children's hospital should have an iPad."

For information on Aaron's iPad Lending Library or to donate, visit www.teamaaron.org

http://digital.olivesoftware.com/Olive/ODE/PalmBeachPost/LandingPage/LandingPage.aspx?href=UEJDLzIwMTMvMTEvMjA.&pageno=MTM.&entity=OXIwMTMwNQ..&view=ZW50aXR5

Palm Beach Gardens & Jupiter
FLORIDA WEEKLY
IN THE KNOW. IN THE NOW.

11-22-13

St. Mary's achieves Level I Trauma Center designation

Following the completion of the first phase of the state's Level I Trauma Center approval process, St. Mary's Medical Center has been operating as a Provisional Level I Trauma Center since Oct. 19. This is the provisional phase of the highest level trauma service designated by the Florida Department of Health and elevates St. Mary's Medical Center to a select group of trauma research centers in the state.

"St. Mary's Medical Center is dedicated to ensuring its trauma services meet the highest standard of care," said CEO Davide Carbone. "This designation represents the culmination of our efforts and our commitment by the skilled team of physicians and staff at St. Mary's Medical Center. We are proud to provide the community with the highest level of trauma care in Palm Beach County."

St. Mary's Medical Center is one of 27 verified trauma centers in Florida and is certified as a Brain and Spinal Cord Acute Care Injury Center. In addition, St. Mary's holds designation as a Pediatric Trauma Referral Center. With only eight Level I Trauma Centers currently in Florida, St. Mary's officials said it looks forward to the completion of its provisional status review, which will increase access to a Level I Trauma Center for patients.

http://palmbeachgardens.floridaweekly.com/news/2013-11-21/Top_News/St_Marys_achieves_Level_I_Trauma_Center_designatio.html

St. Mary's Medical Center
West Palm Beach, Florida

Father Aidan Lacy, Director of Pastoral Care
Davide M. Carbone, Chief Executive Officer

The Palm Beach Post
REAL NEWS STARTS HERE

12-10-13
WEST PALM BEACH HOLIDAY CONCERT

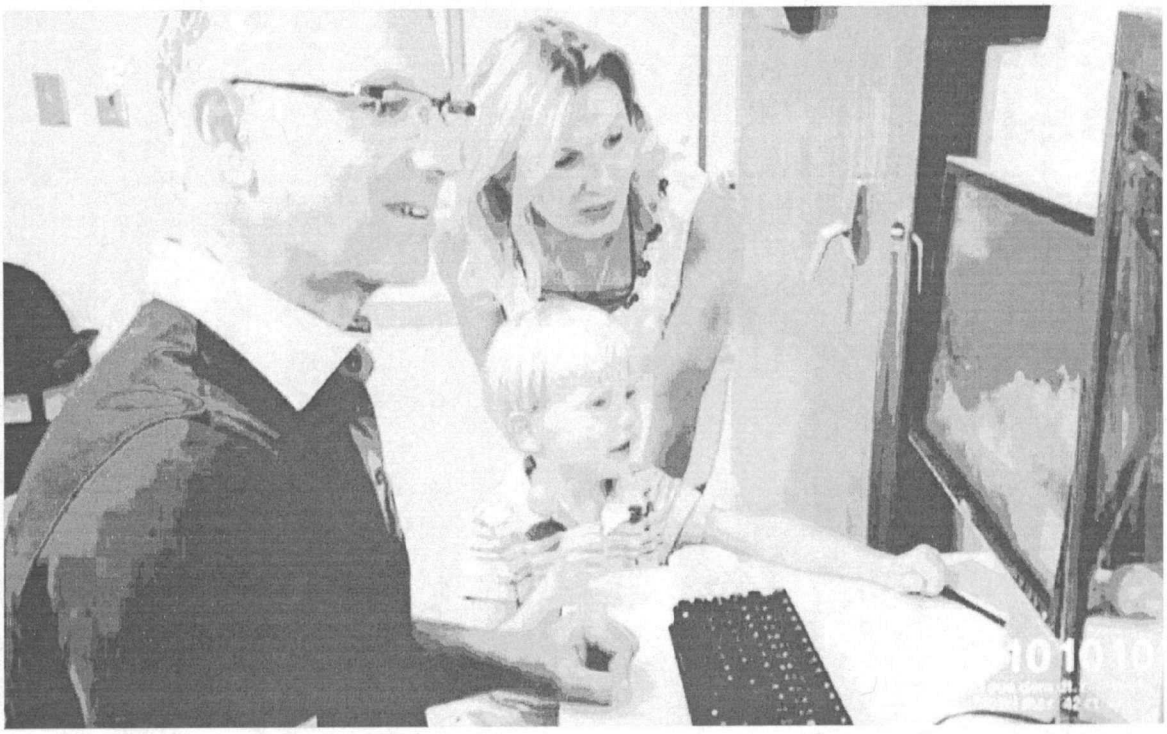
'X Factor' competitor brings holiday Cheer

Former "X Factor" semi-finalist CJ Fam hands out teddy bears to the children during her free holiday concert at the Palm Beach Children's Hospital at St. Mary's Medical Center on Monday. Following her stint on NBC's TV show, the 14-year-old signed a music management contract with Morgan Renee Live. ***JENNIFER PODIS / THE PALM BEACH POST***
12-11-13

Comp. Resp. 361

ZDFmediathek

A German TV Network did a story on Valentin, a young patient from Germany who came to the Paley Institute for surgery on his leg.



http://www.zdf.de/ZDFmediathek/beitrag/video/2044228/Valentin-aus-Muenchen?bc=sts%3Bsta#/beitrag/video/2044228/Valentin-aus-Muenchen

12-12-13

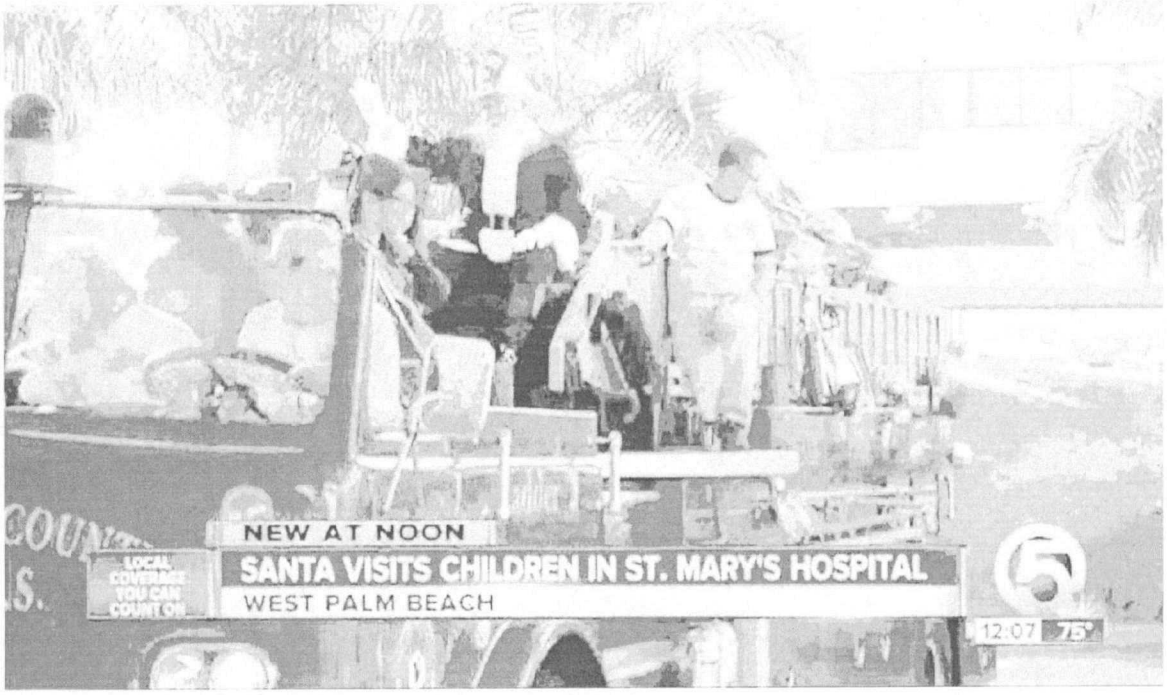
Former Paley Institute patient, Brent Hayes, biked 1,100 miles from Ohio to the Paley Institute at St. Mary's Medical Center in West Palm Beach.

http://mediacenter.tveyes.com/downloadgateway.aspx?UserID=79096&MDID=2609007&MDSeed=7275&Type=Media

12-19-13

NEWS CHANNEL wptv.com

The Palm Beach Children's Hospital was featured on WPTV NewsChannel 5 when Santa Claus and the Palm Beach County fire department came to bring gifts to the children.



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The Palm Beach Post

Boys' screams from blast jolted neighborhood

Three got burned when remote-control car fuel ignited Wednesday.

By Jorge Milian Palm Beach Post Staff Writer

JUPITER FARMS — Scott Cramer moved from snowy Colorado to sunny Jupiter Farms two weeks ago. The 49-yearold man was sitting on his porch Wednesday evening enjoying the South Florida weather when ear-piercing screams rocked the neighborhood's tranquility.

About 100 yards from Cramer's home on the 16200 block of 128th Trail North, three boys became engulfed in flames after they poured liquid fuel out of a remote-control car, resulting in an explosion, the Palm Beach County Sheriff 's Office said.

The boys — two brothers ages 10 and 13 and an 11-yearold neighbor — ran screaming hysterically into their homes.

"It was pretty unnerving," Cramer said. "You really felt for them. I wish they had stopped, dropped and rolled because by the time they got to the house, they were probably pretty well burned."

The 11-year-old boy, identified by another neighbor as Miles Jones, was the most seriously hurt.

The boy was initially taken to the trauma center at St. Mary's Medical Center in West Palm Beach and then was flown to Jackson Memorial Hospital in Miami because of the extent of his injuries.

The neighbor, who declined to be identified, said the boy sustained severe burns to his legs and faces a lengthy hospital stay.

The two brothers, who lived next door to Miles Jones, were taken to the trauma center at St. Mary's. The extent of their injuries was not believed to be serious, but police and hospital officials declined to identify ei- ther the boys or the extent of their burns.

Attempts to reach the boys' parents were not successful.

As of Thursday afternoon, a large burn mark remained on the dirt road where the explosion took place.

"I heard what I thought were gunshots or firecrackers," said neighbor Claude Taylor, who referred to the boys as "average kids" who enjoy playing together. "When I came outside, I saw a ring of fire of about 20 feet going down the road and the kids screaming. I knew it was bad."

Neighbors tried to extinguish the fire with water, only to see the flames grow larger. The fuel used in gas-powered cars is not actually gasoline, but a nitrogen-rich fuel mixture created specifically for remote control engine use. It's considered a highly combustible substance.

Dr. Teofilo Lama, a trauma surgeon for seven years at St. Mary's, said he had never treated victims of burns caused by a remote-control toy.

Lama said anyone who is severely burned is often left with long-term psychological, as well as physical, scars.

"They have to go through a lot," Lama said. "It's very uncomfortable, painful and traumatic when this happens."

No charges will be filed against the parents of the boys, the sheriff 's office said.

"It's really sad for this to happen and this time of the year, it's even sadder," said Taylor, who has lived in the neighborhood for 35 years. "I mean, it's Christmastime. And now these kids may be scarred for life." jmillian@pbpost.com

Boys' screams from blast jolted neighborhood on Page 1B of Friday, December 20, 2013 issue of Palm Beach Post

Celebrations at St. Mary's

Volunteers Luncheon

Go Red Luncheon

Day in the Life of a Nurse

COMPLETENESS RESPONSES

EXHIBIT 18A

Tenet Healthcare
LeapFrog Safety Scores
As Reported April 2014

A	
California	8
DESERT REG MED CTR	1
DOCTORS HOSP OF MANTECA	1
FOUNTAIN VLY REG HOSP MED CTR	1
LAKEWOOD REG MED CTR	1
LOS ALAMITOS MED CTR	1
SAN RAMON REG MED CTR	1
SIERRA VISTA REG MED CTR	1
TWIN CITIES COMM HOSP	1
Central	4
DES PERES HOSP	1
SIERRA PROVIDENCE EAST MED CTR	1
ST FRANCIS BARTLETT MED CTR	1
ST FRANCIS HOSP	1
Florida	7
CORAL GABLES HOSP	1
DELRAY MED CTR	1
North Shore MC FLORIDA MED CTR Campus	1
NORTH SHORE MED CTR	1
PALM BEACH GARDENS MED CTR	1
ST MARY'S MED CTR	1
WEST BOCA MED CTR	1
Southern	4
ATLANTA MED CTR	1
BROOKWOOD MED CTR	1
NORTH FULTON REG HOSP	1
PIEDMONT MED CTR	1
Detroit	4
DMC Detroit Receiving Hospital	1
DMC Harper University Hospital	1
DMC Huron Valley-Sinai Hospital	1
DMC Sinai-Grace Hospital	1
San Antonio	5
Baptist Medical Center	1
Mission Trail Baptist Hospital	1
North Central Baptist Hospital	1
Northeast Baptist Hospital	1
St. Luke's Baptist Hospital	1
Northeast	6
MacNeal Hospital	1
Weiss Memorial Hospital	1
West Suburban Hospital	1
Saint Vincent Hospital	1
MetroWest Medical Center - Framingham Union	1
MetroWest Medical Center - Leonard Morse Hospital	1
B	
California	2
DOCTORS MED CTR OF MODESTO	1
PLACENTIA-LINDA HOSP	1
Central	8
CENTENNIAL MED CTR	1
DOCTORS HOSP WHITE ROCK LAKE	1
HOUSTON NORTHWEST MED CTR	1

LAKE POINTE MED CTR	1
NACOGDOCHES MED CTR	1
PARK PLAZA HOSP	1
SAINT LOUIS UNIVERSITY HOSP	1
SIERRA MED CTR	1
Florida	3
GOOD SAMARITAN MED CTR	1
HIALEAH HOSP	1
PALMETTO GEN HOSP	1
Southern	4
CENTRAL CAROLINA HOSP	1
FRYE REG MED CTR	1
HILTON HEAD REG MED CTR	1
SPALDING REG MED CTR	1
Northeast	1
HAHNEMANN UNIV HOSP	1
Phoenix	2
Arrowhead Hospital	1
Maryvale Hospital	1
C	
California	1
JOHN F KENNEDY MEM HOSP	1
Central	2
CYPRESS FAIRBANKS MED CTR	1
PROVIDENCE MEM HOSP	1
Southern	2
COASTAL CAROLINA MED CTR	1
EAST COOPER REG MED CTR	1
South Texas	2
Valley Baptist - Brownsville	1
Valley Baptist Medical Center - Harlingen	1
Northeast	1
Westlake Hospital	1
Phoenix	3
Paradise Valley Hospital	1
Phoenix Baptist Hospital	1
West Valley Hospital	1
N/A	
Central	1
PLAZA SPECIALTY HOSP	1
Southern	2
SOUTH FULTON MED CTR	1
SYLVAN GROVE HOSP	1
Detroit	4
DMC Children's Hospital of Michigan	1
DMC Hutzel Women's Hospital	1
DMC Rehabilitation Institute of Michigan	1
DMC Surgery Hospital	1
Northeast	1
ST CHRISTOPHER'S HOSP FOR CHILDREN	1
Phoenix	1
Arizona Heart Hospital	1
Grand Total	**78**

COMPLETENESS RESPONSES

EXHIBIT 18B

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Hospitals by State	City	Heart Attack	Heart Failure	Pneumonia	Surgical Care	Children's Asthma	VTE	Stroke	Hosp-Based Inpt Psych	Immunization
Alabama										
Shelby Baptist Medical Center	Alabaster	✓	✓	✓	✓					
Community Hospital of Andalusia, Inc.	Andalusia			✓	✓					
Anniston HMA, LLC	Anniston	✓	✓	✓	✓					
The Health Care Authority for Medical West, An Affiliate of UAB	Bessemer	✓	✓	✓	✓					
Affinity Hospital, LLC	Birmingham	✓	✓	✓	✓					
Brookwood Medical Center	Birmingham	✓	✓	✓	✓					
Hill Crest Behavioral Health Services	Birmingham								✓	
Princeton Baptist Medical Center	Birmingham	✓	✓	✓	✓					
North Alabama Regional Hospital	Decatur								✓	
Flowers Hospital	Dothan	✓	✓	✓	✓					
Hospital and Behavioral Health	Dothan								✓	
QHG of Enterprise, Inc.	Enterprise			✓	✓					
South Baldwin Regional Medical Center	Foley	✓	✓	✓	✓					
DeKalb Regional Medical Center	Fort Payne	✓	✓	✓	✓					
Greenville Hospital Corporation	Greenville			✓	✓					
Lakeland Community Hospital	Haleyville			✓						
Crestwood Medical Center	Huntsville	✓	✓	✓	✓					
Walker Baptist Medical Center	Jasper	✓	✓	✓	✓					
University of South Alabama Medical Center	Mobile	✓	✓	✓	✓					
Baptist Medical Center East	Montgomery	✓	✓	✓	✓					
Jackson Hospital and Clinic, Inc.	Montgomery	✓	✓	✓	✓					
East Alabama Medical Center	Opelika	✓	✓	✓	✓					
Russell County Community Hospital, LLC	Phenix City				✓					
The Health Care Authority for Baptist Health, An Affiliate of UAB	Prattville			✓						
Russellville Hospital	Russellville	✓		✓	✓					
Vaughan Regional Medical Center, LLC	Selma	✓	✓	✓	✓					
Helen Keller Hospital	Sheffield		✓	✓	✓					
Coosa Valley Medical Center	Sylacauga		✓	✓	✓					
Bryce Hospital	Tuscaloosa								✓	
DCH Regional Medical Center	Tuscaloosa	✓	✓	✓	✓					
Mary Starke Harper Geriatric Psychiatry Center	Tuscaloosa								✓	
Taylor Hardin Secure Medical Facility	Tuscaloosa								✓	
Tuscaloosa VA Medical Center	Tuscaloosa								✓	
Alaska										
Alaska Psychiatric Institute	Anchorage								✓	
Alaska Regional Hospital	Anchorage	✓	✓	✓	✓					
PeaceHealth Ketchikan Medical Center	Ketchikan			✓	✓					
Mat-Su Regional Medical Center	Palmer	✓		✓	✓					
Central Peninsula Hospital	Soldotna			✓	✓					
Arizona										
Western Arizona Regional Medical Center	Bullhead City	✓	✓	✓	✓					
Orthopedic and Surgical Specialty Company, LLC	Chandler				✓					
Banner Gateway Medical Center	Gilbert		✓	✓	✓					
Arrowhead Hospital	Glendale	✓	✓	✓	✓					
Banner Desert Medical Center	Mesa	✓	✓	✓		✓				
Carondelet Holy Cross Hospital, Inc.	Nogales				✓					
Banner Estrella Medical Center-Banner Health	Phoenix	✓	✓	✓	✓					
Maryvale Hospital	Phoenix	✓	✓	✓	✓					
Mayo Clinic Hospital	Phoenix	✓	✓	✓	✓					
Paradise Valley Hospital	Phoenix	✓	✓	✓	✓					
UBH of Phoenix, LLC	Phoenix								✓	
Banner Ironwood Medical Center	San Tan Valley			✓	✓					
Banner Boswell Medical Center	Sun City	✓	✓	✓	✓					

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Hospitals by State	City	Heart Attack	Heart Failure	Pneumonia	Surgical Care	Children's Asthma	VTE	Stroke	Hosp-Based Inpt Psych	Immun-ization
Arkansas										
Baptist Health	Arkadelphia			✓	✓					
Valley Behavioral Health System, LLC	Barling								✓	
Sparks Regional Medical Center	Fort Smith	✓	✓	✓	✓					
Helena Regional Medical Center	Helena		✓	✓						
Arkansas Heart Hospital	Little Rock	✓	✓	✓	✓					
Baptist Health Medical Center-Little Rock	Little Rock	✓	✓	✓						
BHC Pinnacle Pointe Hospital, Inc.	Little Rock								✓	
United Methodist Behavioral Hospital	Maumelle								✓	
Harris Hospital	Newport		✓	✓	✓					
Arkansas Surgical Hospital, LLC	North Little Rock				✓					
Arkansas Methodist Hospital Corporation	Paragould	✓	✓	✓	✓					
Riverview Behavioral Health	Texarkana								✓	
Crittenden Hospital Association	West Memphis		✓	✓						
California										
Kaiser Foundation Hospital-Orange County-Anaheim	Anaheim	✓	✓	✓	✓					
Kaiser Foundation Hospital-Antioch	Antioch	✓	✓	✓	✓					
Sutter Auburn Faith Hospital	Auburn			✓	✓					
Kaiser Foundation Hospitals-Baldwin Park Medical Center	Baldwin Park	✓	✓	✓	✓					
Eden Medical Center	Castro Valley	✓	✓	✓	✓					
Sharp Coronado Hospital	Coronado				✓					
CHCM, Inc.	Costa Mesa								✓	
Aurora Charter Oak-Los Angeles, LLC	Covina								✓	
Kaiser Foundation Hospital-Downey Medical Center	Downey	✓	✓	✓	✓					
Scripps Memorial Hospital-Encinitas	Encinitas	✓	✓	✓	✓					
Encino Hospital Medical Center	Encino			✓						
Fallbrook Hospital Corporation	Fallbrook			✓	✓					
Mercy Hospital of Folsom	Folsom			✓	✓			✓		
Kaiser Foundation Hospital-Fontana	Fontana	✓	✓	✓	✓					
San Joaquin General Hospital	French Camp	✓	✓							
Fresno Heart Hospital, LLC	Fresno	✓			✓					
Kaiser Foundation Hospital-Fresno	Fresno	✓	✓	✓	✓					
Garden Grove Hospital and Medical Center	Garden Grove	✓		✓	✓					
Glendale Adventist Medical Center	Glendale	✓	✓	✓				✓		
Kaiser Foundation Hospital-South Bay	Harbor City	✓	✓	✓	✓					
Kaiser Foundation Hospital-Hayward/ Fremont Medical Center	Hayward	✓	✓	✓	✓					
The Huntington Beach Hospital	Huntington Beach			✓	✓					
Centinela Hospital Medical Center	Inglewood	✓	✓	✓	✓					
Scripps Green Hospital	La Jolla	✓	✓	✓	✓					
Scripps Memorial Hospital-La Jolla	La Jolla	✓	✓	✓	✓					
Grossmont Hospital Corporation	La Mesa	✓	✓	✓	✓					
La Palma Intercommunity Hospital	La Palma	✓		✓	✓					
Lakewood Regional Medical Center	Lakewood	✓	✓	✓	✓					
VA Loma Linda Healthcare System	Loma Linda	✓	✓	✓	✓					
Miller Children's Hospital	Long Beach					✓				
Kaiser Foundation Hospital-Los Angeles Medical Center	Los Angeles	✓	✓	✓	✓					
Ronald Reagan UCLA Medical Center	Los Angeles	✓	✓	✓	✓					
Memorial Hospital Los Banos	Los Banos			✓						
Kaiser Foundation Hospital-Manteca/Modesto	Manteca	✓		✓	✓					
Doctors Medical Center of Modesto	Modesto	✓	✓	✓	✓					
Memorial Medical Center	Modesto	✓	✓	✓	✓					
Kaiser Foundation Hospital-Moreno Valley Community Hospital	Moreno Valley	✓	✓	✓	✓					
Mercy Medical Center Mt. Shasta	Mount Shasta			✓	✓					
El Camino Hospital	Mountain View	✓	✓	✓	✓					
Paradise Valley Hospital	National City	✓	✓	✓	✓					

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Hospitals by State	City	Heart Attack	Heart Failure	Pneumonia	Surgical Care	Children's Asthma	VTE	Stroke	Hosp-Based Inpt Psych	Immunization
Kaiser Foundation Hospital-Oakland/Richmond	Oakland	✓	✓	✓	✓					
Sutter East Bay Hospitals-Summit Campus	Oakland	✓	✓	✓	✓					
Children's Hospital of Orange County	Orange					✓				
Lucile Salter Packard Children's Hospital at Stanford	Palo Alto					✓				
Kaiser Foundation Hospitals-Panorama City Medical Center	Panorama City	✓	✓	✓	✓					
Mission Community Hospital	Panorama City		✓	✓	✓					
Aurora Behavioral Health Care/Las Encinas Hospital	Pasadena								✓	
Department of State Hospitals-Patton	Patton								✓	
Placentia-Linda Hospital	Placentia	✓		✓	✓					
Marshall Medical Center	Placerville		✓	✓	✓					
ValleyCare Health System	Pleasanton	✓	✓	✓	✓					
Pomona Valley Hospital Medical Center	Pomona	✓	✓	✓						
Prime Healthcare Services-Shasta, LLC	Redding	✓	✓	✓	✓					
Kaiser Foundation Hospital-Redwood City	Redwood City	✓		✓	✓					
Sequoia Hospital	Redwood City	✓	✓	✓	✓					
Riverside Community Hospital	Riverside	✓	✓	✓	✓					
BHC Alhambra Hospital	Rosemead								✓	
BHC Heritage Oaks Hospital	Sacramento								✓	
Kaiser Foundation Hospital-Sacramento	Sacramento	✓	✓	✓	✓					
Salinas Valley Memorial Hospital	Salinas	✓	✓	✓						
Kaiser Foundation Hospital-San Diego	San Diego	✓	✓	✓	✓					
Scripps Mercy Hospital	San Diego	✓	✓	✓	✓					
Sharp Memorial Hospital	San Diego	✓	✓	✓	✓					
VA San Diego Healthcare System	San Diego	✓	✓	✓	✓					
San Dimas Community Hospital	San Dimas			✓	✓					
California Pacific Medical Center-St. Luke's	San Francisco		✓	✓	✓					
Kaiser Foundation Hospital-San Francisco	San Francisco	✓	✓	✓	✓					
Kaiser Foundation Hospital-San Jose	San Jose	✓	✓	✓	✓					
Regional Medical Center of San Jose	San Jose	✓	✓	✓	✓					
Kaiser Foundation Hospital-San Rafael	San Rafael	✓		✓	✓					
Kaiser Foundation Hospital-Santa Clara	Santa Clara	✓	✓	✓	✓					
Kaiser Permanente Psychiatric Health Facility-Santa Clara	Santa Clara								✓	
Dignity Health	Santa Cruz	✓	✓	✓	✓					
Sutter Maternity & Surgery Center of Santa Cruz	Santa Cruz				✓					
Saint John's Health Center	Santa Monica	✓	✓	✓	✓					
Santa Monica-UCLA Medical Center and Orthopaedic Hospital	Santa Monica	✓	✓	✓	✓					
Kaiser Foundation Hospital-Santa Rosa	Santa Rosa	✓	✓	✓	✓					
Sutter Medical Center of Santa Rosa	Santa Rosa	✓	✓	✓	✓					
Sonoma Valley Health Care District	Sonoma			✓	✓					
Sonora Community Hospital	Sonora	✓		✓						
Kaiser Foundation Hospital-South San Francisco	South San Francisco	✓	✓	✓	✓					
Dameron Hospital Association	Stockton	✓	✓	✓	✓					
St. Joseph's Medical Center of Stockton	Stockton	✓	✓	✓	✓					
Twin Cities Community Hospital	Templeton		✓	✓	✓					
Los Robles Hospital and Medical Center	Thousand Oaks	✓	✓	✓	✓					
Providence Little Company of Mary Medical Center Torrance	Torrance	✓	✓	✓	✓					
Emanuel Medical Center	Turlock	✓	✓	✓	✓					
Kaiser Foundation Hospital-Vacaville	Vacaville	✓		✓	✓					
Kaiser Foundation Hospital and Rehabilitation Center-Vallejo	Vallejo	✓	✓	✓	✓					
Sutter Solano Medical Center	Vallejo	✓	✓	✓	✓					
Watsonville Community Hospital	Watsonville			✓	✓					
Citrus Valley Medical Center	West Covina	✓	✓	✓	✓					
Presbyterian Intercommunity Hospital	Whittier	✓	✓	✓	✓					

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Hospitals by State	City	Heart Attack	Heart Failure	Pneumonia	Surgical Care	Children's Asthma	VTE	Stroke	Hosp-Based Inpt Psych	Immun-ization
Colorado										
The Medical Center of Aurora	Aurora	✓	✓	✓	✓					
Platte Valley Medical Center	Brighton	✓		✓	✓					
Colorado Mental Health Institute at Fort Logan	Denver								✓	
Rose Medical Center	Denver	✓	✓	✓	✓					
Mercy Regional Medical Center	Durango	✓		✓	✓					
Poudre Valley Hospital	Fort Collins	✓	✓	✓						
Colorado Plains Medical Center	Fort Morgan			✓	✓					
Catholic Health Initiatives Colorado	Frisco				✓					
Valley View Hospital Association	Glenwood Springs	✓		✓	✓					
Grand Junction Veterans Affairs Medical Center	Grand Junction			✓	✓					
North Colorado Medical Center	Greeley	✓	✓	✓	✓					
Exempla Good Samaritan Medical Center, LLC	Lafayette	✓	✓	✓	✓					
OrthoColorado Hospital at St. Anthony Medical Campus	Lakewood				✓					
Highlands Behavioral Health System	Littleton								✓	
HCA/HealthOne, LLC, Sky Ridge Medical Center	Lone Tree	✓		✓	✓					
Avista Adventist Hospital	Louisville			✓	✓					
Haven Behavioral War Heroes Hospital @ St. Mary-Corwin	Pueblo								✓	
Sterling Regional MedCenter	Sterling				✓					
North Suburban Medical Center	Thornton	✓		✓	✓					
Exempla Lutheran Medical Center	Wheat Ridge	✓	✓	✓	✓					
Connecticut										
St. Vincent's Medical Center	Bridgeport	✓	✓	✓	✓					
Griffin Hospital	Derby	✓	✓	✓	✓					
John Dempsey Hospital	Farmington	✓	✓	✓	✓					
Albert J. Solnit Children's Center-South Campus	Middletown								✓	
Middlesex Hospital	Middletown	✓	✓	✓	✓					
The William W. Backus Hospital	Norwich	✓	✓	✓	✓					
Day Kimball Healthcare, Inc.	Putnam	✓		✓	✓					
Saint Mary's Hospital, Inc.	Waterbury	✓	✓	✓	✓					
Delaware										
Bayhealth-Kent General Hospital	Dover	✓	✓	✓	✓					
Dover Behavioral Health System	Dover								✓	
Beebe Medical Center	Lewes	✓	✓	✓	✓					
Meadow Wood Behavioral Health System	New Castle								✓	
VA Medical Center	Wilmington				✓					
District of Columbia										
Sibley Memorial Hospital	Washington			✓	✓					
Florida										
JFK Medical Center Limited Partnership	Atlantis	✓	✓	✓	✓					
Bartow HMA, LLC	Bartow		✓	✓	✓					
Bay Pines VA Healthcare System	Bay Pines	✓	✓	✓	✓					
Boca Raton Regional Hospital, Inc.	Boca Raton	✓	✓	✓	✓					
Bethesda Hospital, Inc.	Boynton Beach	✓	✓	✓	✓					
Blake Medical Center	Bradenton	✓	✓	✓	✓					
Manatee Memorial Hospital	Bradenton	✓	✓	✓	✓					
Brandon Regional Hospital	Brandon	✓	✓	✓	✓					
Brooksville & Spring Hill Regional Hospitals	Brooksville	✓	✓	✓	✓					
Oak Hill Hospital	Brooksville	✓	✓	✓	✓					
Morton Plant Hospital Association	Clearwater	✓	✓	✓	✓					
Windmoor Healthcare of Clearwater, Inc.	Clearwater								✓	
Cape Canaveral Hospital, Inc.	Cocoa Beach	✓	✓	✓	✓					
Coral Gables Hospital	Coral Gables	✓	✓	✓	✓					
Doctors Hospital, Inc.	Coral Gables		✓	✓	✓					
Broward Health Coral Springs	Coral Springs	✓	✓	✓	✓					
North Okaloosa Medical Center	Crestview	✓	✓	✓	✓					

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Pasco Regional Medical Center	Dade City	✓	✓	✓	✓					
Heart of Florida Regional Medical Center	Davenport	✓	✓	✓	✓					
Halifax Health	Daytona Beach	✓	✓	✓	✓					
Florida Hospital Deland	Deland	✓	✓	✓	✓					
Delray Medical Center, Inc.	Delray Beach	✓	✓	✓	✓					
Mease Dunedin Hospital	Dunedin	✓	✓	✓	✓					
96th Medical Group	Eglin AFB			✓	✓		✓			
Englewood Community Hospital	Englewood			✓	✓					
South Florida Evaluation and Treatment Center (SFETC)	Florida City								✓	
Atlantic Shores Hospital	Fort Lauderdale								✓	
Broward Health Medical Center	Fort Lauderdale	✓	✓	✓	✓					
Fort Lauderdale Hospital Management, LLC	Fort Lauderdale								✓	
Holy Cross Hospital, Inc.	Fort Lauderdale	✓	✓	✓	✓					
North Broward Hospital District	Fort Lauderdale	✓	✓	✓	✓					
Lawnwood Regional Medical Center & Heart Institute	Fort Pierce	✓	✓	✓	✓	✓				
Fort Walton Beach Medical Center, Inc.	Fort Walton Beach	✓	✓	✓	✓					
North Florida Regional Medical Center	Gainesville	✓	✓	✓	✓					
Gulf Breeze Hospital	Gulf Breeze			✓	✓					
Palmetto General Hospital	Hialeah	✓	✓	✓	✓					
Hollywood Pavilion, LLC	Hollywood								✓	
Memorial Regional Hospital	Hollywood	✓	✓	✓	✓	✓			✓	
Memorial Healthcare, Inc.	Jacksonville	✓	✓	✓	✓					
River Point Behavioral Health	Jacksonville								✓	
St. Vincent's Medical Center Riverside	Jacksonville	✓	✓	✓	✓					
St. Vincent's Southside-St. Vincent's HealthCare, Inc.	Jacksonville	✓	✓	✓	✓					
Wekiva Springs Center, LLC	Jacksonville								✓	
Jupiter Medical Center	Jupiter	✓	✓	✓	✓					
Key West HMA, LLC	Key West	✓		✓	✓					
Osceola Regional Medical Center	Kissimmee	✓	✓	✓	✓					
Lake City Medical Center	Lake City		✓	✓	✓					
Largo Medical Center	Largo	✓	✓	✓	✓					
Palms West Hospital	Loxahatchee	✓	✓	✓	✓					
Northwest Medical Center	Margate	✓	✓	✓	✓					
Circles of Care, Inc.	Melbourne								✓	
Holmes Regional Medical Center, Inc.	Melbourne	✓	✓	✓	✓					
Viera Hospital, Inc.	Melbourne	✓		✓	✓					
Baptist Hospital of Miami	Miami	✓	✓	✓	✓			✓		
Kendall Regional Medical Center	Miami	✓	✓	✓	✓					
South Miami Hospital	Miami	✓	✓	✓	✓					
West Kendall Baptist Hospital	Miami	✓	✓	✓	✓					
Santa Rosa Medical Center	Milton	✓		✓	✓					
Memorial Hospital Miramar	Miramar	✓	✓	✓	✓					
Sacred Heart Hospital on the Emerald Coast	Miramar Beach	✓		✓	✓					
Twin Cities Hospital	Niceville			✓	✓					
Ocala Regional Medical Center	Ocala	✓	✓	✓	✓					
Raulerson Hospital	Okeechobee	✓	✓	✓	✓					
Florida Hospital Fish Memorial	Orange City	✓	✓	✓	✓					
Orange Park Medical Center	Orange Park	✓	✓	✓	✓					
Palm Bay Hospital	Palm Bay	✓	✓	✓	✓					
Palm Beach Gardens Medical Center	Palm Beach Gardens	✓	✓	✓	✓					
Florida Hospital Flagler	Palm Coast	✓	✓	✓	✓					
Gulf Coast Medical Center	Panama City	✓	✓	✓	✓					
Geo Care LLC South Florida State Hospital	Pembroke Pines								✓	
Memorial Hospital Pembroke	Pembroke Pines	✓	✓	✓	✓					
Memorial Hospital West	Pembroke Pines	✓	✓	✓	✓					
Naval Hospital Pensacola	Pensacola				✓		✓			
West Florida Regional Medical Center, Inc.	Pensacola	✓	✓	✓	✓					

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Plantation General Hospital	Plantation	✓	✓	✓	✓					
Westside Regional Medical Center	Plantation	✓	✓	✓	✓					
Broward Health North	Pompano Beach	✓	✓	✓	✓					
Fawcett Memorial Hospital	Port Charlotte	✓	✓	✓	✓					
St. Lucie Medical Center	Port Saint Lucie	✓	✓	✓	✓					
Charlotte Regional Medical Center	Punta Gorda	✓	✓	✓	✓					
St. Cloud Regional Medical Center	Saint Cloud		✓	✓	✓					
All Children's Hospital, Inc.	Saint Petersburg					✓				
Edward White Hospital	Saint Petersburg			✓	✓					
Northside Hospital	Saint Petersburg	✓	✓	✓	✓					
St. Petersburg General Hospital	Saint Petersburg	✓		✓	✓					
Central Florida Regional Hospital	Sanford	✓	✓	✓	✓					
Doctors Hospital of Sarasota	Sarasota	✓	✓	✓	✓					
Sebastian River Medical Center	Sebastian	✓	✓	✓	✓					
Florida Hospital Heartland Medical Center	Sebring	✓	✓	✓	✓					
Highlands Regional Medical Center	Sebring	✓	✓	✓	✓					
Shands Starke Regional Medical Center	Starke			✓						
South Bay Hospital	Sun City Center	✓	✓	✓	✓					
Capital Regional Medical Center	Tallahassee	✓	✓	✓	✓					
St. Joseph's Hospital, Inc.	Tampa	✓	✓	✓	✓					
Florida Hospital North Pinellas	Tarpon Springs	✓	✓	✓	✓					
Florida Hospital Waterman	Tavares	✓	✓	✓	✓					
Mariners Hospital	Tavernier			✓	✓					
North Brevard County Hospital District	Titusville	✓	✓	✓	✓					
Medical Center of Trinity	Trinity	✓	✓	✓	✓					
Venice HMA, LLC	Venice	✓	✓	✓	✓					
Wellington Regional Medical Center	Wellington	✓	✓	✓	✓					
West Palm Hospital	West Palm Beach			✓	✓					
Florida Hospital Zephyrhills	Zephyrhills	✓	✓	✓	✓					
Georgia										
Northside Hospital, Inc.	Atlanta		✓	✓	✓					
Wesley Woods Center of Emory University	Atlanta								✓	
Doctors Hospital of Augusta	Augusta	✓	✓	✓	✓					
Trinity Hospital of Augusta	Augusta	✓		✓	✓					
Fannin Regional Hospital	Blue Ridge			✓	✓					
Higgins General Hospital	Bremen			✓						
Gordon Hospital	Calhoun	✓	✓	✓	✓					
Northside Hospital-Cherokee	Canton		✓	✓	✓					
Tanner Medical Center, Inc.	Carrollton	✓	✓	✓	✓					
Cartersville Medical Center	Cartersville	✓	✓	✓	✓					
Hughston Hospital	Columbus				✓					
Rockdale Hospital, LLC	Conyers	✓	✓	✓	✓					
Crisp Regional Hospital, Inc.	Cordele	✓	✓	✓	✓					
Northside Hospital-Forsyth	Cumming		✓	✓	✓					
Georgia Regional Hospital at Atlanta	Decatur								✓	
Coffee Regional Medical Center	Douglas		✓	✓	✓					
Fairview Park Hospital	Dublin	✓	✓	✓	✓					
VA Medical Center-Carl Vinson	Dublin			✓						
West Georgia Medical Center, Inc.	Lagrange	✓	✓	✓	✓					
Gwinnett Medical Center	Lawrenceville	✓	✓	✓	✓					
Coliseum Medical Centers	Macon	✓	✓	✓	✓					
Coliseum Northside Hospital	Macon			✓	✓					
Coliseum Psychiatric Center, LLC	Macon								✓	
Colquitt Regional Medical Center	Moultrie		✓	✓	✓					
Perry Hospital	Perry			✓	✓					
RiverWoods Behavioral Health System, LLC	Riverdale								✓	
Redmond Park Hospital, LLC	Rome	✓	✓	✓	✓					

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North Fulton Medical Center, Inc.	Roswell	✓	✓	✓	✓					
Georgia Regional Hospital at Savannah	Savannah								✓	
Emory-Adventist Hospital	Smyrna			✓	✓					
Ridgeview Institute	Smyrna								✓	
John D. Archbold Memorial Hospital	Thomasville	✓	✓	✓	✓					
Southwestern State Hospital	Thomasville								✓	
Tanner Medical Center/Villa Rica	Villa Rica	✓		✓	✓					
Barrow Regional Medical Center	Winder			✓	✓					
Hawaii										
Sutter Health Pacific	Ewa Beach								✓	
Kaiser Foundation Hospital	Honolulu	✓	✓	✓	✓					
The Queen's Medical Center	Honolulu	✓	✓	✓	✓					
Castle Medical Center	Kailua	✓	✓	✓						
Idaho										
State Hospital South	Blackfoot								✓	
Saint Alphonsus Regional Medical Center	Boise	✓	✓	✓	✓					
West Valley Medical Center	Caldwell	✓		✓	✓					
Eastern Idaho Health Services	Idaho Falls	✓	✓	✓	✓					
Saint Alphonsus Medical Center-Nampa	Nampa	✓	✓	✓	✓					
St. Luke's Magic Valley Medical Center	Twin Falls	✓	✓	✓	✓					
Illinois										
Alton Memorial Hospital	Alton	✓	✓	✓	✓					
Saint Anthony's Health Center	Alton	✓		✓	✓					
St. Elizabeth's Hospital	Belleville	✓	✓	✓	✓					
MacNeal Hospital	Berwyn	✓	✓	✓	✓					
MetroSouth Medical Center	Blue Island	✓	✓	✓						
St. Mary's Hospital	Centralia	✓		✓	✓					
The Pavilion Foundation	Champaign								✓	
Chester Mental Health Center	Chester								✓	
Advocate Illinois Masonic Medical Center	Chicago	✓	✓	✓	✓					
Ann & Robert H. Lurie Children's Hospital of Chicago	Chicago					✓				
Aurora Chicago Lakeshore Hospital	Chicago								✓	
Louis A. Weiss Memorial Hospital	Chicago	✓	✓	✓	✓					
Rush University Medical Center	Chicago	✓	✓	✓	✓					
Kishwaukee Community Hospital	Dekalb	✓	✓	✓	✓					
Presence Saint Joseph Hospital-Elgin	Elgin	✓		✓	✓					
Alexian Brothers Medical Center	Elk Grove Village	✓	✓	✓	✓					
Little Company of Mary Hospital	Evergreen Park	✓	✓	✓	✓	✓				
Clay County Hospital	Flora			✓						
Riveredge Hospital	Forest Park								✓	
Gibson Community Hospital	Gibson City				✓					
Granite City Illinois Hospital Company, LLC	Granite City	✓	✓	✓	✓					
Adventist La Grange Memorial Hospital	La Grange	✓	✓	✓	✓					
VA Medical Center	Marion			✓						
Gottlieb Memorial Hospital	Melrose Park	✓	✓	✓	✓					
Silver Cross Hospital	New Lenox	✓	✓	✓	✓					
Ottawa Regional Hospital and Healthcare Center	Ottawa			✓	✓					
OSF Saint Francis Medical Center	Peoria	✓	✓	✓	✓					
The Methodist Medical Center of Illinois	Peoria	✓	✓	✓	✓					
OSF Saint James-John W. Albrecht Medical Center	Pontiac			✓	✓					
Blessing Hospital	Quincy	✓	✓	✓	✓					
Red Bud Regional Hospital, LLC	Red Bud			✓	✓					
Valley West Community Hospital	Sandwich			✓	✓					
Genesis Medical Center, Illini Campus	Silvis		✓	✓	✓					
St. Mary's Hospital	Streator			✓	✓					
CTCA at Midwestern Regional Medical Center	Zion				✓					

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Indiana										
St. Vincent Anderson Regional Hospital	Anderson	✓	✓	✓	✓					
Bloomington Meadows Hospital	Bloomington								✓	
Bluffton Regional Medical Center	Bluffton			✓	✓					
St. Catherine Hospital, Inc.	East Chicago	✓	✓	✓	✓					
Evansville State Hospital	Evansville								✓	
Dupont Hospital, LLC	Fort Wayne			✓	✓					
Lutheran Hospital of Indiana	Fort Wayne	✓	✓	✓	✓					
Orthopaedic Hospital at Parkview North	Fort Wayne				✓					
The Orthopedic Hospital of Lutheran Health Network	Fort Wayne				✓					
VA Northern Indiana Health Care System	Fort Wayne			✓						
St. Vincent Frankfort Hospital	Frankfort			✓						
Valle Vista Health System	Greenwood								✓	
Huntington Memorial Hospital	Huntington			✓	✓					
Larue D. Carter Memorial Hospital	Indianapolis								✓	
Wishard Health Services	Indianapolis	✓	✓	✓	✓					
Wellstone Regional Hospital Acquisition, LLC	Jeffersonville								✓	
Parkview Noble Hospital	Kendallville			✓	✓					
St. Joseph Hospital & Health Center, Inc.	Kokomo		✓	✓	✓					
Logansport State Hospital	Logansport								✓	
Madison State Hospital	Madison								✓	
Indiana University Health Morgan Hospital	Martinsville			✓						
Saint Joseph Regional Medical Center	Mishawaka	✓	✓	✓	✓					
Indiana University Health Ball Memorial Hospital, Inc.	Muncie	✓	✓	✓	✓					
Brentwood Meadows, LLC	Newburgh								✓	
Dukes Memorial Hospital	Peru			✓						
HHC Indiana, Inc.	Plymouth								✓	
Gibson General Hospital, Inc.	Princeton			✓						
Harsha Behavioral Center, Inc.	Terre Haute								✓	
Terre Haute Regional Hospital	Terre Haute	✓	✓	✓	✓					
Kosciusko Community Hospital	Warsaw	✓	✓	✓	✓					
Iowa										
Mary Greeley Medical Center	Ames	✓	✓	✓	✓					
Sartori Memorial Hospital-Wheaton Franciscan Healthcare	Cedar Falls			✓	✓					
Mercy Medical Center, Cedar Rapids, Iowa	Cedar Rapids	✓	✓	✓	✓					
Mercy Medical Center-Clinton	Clinton	✓	✓	✓	✓					
Genesis Medical Center, Davenport	Davenport	✓	✓	✓	✓					
Mercy Medical Center	Des Moines	✓	✓	✓	✓					
Mental Health Institute	Independence								✓	
The University of Iowa Hospitals and Clinics	Iowa City	✓	✓	✓	✓					
Allen Memorial Hospital	Waterloo	✓	✓	✓	✓					
Covenant Medical Center-Wheaton Franciscan Healthcare-Iowa	Waterloo	✓		✓	✓					
Great River Medical Center	West Burlington	✓	✓	✓	✓					
Kansas										
Allen County Hospital	Iola			✓						
Rainbow Mental Health Facility	Kansas City								✓	
Lawrence Memorial Hospital	Lawrence	✓		✓	✓					
Saint John Hospital	Leavenworth			✓						
Osawatomie State Hospital	Osawatomie								✓	
Miami County Medical Center, Inc.	Paola				✓					
Shawnee Mission Medical Center	Shawnee Mission	✓	✓	✓	✓					
Stormont-Vail HealthCare, Inc.	Topeka	✓	✓	✓	✓					
Via Christi Hospital Wichita St. Teresa, Inc.	Wichita			✓	✓					
Wesley Medical Center, LLC	Wichita	✓	✓	✓	✓	✓				

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Kentucky										
Ashland Hospital Corporation	Ashland	✓	✓	✓	✓					
Flaget Healthcare, Inc.	Bardstown			✓	✓					
Saint Joseph Berea	Berea			✓	✓					
Greenview Regional Hospital	Bowling Green			✓	✓					
Rivendell Behavioral Health Services of Kentucky	Bowling Green								✓	
Ephraim McDowell Regional Medical Center, Inc.	Danville	✓	✓	✓	✓					
Saint Elizabeth Medical Center, Inc.	Edgewood	✓	✓	✓	✓					
Saint Elizabeth Medical Center, Inc.	Fort Thomas	✓	✓	✓	✓					
Frankfort Regional Medical Center	Frankfort	✓	✓	✓	✓					
Parkway Regional Hospital	Fulton			✓	✓					
Harlan Appalachian Regional Hospital	Harlan		✓	✓	✓					
ABS LINCS KY, Inc.	Hopkinsville								✓	
Western State Hospital	Hopkinsville								✓	
Spring View Hospital	Lebanon			✓	✓					
Twin Lakes Regional Medical Center	Leitchfield			✓	✓					
Saint Joseph East	Lexington	✓	✓	✓	✓					
University of Kentucky Hospital	Lexington	✓	✓	✓	✓	✓				
Hospital of Louisa, Inc.	Louisa			✓	✓					
Middlesboro ARH Hospital	Middlesboro		✓	✓						
Saint Joseph Health System, Inc.	Mount Sterling			✓	✓					
Owensboro Health, Inc.	Owensboro	✓	✓	✓	✓					
Baptist Healthcare System, Inc.	Paducah	✓	✓	✓	✓					
Paul B. Hall Regional Medical Center	Paintsville			✓						
Bourbon Community Hospital	Paris			✓						
Logan Memorial Hospital	Russellville			✓						
Louisiana										
Oceans Behavioral Hospital of Alexandria	Alexandria								✓	
Rapides Regional Medical Center	Alexandria	✓	✓	✓	✓					
Earl K. Long Medical Center	Baton Rouge	✓	✓	✓	✓					
Woman's Hospital	Baton Rouge				✓					
Washington St. Tammany Regional Medical Center	Bogalusa		✓	✓	✓					
Oceans Behavioral Hospital of Lafayette	Broussard								✓	
Lakeview Regional Medical Center	Covington	✓	✓	✓	✓					
Oceans Behavioral Hospital-Deridder	Deridder								✓	
Southern Regional Medical Corporation	Houma	✓	✓	✓	✓					
Oceans Behavioral Hospital of Greater New Orleans	Kenner								✓	
Heart Hospital of Lafayette	Lafayette	✓			✓					
Lafayette General Medical Center, Inc.	Lafayette	✓	✓	✓						
The Regional Medical Center of Acadiana	Lafayette	✓	✓	✓	✓					
MBH of Louisiana, LLC	Mandeville								✓	
Minden Medical Center	Minden	✓	✓	✓	✓					
Progressive Acute Care Dauterive, LLC	New Iberia	✓		✓	✓					
Oceans Behavioral Hospital of Opelousas	Opelousas								✓	
Central Louisiana State Hospital	Pineville								✓	
Ochsner St. Anne General Hospital	Raceland			✓	✓					
Phoenix Behavioral Hospital of Eunice	Rayne								✓	
Ruston Louisiana Hospital Company, LLC	Ruston	✓	✓	✓	✓					
Maine										
MaineGeneral Medical Center	Augusta	✓	✓	✓	✓					
Southern Maine Medical Center	Biddeford	✓	✓	✓	✓					
Mid Coast Hospital	Brunswick	✓	✓	✓	✓					
Cary Medical Center	Caribou			✓	✓					
Maine Coast Memorial Hospital	Ellsworth	✓		✓	✓					
Franklin Memorial Hospital	Farmington			✓	✓					
Northern Maine Medical Center	Fort Kent			✓						
Sebasticook Valley Health	Pittsfield			✓						

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Maine Medical Center	Portland	✓	✓	✓	✓					
Mercy Hospital	Portland	✓		✓	✓					
Henrietta D. Goodall Hospital	Sanford			✓	✓					
Maryland										
Maryland General Hospital	Baltimore		✓	✓	✓					
The Johns Hopkins Hospital	Baltimore	✓	✓	✓	✓					
Upper Chesapeake Medical Center	Bel Air	✓	✓	✓	✓					
Spring Grove Hospital Center	Catonsville								✓	
Thomas B. Finan Center	Cumberland								✓	
Frederick Memorial Hospital	Frederick	✓	✓	✓	✓					
Brook Lane Health Services	Hagerstown								✓	
Harford Memorial Hospital	Havre De Grace			✓	✓					
Clifton T. Perkins Hospital Center	Jessup								✓	
Civista Medical Center, Inc.	La Plata		✓	✓	✓					
Doctors Community Hospital	Lanham	✓	✓	✓	✓					
MedStar Montgomery Medical Center	Olney	✓	✓	✓	✓					
Calvert Memorial Hospital	Prince Frederick	✓	✓	✓	✓					
Shady Grove Adventist Hospital	Rockville	✓	✓	✓	✓					
Holy Cross Hospital of Silver Spring, Inc.	Silver Spring	✓	✓	✓	✓					
Washington Adventist Hospital	Takoma Park	✓	✓	✓	✓					
Massachusetts										
Sturdy Memorial Hospital, Inc.	Attleboro	✓	✓	✓	✓					
Northeast Hospital Corporation	Beverly	✓	✓	✓	✓					
Beth Israel Deaconess Medical Center	Boston	✓	✓	✓	✓					
Brigham and Women's Faulkner Hospital	Boston		✓	✓	✓					
Franciscan Hospital for Children, Inc.	Boston								✓	
New England Baptist Hospital	Boston				✓					
Signature-Healthcare Brockton Hospital	Brockton	✓	✓	✓	✓					
Steward Carney Hospital, Inc.	Dorchester		✓	✓	✓					
Falmouth Hospital	Falmouth	✓		✓	✓					
MetroWest Medical Center	Framingham	✓	✓	✓	✓					
Fairview Hospital	Great Barrington			✓	✓					
Beth Israel Deaconess Hospital-Milton	Milton			✓	✓					
Newton-Wellesley Hospital	Newton Lower Falls	✓	✓	✓	✓					
North Adams Regional Hospital	North Adams			✓	✓					
Berkshire Medical Center	Pittsfield	✓	✓	✓	✓					
Walden Behavioral Care	Waltham								✓	
Noble Hospital	Westfield			✓	✓					
VHS Acquisition Subsidiary Number 7, Inc.	Worcester	✓	✓	✓	✓					
Michigan										
St. Joseph Mercy Hospital	Ann Arbor	✓	✓	✓	✓					
The University of Michigan Hospitals and Health Centers	Ann Arbor	✓	✓	✓	✓					
Mecosta County Medical Center	Big Rapids			✓	✓					
Caro Center	Caro								✓	
MidMichigan Medical Center-Clare	Clare			✓	✓					
BCA of Detroit, LLC	Detroit								✓	
Detroit Receiving Hospital and University Health Center	Detroit	✓	✓	✓	✓					
Borgess-Lee Memorial Hospital	Dowagiac			✓						
Newaygo County General Hospital Association	Fremont			✓	✓					
MidMichigan Medical Center Gladwin	Gladwin			✓						
Forest View Psychiatric Hospital	Grand Rapids								✓	
Beaumont Hospital, Grosse Pointe	Grosse Pointe	✓	✓	✓	✓					
WA Foote Memorial Hospital	Jackson	✓	✓	✓	✓					
Kalamazoo Psychiatric Hospital	Kalamazoo								✓	
Aspirus Keweenaw Hospital	Laurium			✓	✓					
St. Mary Mercy Hospital	Livonia	✓	✓	✓	✓					
Mercy Memorial Hospital System	Monroe	✓	✓	✓	✓					

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St. Joseph Mercy Oakland	Pontiac	✓	✓	✓	✓			✓		
St. Joseph Mercy Port Huron	Port Huron	✓	✓	✓	✓					
Spectrum Health Reed City Hospital	Reed City			✓						
William Beaumont Hospital	Royal Oak	✓	✓	✓	✓					
South Haven Community Hospital, Authority	South Haven			✓	✓					
Straith Hospital for Special Surgery	Southfield									✓
Oakwood Heritage Hospital	Taylor	✓	✓	✓	✓					
William Beaumont Hospital	Troy	✓	✓	✓	✓					
Walter P. Reuther Psychiatric Hospital	Westland								✓	
Spectrum Health Zeeland Community Hospital	Zeeland			✓	✓					
Minnesota										
Mayo Clinic Health System-Austin	Austin		✓	✓	✓					
Cambridge Medical Center	Cambridge			✓	✓					
Fairview Southdale Hospital	Edina	✓	✓	✓	✓					
Unity Hospital	Fridley	✓	✓	✓	✓					
VA Health Care System-Minneapolis	Minneapolis	✓	✓	✓	✓					
New Ulm Medical Center	New Ulm			✓	✓					
Owatonna Hospital	Owatonna			✓	✓					
St. Joseph's Area Health Services	Park Rapids				✓					
Fairview Northland Health Services	Princeton			✓	✓					
Mayo Clinic Health System in Red Wing	Red Wing			✓	✓					
Regions Hospital	Saint Paul	✓	✓	✓	✓					
St. Francis Regional Medical Center	Shakopee			✓	✓					
Lakeview Memorial Hospital	Stillwater				✓					
Child and Adolescent Behavioral Health Services	Willmar								✓	
Woodwinds Health Campus	Woodbury			✓	✓					
Fairview Lakes Medical Center	Wyoming			✓	✓					
Mississippi										
Amory HMA, LLC	Amory		✓	✓	✓					
Hancock Medical Center	Bay Saint Louis		✓	✓	✓					
81st Medical Group	Biloxi		✓		✓					
Biloxi Regional Medical Center	Biloxi		✓	✓	✓					
Baptist Memorial Hospital-Booneville	Booneville			✓						
Bolivar Medical Center	Cleveland			✓	✓					
Baptist Memorial Hospital-Golden Triangle	Columbus	✓	✓	✓	✓					
Garden Park Medical Center	Gulfport		✓	✓	✓					
Wesley Health System, LLC	Hattiesburg	✓	✓	✓	✓					
River Oaks Hospital, LLC	Jackson			✓	✓					
Woman's Hospital	Jackson				✓					
Alliance Health Center, Inc.	Meridian								✓	
Natchez Community Hospital	Natchez		✓	✓	✓					
Baptist Memorial Hospital-Union County	New Albany		✓	✓						
Baptist Memorial Hospital-North Mississippi	Oxford	✓	✓	✓	✓					
River Region Medical Center	Vicksburg	✓	✓	✓	✓					
Missouri										
Belton Regional Medical Center	Belton			✓	✓					
SSM DePaul Health Center	Bridgeton	✓	✓	✓	✓					
Harry S. Truman Memorial Veterans' Hospital	Columbia	✓	✓	✓	✓					
University of Missouri Health Care	Columbia	✓	✓	✓	✓					
SSM St. Clare Health Center	Fenton	✓	✓	✓	✓					
Cass Regional Medical Center	Harrisonville			✓	✓				✓	
Centerpoint Medical Center of Independence, LLC	Independence	✓	✓	✓	✓					
St. Mary's Health Center	Jefferson City	✓	✓	✓	✓					
Research Medical Center	Kansas City	✓	✓	✓	✓					
Research Psychiatric Center	Kansas City								✓	
SSM St. Joseph Hospital West	Lake Saint Louis	✓	✓	✓	✓					
Lee's Summit Medical Center	Lee's Summit	✓	✓	✓	✓					

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Lafayette Regional Health Center	Lexington			✓	✓					
Moberly Hospital Company, LLC	Moberly	✓		✓	✓					
Perry County Memorial Hospital	Perryville			✓	✓					
John J. Pershing VA Medical Center	Poplar Bluff			✓						
SSM St. Mary's Health Center	Richmond Heights	✓	✓	✓	✓	✓				
SSM St. Joseph Health Center	Saint Charles	✓	✓	✓	✓					
Heartland Regional Medical Center	Saint Joseph	✓	✓	✓	✓					
Northwest Missouri Psychiatric Rehabilitation Center	Saint Joseph								✓	
Hawthorn Children's Psychiatric Hospital	Saint Louis								✓	
Saint Louis University Hospital	Saint Louis	✓	✓	✓	✓					
St. Louis VA Healthcare System	Saint Louis	✓	✓	✓	✓					
Lincoln County Medical Center	Troy			✓	✓					
Mercy Hospital Washington	Washington	✓	✓	✓	✓					
Royal Oaks Hospital	Windsor								✓	
Montana										
St. Vincent Healthcare	Billings	✓	✓	✓	✓					
Bozeman Deaconess Hospital	Bozeman	✓		✓	✓					
Holy Rosary Healthcare	Miles City			✓	✓					
St. Patrick Hospital	Missoula	✓	✓	✓	✓					
Providence St. Joseph Medical Center	Polson				✓					
Nebraska										
Bellevue Medical Center	Bellevue	✓		✓	✓					
Columbus Community Hospital, Inc.	Columbus			✓	✓					
Lincoln Regional Center	Lincoln								✓	
Community Hospital	McCook				✓					
Alegent Creighton Health Creighton University Medical Center	Omaha	✓	✓	✓	✓					
Regional West Medical Center	Scottsbluff	✓		✓						
Nevada										
Sierra Surgery Hospital	Carson City				✓					
Northeastern Nevada Regional Hospital	Elko			✓	✓					
Banner Churchill Community Hospital	Fallon			✓	✓					
St. Rose Dominican Hospitals-Rose de Lima Campus	Henderson	✓	✓	✓	✓					
Red Rock Behavioral Health Hospital	Las Vegas								✓	
SBH-Montevista Hospital	Las Vegas								✓	
Southern Hills Medical Center, LLC	Las Vegas	✓	✓	✓	✓					
Spring Mountain Treatment Center	Las Vegas								✓	
Sunrise MountainView Hospital	Las Vegas	✓	✓	✓	✓					
Mesa View Regional Hospital	Mesquite			✓	✓					
Renown Regional Medical Center	Reno	✓	✓	✓	✓	✓				
Renown South Meadows Medical Center	Reno			✓	✓					
VA Sierra Nevada Health Care System	Reno		✓	✓	✓					
Northern Nevada Adult Mental Health Services	Sparks								✓	
Northern Nevada Medical Center	Sparks	✓		✓	✓					
New Hampshire										
New Hampshire Hospital	Concord								✓	
Hampstead Hospital	Hampstead								✓	
Catholic Medical Center	Manchester	✓	✓	✓	✓					
Elliot Hospital	Manchester	✓	✓	✓	✓					
Southern New Hampshire Medical Center	Nashua	✓	✓	✓	✓			✓		
St. Joseph Hospital of Nashua New Hampshire	Nashua	✓	✓	✓	✓					
Portsmouth Regional Hospital	Portsmouth	✓	✓	✓	✓					
New Jersey										
AtlantiCare Regional Medical Center	Atlantic City	✓	✓	✓				✓		
Clara Maass Medical Center	Belleville	✓	✓	✓	✓					
Camden County Health Services Center	Blackwood								✓	
Our Lady of Lourdes Medical Center	Camden	✓	✓	✓	✓					

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The Cooper Health System	Camden	✓	✓	✓	✓					
Cape Regional Medical Center	Cape May Court House	✓	✓	✓	✓					
Englewood Hospital and Medical Center	Englewood	✓	✓	✓	✓					
Hackettstown Regional Medical Center	Hackettstown	✓		✓	✓					
Ancora Psychiatric Hospital	Hammonton								✓	
Bayshore Community Hospital	Holmdel	✓	✓	✓	✓					
Kimball Medical Center	Lakewood	✓	✓	✓	✓					
Greystone Park Psychiatric Hospital	Morris Plains								✓	
Saint Peter's University Hospital	New Brunswick	✓	✓	✓	✓	✓				
Newark Beth Israel Medical Center	Newark	✓	✓	✓	✓					
St. Mary's Hospital	Passaic	✓	✓	✓	✓					
Capital Health Medical Center-Hopewell	Pennington	✓	✓		✓			✓		
St. Luke's Warren Hospital Inc.	Phillipsburg	✓	✓	✓	✓					
Princeton HealthCare System	Plainsboro	✓	✓	✓	✓					
Forrest S. Chilton III Memorial Hospital, Inc.	Pompton Plains	✓	✓	✓	✓					
Valley Health System	Ridgewood	✓	✓	✓	✓					
Hudson County Meadowview Psychiatric Hospital	Secaucus								✓	
Shore Medical Center	Somers Point	✓	✓	✓	✓					
Holy Name Medical Center	Teaneck	✓	✓	✓	✓					
Ann Klein Forensic Center	Trenton								✓	
Capital Health System, Inc.	Trenton	✓	✓		✓			✓		
Christian Health Care Center	Wyckoff								✓	
New Mexico										
Carlsbad Medical Center	Carlsbad		✓	✓	✓					
Plains Regional Medical Center	Clovis			✓	✓					
Lea Regional Hospital, LLC	Hobbs		✓	✓	✓					
Memorial Medical Center	Las Cruces	✓	✓	✓						
Roswell Hospital Corporation	Roswell	✓		✓	✓					
Lincoln County Medical Center	Ruidoso			✓	✓					
Strategic Behavioral Health El Paso, LLC	Santa Teresa								✓	
New York										
Brunswick Hospital Center	Amityville								✓	
St. Mary's Healthcare	Amsterdam	✓	✓	✓	✓					
VA Healthcare Network Upstate New York at Bath	Bath			✓						
Bronx Psychiatric Center	Bronx								✓	
North Central Bronx Hospital	Bronx		✓	✓						
Kingsboro Psychiatric Center	Brooklyn								✓	
Lutheran Medical Center	Brooklyn	✓	✓	✓	✓					
New York Community Hospital	Brooklyn	✓	✓	✓	✓					
The Brooklyn Hospital Center	Brooklyn	✓	✓	✓	✓					
Sisters of Charity Hospital	Buffalo	✓	✓	✓	✓					
F. F. Thompson Hospital	Canandaigua	✓		✓	✓					
The Mary Imogene Bassett Hospital and Clinics	Cooperstown	✓	✓	✓						
Elmira Psychiatric Center	Elmira								✓	
Forest Hills Hospital	Forest Hills	✓	✓	✓	✓					
Geneva General Hospital	Geneva			✓	✓					
Community Memorial Hospital	Hamilton			✓	✓					
United Health Services Hospitals, Inc.	Johnson City	✓	✓		✓					
HealthAlliance of the Hudson Valley, Mary's Avenue Campus	Kingston				✓					
Central New York Psychiatric Center	Marcy								✓	
Schuyler Hospital, Inc.	Montour Falls			✓						
VA Hudson Valley Health Care System	Montrose								✓	
Northern Westchester Hospital	Mount Kisco		✓	✓	✓					
Mid-Hudson Forensic Psychiatric Center	New Hampton								✓	
Kirby Forensic Psychiatric Center	New York								✓	

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Manhattan Psychiatric Center	New York								✓	
New York Gracie Square Hospital	New York								✓	
NYU Hospitals Center	New York	✓	✓	✓	✓					
St. Luke's-Roosevelt Hospital Center	New York	✓	✓	✓	✓					
Nyack Hospital	Nyack	✓	✓	✓	✓					
South Nassau Communities Hospital	Oceanside	✓	✓	✓	✓					
Rockland Psychiatric Center	Orangeburg								✓	
St. Charles Hospital	Port Jefferson			✓	✓			✓		
Vassar Brothers Medical Center	Poughkeepsie	✓	✓	✓	✓					
Northern Dutchess Hospital	Rhinebeck			✓	✓					
Mercy Medical Center	Rockville Centre	✓	✓	✓	✓					
Ellis Medicine Ellis Hospital	Schenectady	✓	✓	✓	✓					
South Beach Psychiatric Center	Staten Island								✓	
Staten Island University Hospital	Staten Island	✓	✓	✓	✓					
Hutchings Psychiatric Center	Syracuse								✓	
St. Anthony Community Hospital	Warwick			✓	✓					
Jones Memorial Hospital	Wellsville			✓	✓					
Pilgrim Psychiatric Center	West Brentwood								✓	
Western New York Children's Psychiatric Center	West Seneca								✓	
White Plains Hospital Center	White Plains	✓	✓	✓	✓					
St. Joseph's Hospital	Yonkers	✓	✓	✓	✓					
North Carolina										
East Carolina Health	Ahoskie		✓	✓	✓					
Randolph Hospital, Inc.	Asheboro	✓	✓	✓	✓					
Mission Health System	Asheville			✓	✓					
Brunswick Community Hospital	Bolivia		✓	✓	✓			✓		✓
Carolinas Medical Center-Mercy & Carolinas Medical Center-Pineville	Charlotte	✓	✓	✓	✓					
NH Charlotte Orthopaedic Hospital	Charlotte				✓					✓
CMC-NorthEast	Concord	✓	✓	✓	✓	✓				
Duke University Hospital	Durham	✓	✓	✓	✓					
Durham Regional Hospital	Durham	✓	✓	✓	✓					
Cherry Hospital	Goldsboro								✓	
Wayne Memorial Hospital, Inc.	Goldsboro	✓	✓	✓	✓					
Moses H. Cone Memorial Hospital	Greensboro	✓	✓	✓	✓					
Brynn Marr Hospital	Jacksonville								✓	
Duplin General Hospital, Inc.	Kenansville		✓	✓	✓					
Kings Mountain Hospital	Kings Mountain			✓						
Scotland Health Care System	Laurinburg	✓	✓	✓	✓					
Caldwell Memorial Hospital, Inc.	Lenoir			✓	✓					
Carolinas Medical Center-Lincoln	Lincolnton		✓	✓	✓					
The McDowell Hospital	Marion		✓	✓	✓					
Carolinas Medical Center-Union	Monroe	✓	✓	✓	✓					
Lake Norman Regional Medical Center	Mooresville	✓	✓	✓	✓					
Blue Ridge HealthCare Hospitals, Inc.	Morganton	✓	✓	✓	✓					
Southwestern Health System, Inc.	Murphy			✓	✓					
The Outer Banks Hospital	Nags Head			✓	✓					
Wilkes Regional Medical Center	North Wilkesboro			✓	✓					
Duke Raleigh Hospital	Raleigh	✓	✓	✓	✓					
Rex Healthcare	Raleigh	✓	✓	✓	✓					
Davis Regional Medical Center	Statesville			✓	✓					
WestCare Health System	Sylva		✓	✓	✓					
East Carolina Health-Heritage, Inc.	Tarboro		✓	✓	✓					
Carolinas Anson Healthcare, Inc.	Wadesboro			✓						
Medical Park Hospital, Inc.	Winston Salem				✓					✓

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North Dakota										
Saint Alexius Medical Center	Bismarck	✓	✓	✓	✓					
Sanford Medical Center Bismarck	Bismarck	✓	✓	✓	✓					
Fargo VA Health Care System	Fargo			✓	✓					
North Dakota State Hospital	Jamestown								✓	
Ohio										
Crystal Clinic Orthopaedic Center, LLC	Akron				✓					
Mercy Health-Clermont Hospital	Batavia		✓	✓	✓					
Univeristy Hospitals Geauga Medical Center	Chardon	✓	✓	✓	✓					
Mercy Hospital Anderson	Cincinnati	✓	✓	✓	✓					
Berger Hospital	Circleville			✓	✓					
Mercer County Joint Township Community Hospital	Coldwater			✓	✓					
Doctors Hospital	Columbus	✓	✓	✓	✓					
Grant Medical Center	Columbus	✓	✓	✓	✓					
Ohio Hospital for Psychiatry	Columbus								✓	
Riverside Methodist Hospital	Columbus	✓	✓	✓	✓					
The Ohio State University Hospital	Columbus	✓	✓	✓	✓					
Twin Valley Behavioral Healthcare	Columbus								✓	
Department of Veterans Affairs Medical Center, Dayton, Ohio	Dayton		✓	✓	✓					
Miami Valley Hospital (Main Site), Dayton OH	Dayton	✓	✓	✓	✓					
Mercy Hospital of Defiance, LLC	Defiance			✓	✓					
Grady Memorial Hospital	Delaware			✓	✓					
Ten Lakes Center, LLC	Dennison								✓	
Dublin Methodist Hospital	Dublin			✓	✓					
Euclid Hospital	Euclid		✓	✓	✓					
Atrium Medical Center	Franklin	✓	✓	✓	✓			✓		
Marymount Hospital	Garfield Heights	✓	✓	✓	✓					
University Hospitals Geneva Medical Center	Geneva			✓	✓					
Marion General Hospital, Inc.	Marion	✓	✓	✓	✓					
Craig and Frances Lindner Center of HOPE	Mason								✓	
Heartland Behavioral Healthcare	Massillon								✓	
Arrowhead Behavioral Health	Maumee								✓	
Southwest General Health Center	Middleburg Heights	✓	✓	✓	✓					
Joel Pomerene Memorial Hospital	Millersburg			✓	✓					
Licking Memorial Hospital	Newark	✓	✓	✓	✓					
Northcoast Behavioral Healthcare	Northfield								✓	
Allen Medical Center	Oberlin			✓	✓					
Bay Park Community Hospital	Oregon			✓	✓					
Lake Health	Painesville	✓	✓	✓	✓					
Southern Ohio Medical Center	Portsmouth	✓	✓	✓	✓					
Upper Valley Medical Center	Troy	✓	✓	✓	✓					
The Surgery Center at Southwoods, LLC	Youngstown				✓					
Oklahoma										
INTEGRIS Blackwell Regional Hospital	Blackwell			✓						
Marshall County HMA, LLC	Madill			✓						
Jack C. Montgomery VA Medical Center	Muskogee		✓	✓	✓					
INTEGRIS Baptist Medical Center	Oklahoma City	✓	✓	✓	✓					
Kay County Oklahoma Hospital Company, LLC	Ponca City		✓	✓	✓					
INTEGRIS Mayes County Medical Center	Pryor				✓					
AHS Southcrest Hospital, LLC	Tulsa	✓	✓	✓	✓					
Universal Health Services, Inc.	Tulsa								✓	
Woodward Regional Hospital	Woodward			✓	✓					
Oregon										
Kaiser Sunnyside Medical Center	Clackamas	✓	✓	✓	✓					
Peace Harbor Hospital	Florence			✓	✓					
Willamette Valley Medical Center	McMinnville	✓		✓	✓					

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Portland VA Medical Center	Portland	✓	✓	✓	✓					
Mercy Medical Center	Roseburg	✓	✓	✓	✓					
McKenzie-Willamette Regional Medical Center Associates, LLC	Springfield	✓	✓	✓	✓					
Pennsylvania										
CH Hospital of Allentown, LLC	Allentown				✓					
Lehigh Valley Hospital	Allentown	✓	✓	✓	✓					
Sacred Heart Hospital	Allentown	✓		✓	✓					
James E. Van Zandt VA Medical Center	Altoona			✓						
St. Luke's Hospital	Bethlehem	✓	✓	✓	✓					
Bryn Mawr Hospital	Bryn Mawr	✓	✓	✓	✓					
Holy Spirit Hospital	Camp Hill	✓	✓	✓	✓					
Clarion Psychiatric Center	Clarion								✓	
St. Luke's Hospital-Miners Campus	Coaldale			✓	✓					
Coatesville Hospital Corporation	Coatesville	✓	✓	✓	✓					
Charles Cole Memorial Hospital	Coudersport			✓	✓					
Delaware County Memorial Hospital	Drexel Hill	✓		✓	✓					
Ephrata Community Hospital	Ephrata			✓	✓					
UPMC Bedford Memorial	Everett			✓	✓					
Gettysburg Hospital	Gettysburg		✓	✓	✓					
UPMC Horizon	Greenville	✓	✓	✓	✓					
Hanover Hospital, Inc.	Hanover	✓	✓	✓	✓					
Pinnacle Health Hospitals	Harrisburg	✓	✓	✓	✓					
First Hospital	Kingston								✓	
St. Mary Medical Center	Langhorne	✓	✓	✓	✓					
The Good Samaritan Hospital	Lebanon	✓	✓	✓	✓					
Heart of Lancaster Regional Medical Center	Lititz			✓	✓					
Lock Haven Hospital and Haven Skilled Rehab & Nursing	Lock Haven			✓	✓					
UPMC McKeesport	McKeesport	✓	✓	✓	✓					
Riddle Memorial Hospital	Media	✓	✓	✓	✓					
Alle-Kiski Medical Center	Natrona Heights	✓	✓	✓	✓					
Montgomery County Emergency Service, Inc.	Norristown								✓	
Aria Health	Philadelphia	✓	✓	✓	✓					
Friends Behavioral Health System, LP	Philadelphia								✓	
Kirkbride Center	Philadelphia								✓	
Nazareth Hospital	Philadelphia	✓	✓	✓	✓					
Presbyterian Medical Center of the UPHS	Philadelphia	✓	✓	✓	✓					
Prime Healthcare Services-Roxborough, LLC	Philadelphia		✓	✓	✓					
St. Christopher's Hospital for Children	Philadelphia					✓				
Temple University Hospital, Inc.	Philadelphia	✓	✓	✓	✓					
St. Clair Memorial Hospital	Pittsburgh	✓	✓	✓	✓					
UPMC Mercy	Pittsburgh	✓	✓	✓	✓					
UPMC Passavant	Pittsburgh	✓	✓	✓	✓					
Pottstown Memorial Medical Center	Pottstown	✓	✓	✓	✓					
St. Luke's Quakertown Hospital	Quakertown			✓	✓					
St. Joseph Regional Health Network	Reading	✓	✓	✓	✓					
UPMC Northwest	Seneca	✓		✓	✓					
Roxbury Treatment Center	Shippensburg								✓	
Tyler Memorial Hospital	Tunkhannock			✓						
Williamsport Regional Medical Center	Williamsport	✓	✓	✓	✓			✓		
Main Line Hospitals, Inc.	Wynnewood	✓	✓	✓	✓					
OSS Orthopaedic Hospital	York				✓					
Puerto Rico										
Doctors' Center Hospital Manati	Manati	✓	✓	✓	✓					
Ashford Presbyterian Community Hospital	San Juan	✓			✓					

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Rhode Island										
Memorial Hospital of Rhode Island	Pawtucket	✓	✓	✓	✓					
Emma Pendleton Bradley Hospital	Riverside								✓	
South County Hospital Healthcare System	Wakefield	✓		✓	✓					
South Carolina										
Patrick B. Harris Psychiatric Hospital	Anderson								✓	
Marlboro Park Hospital	Bennettsville			✓						
Bon Secours St. Francis Xavier Hospital, Inc.	Charleston		✓	✓						
Roper Hospital, Inc.	Charleston	✓	✓	✓						
Trident Health System	Charleston	✓	✓	✓	✓					
William Jennings Bryan Dorn VA Medical Center	Columbia		✓	✓	✓					
Baptist Easley Hospital	Easley	✓	✓	✓	✓					
Carolinas Hospital System	Florence	✓	✓	✓	✓					
Greenville Hospital System University Medical Center	Greenville	✓	✓	✓						
Patewood Memorial Hospital	Greenville				✓					
Greer Memorial Hospital	Greer			✓						
UHS of Greenville, LLC	Greer								✓	
Coastal Carolina Medical Center, Inc.	Hardeeville			✓	✓					
Springs Memorial Hospital	Lancaster		✓	✓	✓					
East Cooper Medical Center	Mount Pleasant			✓	✓					
Grand Strand Regional Medical Center, LLC	Myrtle Beach	✓	✓	✓	✓					
Newberry County Memorial Hospital	Newberry			✓	✓					
Hillcrest Memorial Hospital	Simpsonville			✓						
Colleton Medical Center	Walterboro		✓	✓	✓					
Three Rivers Behavioral Health, LLC	West Columbia								✓	
South Dakota										
Avera Queen of Peace	Mitchell			✓	✓					
Tennessee										
Western Mental Health Institute	Bolivar								✓	
Wellmont Bristol Regional Medical Center	Bristol	✓	✓	✓	✓					
Parkridge Medical Center, Inc.	Chattanooga	✓	✓	✓	✓				✓	
Clarksville Health System, GP	Clarksville	✓	✓	✓	✓					
Maury Regional Medical Center	Columbia	✓	✓	✓						
TriStar Horizon Medical Center	Dickson	✓	✓	✓	✓					
Dyersburg Hospital Corporation	Dyersburg	✓	✓	✓	✓					
Sumner Regional Medical Center	Gallatin	✓	✓	✓	✓					
TriStar Hendersonville Medical Center	Hendersonville	✓	✓	✓	✓					
TriStar Summit Medical Center	Hermitage	✓	✓	✓	✓					
Baptist Memorial Hospital Huntingdon	Huntingdon			✓						
Jackson, Tennessee Hospital Company, LLC	Jackson	✓	✓	✓	✓					
Jamestown Regional Medical Center	Jamestown			✓						
Franklin Woods Community Hospital	Johnson City			✓	✓					
Fort Sanders Regional Medical Center	Knoxville	✓	✓	✓	✓					
Fort Loudoun Medical Center	Lenoir City			✓	✓					
Lexington Hospital Corporation	Lexington			✓						
McKenzie Tennessee Hospital Company, LLC	McKenzie			✓	✓					
AMISUB (SFH), Inc	Memphis	✓	✓	✓	✓					
Baptist Memorial Hospital	Memphis	✓	✓	✓						
Lakeside Behavioral Health System, LLC	Memphis								✓	
Morristown-Hamblen Hospital Association	Morristown	✓	✓	✓	✓					
James H. Quillen VA Medical Center	Mountain Home	✓	✓	✓	✓					
Middle Tennessee Mental Health Institute	Nashville								✓	
Southern Hills Medical Center	Nashville	✓	✓	✓	✓					
Tennova Newport Medical Center	Newport			✓						
Henry County Medical Center	Paris			✓	✓					
Shelbyville Hospital Corporation	Shelbyville			✓	✓					
DeKalb Community Hospital	Smithville			✓	✓					

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StoneCrest Medical Center	Smyrna	✓	✓	✓	✓					
NorthCrest Medical Center	Springfield	✓	✓	✓	✓					
Baptist Memorial Hospital-Union City	Union City			✓	✓					
Texas										
Big Bend Regional Medical Center	Alpine			✓						
Baylor Orthopedic and Spine Hospital at Arlington	Arlington				✓					
Medical Center Arlington	Arlington	✓	✓	✓	✓					
Millwood Hospital, LP	Arlington								✓	
Sundance Hospital	Arlington								✓	
Texas Health Heart & Vascular Hospital Arlington	Arlington	✓	✓		✓					
Austin State Hospital	Austin								✓	
Dell Children's Medical Center of Central Texas	Austin					✓				
Neuro Institute of Austin, LP	Austin								✓	
Seton Medical Center Austin	Austin	✓	✓	✓	✓					
Seton Southwest Hospital	Austin				✓					
St. David's Medical Center	Austin	✓	✓	✓	✓					
St. David's North Austin Medical Center	Austin	✓	✓	✓	✓					
St. David's South Austin Medical Center	Austin	✓	✓	✓	✓					
Texas Health Harris Methodist Hospital Azle	Azle			✓	✓					
Texas Health HEB Hospital	Bedford	✓	✓	✓	✓			✓	✓	
Scott & White Hospital Brenham	Brenham				✓					
Valley Regional Medical Center	Brownsville	✓	✓	✓	✓					
Brownwood Regional Medical Center	Brownwood			✓	✓					
Baylor Medical Center at Carrollton	Carrollton	✓	✓	✓	✓					
Cedar Park Regional Medical Center	Cedar Park			✓	✓					
Aspire Hospital, LLC	Conroe								✓	
Conroe Regional Medical Center	Conroe	✓	✓	✓	✓					
Montgomery County Mental Health Treatment Facility	Conroe								✓	
Corpus Christi Medical Center (Bay Area Healthcare Group, LTD)	Corpus Christi	✓	✓	✓	✓					
Baylor Heart and Vascular Center, LLP	Dallas	✓	✓		✓					
Baylor Medical Center at Uptown	Dallas				✓					
Baylor University Medical Center (BUMC)	Dallas	✓	✓	✓	✓					
Medical City Dallas Hospital	Dallas	✓	✓	✓	✓					
Methodist Charlton Medical Center	Dallas	✓	✓	✓				✓		
Methodist Dallas Medical Center	Dallas	✓	✓	✓				✓		
North Central Surgical Center	Dallas				✓					
UHS of Timberlawn	Dallas								✓	
UT Southwestern University Hospital	Dallas	✓	✓	✓	✓					
UT Southwestern Zale Lipshy Hospital	Dallas				✓					
Texoma Medical Center	Denison	✓	✓	✓	✓					
Denton Regional Medical Center	Denton	✓	✓	✓	✓					
University Behavioral Health of Denton	Denton								✓	
Fort Duncan Regional Medical Center	Eagle Pass		✓	✓	✓					
Las Palmas Del Sol Healthcare	El Paso	✓	✓	✓	✓					
Baylor Surgical Hospital at Fort Worth	Fort Worth				✓					
Plaza Medical Center of Fort Worth	Fort Worth	✓	✓	✓	✓					
Hill Country Memorial Hospital	Fredericksburg			✓	✓					
Centennial Medical Center	Frisco	✓		✓	✓					
Baylor Medical Center at Garland	Garland	✓	✓	✓	✓					
Harlingen Medical Center, LP	Harlingen	✓	✓	✓	✓					
Behavioral Health Management, LLC	Houston								✓	
CHRISTUS St. John Hospital	Houston	✓	✓	✓	✓					
Houston Northwest Medical Center	Houston	✓	✓	✓	✓					
Memorial Hermann Hospital	Houston	✓	✓	✓	✓					
Memorial Hermann Hospital System	Houston	✓	✓	✓	✓					
Methodist Willowbrook Hospital	Houston	✓	✓	✓	✓					

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Texas Orthopedic Hospital, Ltd.	Houston				✓		✓			
TOPS Surgical Specialty Hospital	Houston				✓					
West Houston Medical Center	Houston	✓	✓	✓	✓					
Woman's Hospital, LP	Houston				✓					
Memorial Hermann Northeast Hospital	Humble	✓	✓	✓	✓					
Las Colinas Medical Center	Irving	✓	✓	✓	✓					
Mother Frances Hospital-Jacksonville	Jacksonville			✓						
South Texas Regional Medical Center	Jourdanton			✓	✓					
CHRISTUS St. Catherine Hospital	Katy	✓	✓	✓	✓					
Memorial Hermann Katy Hospital	Katy		✓	✓	✓					
Texas Health Presbyterian Hospital Kaufman	Kaufman			✓	✓			✓		
Kingwood Pines Hospital	Kingwood								✓	
Memorial Hermann Specialty Hospital Kingwood, LLC	Kingwood				✓					
Laredo Texas Hospital Company, LP	Laredo	✓	✓	✓	✓					
Medical Center of Lewisville	Lewisville	✓	✓	✓	✓					
Covenant Children's Hospital	Lubbock					✓				
Woodland Heights Medical Center	Lufkin	✓	✓	✓	✓					
Seton Edgar B. Davis Hospital	Luling			✓						
Methodist Mansfield Medical Center	Mansfield	✓	✓	✓				✓		
Rio Grande Regional Hospital	McAllen	✓	✓	✓	✓					
BCA of the Permian Basin	Midland								✓	
North Hills Hospital Subsidiary, LP	North Richland Hills	✓	✓	✓	✓					
Baylor Regional Medical Center at Plano	Plano			✓	✓					
THE HEART HOSPITAL Baylor Plano	Plano	✓	✓		✓					
Methodist Richardson Medical Center	Richardson	✓	✓	✓	✓					
Texas Health Presbyterian Hospital Rockwall	Rockwall			✓	✓					
St. David's Round Rock Medical Center	Round Rock	✓	✓	✓	✓					
Lake Pointe Medical Center	Rowlett	✓	✓	✓	✓					
Rusk State Hospital	Rusk								✓	
San Angelo Community Medical Center	San Angelo	✓	✓	✓	✓					
Shannon Medical Center	San Angelo	✓	✓	✓	✓					
Methodist Hospital	San Antonio	✓	✓	✓	✓	✓				
Methodist Stone Oak Hospital	San Antonio	✓	✓	✓	✓					
Nix Health Care System	San Antonio			✓	✓					
South Texas Veterans Health Care System	San Antonio	✓	✓	✓	✓					
Texas Laurel Ridge Hospital, LP	San Antonio								✓	
Central Texas Medical Center	San Marcos			✓	✓					
Memorial Hermann Sugar Land Surgical Hospital	Sugar Land				✓					
Terrell State Hospital	Terrell								✓	
Trophy Club Medical Center	Trophy Club				✓					
DeTar Healthcare System	Victoria	✓	✓	✓	✓					
Weatherford Regional Medical Center	Weatherford			✓	✓					
Clear Lake Regional Medical Center	Webster	✓	✓	✓	✓					
Haven Red River Hospital, LLC	Wichita Falls								✓	
Kell West Regional Hospital, LLC	Wichita Falls				✓					
Utah										
IHC Health Services, Inc.	Cedar City			✓	✓					
Logan Regional Hospital	Logan			✓	✓					
Intermountain Medical Center	Murray	✓	✓		✓					
The Orthopedic Specialty Hospital	Murray				✓					
McKay-Dee Hospital Center	Ogden	✓	✓	✓	✓					
Ogden Regional Medical Center	Ogden	✓		✓	✓					
Mountain View Hospital	Payson	✓		✓	✓					
Utah State Hospital	Provo								✓	
Riverton Hospital	Riverton			✓	✓					
Primary Children's Medical Center	Salt Lake City					✓				
St. Mark's Hospital	Salt Lake City	✓	✓	✓	✓					

Congratulations to the 2012 *Top Performer on Key Quality Measures®* Hospitals

The Joint Commission recognizes the following accredited hospitals that attained excellence in accountability measure performance during calendar year 2012. As a *Top Performer on Key Quality Measures®*, the following hospitals represent the top 33 percent of all Joint Commission-accredited hospitals that reported accountability measure performance data for 2012.

Hospitals by State	City	Heart Attack	Heart Failure	Pneumonia	Surgical Care	Children's Asthma	VTE	Stroke	Hosp-Based Inpt Psych	Immunization
Alta View Hospital	Sandy			✓	✓					
Vermont										
Central Vermont Medical Center	Berlin			✓	✓					
Northwestern Medical Center, Inc.	Saint Albans			✓						
VA Medical Center	White River Junction			✓	✓					
Virginia										
Inova Mount Vernon Hospital	Alexandria		✓	✓	✓					
Virginia Hospital Center	Arlington	✓	✓	✓	✓					
LewisGale Hospital Montgomery	Blacksburg	✓		✓	✓					
Catawba Hospital	Catawba								✓	
Southern Virginia Mental Health Institute	Danville								✓	
Emporia Hospital Corporation	Emporia	✓	✓	✓	✓					
Inova Fair Oaks Hospital	Fairfax	✓	✓	✓	✓					
Spotsylvania Regional Medical Center	Fredericksburg	✓	✓	✓	✓					
Warren Memorial Hospital	Front Royal			✓	✓					
Riverside Walter Reed Hospital	Gloucester	✓	✓	✓	✓					
Riverside Behavioral Health Center	Hampton								✓	
VA Medical Center-Hampton	Hampton				✓					
John Randolph Medical Center	Hopewell	✓	✓	✓	✓					
LewisGale Hospital Alleghany	Low Moor			✓	✓					
Bon Secours Memorial Regional Medical Center	Mechanicsville	✓	✓	✓	✓					
Riverside Regional Medical Center	Newport News	✓	✓	✓	✓					
Central State Hospital	Petersburg								✓	
Reston Hospital Center, LLC	Reston	✓	✓	✓	✓					
Bon Secours-St. Mary's Hospital	Richmond	✓	✓	✓	✓					
CJW Medical Center	Richmond	✓	✓	✓	✓					
Henrico Doctors' Hospital	Richmond	✓	✓	✓	✓					
LewisGale Medical Center, LLC	Salem	✓	✓	✓	✓					
Community Memorial Healthcenter	South Hill			✓				✓		
Riverside Tappahannock Hospital	Tappahannock		✓	✓	✓					
Virginia Beach Psychiatric Center	Virginia Beach								✓	
Eastern State Hospital	Williamsburg								✓	
Washington										
Overlake Health Care Association	Bellevue	✓	✓	✓	✓					
Harrison Medical Center	Bremerton	✓	✓	✓	✓					
Kennewick Public Hospital District	Kennewick		✓	✓	✓					
Harborview Medical Center	Seattle	✓	✓	✓	✓					
Swedish Medical Center	Seattle		✓	✓	✓					
University of Washington Medical Center	Seattle	✓	✓	✓	✓					
VA Medical Center	Spokane			✓						
Legacy Salmon Creek Hospital	Vancouver	✓	✓	✓	✓					
Providence St. Mary Medical Center	Walla Walla			✓	✓					
Central Washington Health Services Association	Wenatchee	✓	✓	✓	✓					
West Virginia										
VA Medical Center-Louis A. Johnson	Clarksburg			✓						
Fairmont General Hospital, Inc.	Fairmont	✓		✓	✓					
Cabell Huntington Hospital, Inc.	Huntington	✓	✓	✓	✓					
River Park Hospital	Huntington								✓	
VA Medical Center	Huntington		✓	✓	✓					
VA Medical Center	Martinsburg		✓	✓	✓					
Wetzel County Hospital	New Martinsville			✓						
Oak Hill Hospital Corporation	Oak Hill			✓	✓					
Pleasant Valley Hospital	Point Pleasant			✓	✓					
The Charles Town General Hospital	Ranson			✓	✓					
Stonewall Jackson Memorial Hospital Company	Weston			✓	✓					
Williamson Memorial Hospital	Williamson			✓	✓					

Congratulations to the 2012 *Top Performer on Key Quality Measures®* Hospitals

The Joint Commission recognizes the following accredited hospitals that attained excellence in accountability measure performance during calendar year 2012. As a *Top Performer on Key Quality Measures®*, the following hospitals represent the top 33 percent of all Joint Commission-accredited hospitals that reported accountability measure performance data for 2012.

Hospitals by State	City	Heart Attack	Heart Failure	Pneumonia	Surgical Care	Children's Asthma	VTE	Stroke	Hosp-Based Inpt Psych	Immunization
Wisconsin										
Affinity Health System-St. Elizabeth Hospital	Appleton	✓		✓	✓					
St. Clare Hospital	Baraboo			✓	✓					
Black River Memorial Hospital, Inc.	Black River Falls			✓	✓					
Aurora Health Care Southern Lakes, Inc.	Burlington			✓	✓					
Mayo Clinic Health System-Eau Claire Hospital, Inc.	Eau Claire	✓		✓	✓			✓		
Aurora Health Care Southern Lakes, Inc.	Elkhorn			✓	✓					
Aurora Medical Center Grafton, LLC	Grafton	✓		✓	✓					
Aurora BayCare Medical Center	Green Bay	✓		✓	✓					
Aurora Medical Center of Washington County	Hartford			✓	✓					
Hudson Hospital & Clinics	Hudson				✓					
Aurora Medical Center Kenosha	Kenosha		✓	✓	✓					
Mayo Clinic Health System-Franciscan Medical Center, Inc.	La Crosse	✓		✓	✓					
Mendota Mental Health Institute	Madison								✓	
William S. Middleton Memorial Veterans Hospital	Madison	✓	✓	✓	✓					
Community Memorial Hospital of Menomonee Falls, Inc.	Menomonee Falls	✓	✓	✓	✓					
Good Samaritan Health Center of Merrill, Wisconsin, Inc.	Merrill				✓		✓			
Aurora Health Care Metro, Inc.	Milwaukee	✓	✓	✓	✓					
Clement J. Zablocki VA Medical Center	Milwaukee	✓	✓	✓	✓					
Froedtert Memorial Lutheran Hospital	Milwaukee	✓	✓	✓	✓					
Aurora Health Care Southern Lakes, Inc.	Oconomowoc	✓		✓	✓					
Aurora Medical Center of Oshkosh	Oshkosh	✓		✓	✓					
Mercy Medical Center	Oshkosh	✓		✓	✓					
Prairie du Chien Memorial Hospital Association, Inc.	Prairie du Chien			✓	✓					
Wheaton Franciscan Healthcare-All Saints, Inc.	Racine	✓	✓	✓	✓					
Lakeview Medical Center	Rice Lake			✓	✓					
River Falls Area Hospital	River Falls				✓					
Aurora Health Care Central, Inc.	Sheboygan	✓		✓	✓					
St. Nicholas Hospital	Sheboygan			✓	✓					
Stoughton Hospital	Stoughton			✓	✓					
Aurora Health Care North, Inc.	Two Rivers			✓	✓					
Waupun Memorial Hospital	Waupun			✓	✓					
Wyoming										
Wyoming Medical Center	Casper	✓	✓	✓	✓					
St. John's Medical Center	Jackson			✓	✓		✓			
Riverton Memorial Hospital	Riverton			✓	✓					
Department of Defense International Locations										
United Kingdom										
48th Medical Group RAF Lakenheath	Brandon, Suffolk						✓			

COMPLETENESS RESPONSES

EXHIBIT 24A

Name Entity:

Financial Attachment I (A):

Please provide one year of actual results and three years of projections of **Total Entity** revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

		(1)	(2)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	Total Entity: SMHS	FY 2013 Actual	FY 2014 Projected	FY 2015 Projected	FY 2015 Projected	FY 2015 Projected	FY 2016 Projected	FY 2016 Projected	FY 2016 Projected	FY 2017 Projected	FY 2017 Projected	FY 2017 Projected
	Description	Results	W/out CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON
A.	**OPERATING REVENUE**											
1	Total Gross Patient Revenue	$670,163	$725,561	$753,014	$0	$753,014	$761,319	$0	$761,319	$776,526	$0	$776,526
2	Less: Allowances	$401,170	$450,642	$467,693	$0	$467,693	$472,851	$0	$472,851	$482,296	$0	$482,296
3	Less: Charity Care	$94	$250	$259	$0	$259	$262	$0	$262	$268	$0	$268
4	Less: Other Deductions	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Patient Service Revenue	**$268,899**	**$274,669**	**$285,061**	**$0**	**$285,061**	**$288,205**	**$0**	**$288,205**	**$293,962**	**$0**	**$293,962**
5	Medicare	$103,750	$104,923	$110,815	$0	$110,815	$110,479	$0	$110,479	$112,685	$0	$112,685
6	Medicaid	$67,601	$72,787	$70,856	$0	$70,856	$72,271	$0	$72,271	$73,714	$0	$73,714
7	CHAMPUS & TriCare	$500	$549	$577	$0	$577	$589	$0	$589	$601	$0	$601
8	Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Total Government	**$171,851**	**$178,259**	**$182,248**	**$0**	**$182,248**	**$183,338**	**$0**	**$183,338**	**$187,000**	**$0**	**$187,000**
9	Commercial Insurers	$83,103	$84,049	$89,702	$0	$89,702	$91,493	$0	$91,493	$93,321	$0	$93,321
10	Uninsured	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
11	Self Pay	$7,409	$5,219	$5,534	$0	$5,534	$5,645	$0	$5,645	$5,758	$0	$5,758
12	Workers Compensation	$6,536	$7,142	$7,577	$0	$7,577	$7,729	$0	$7,729	$7,883	$0	$7,883
13	Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Total Non-Government	**$97,048**	**$96,410**	**$102,813**	**$0**	**$102,813**	**$104,867**	**$0**	**$104,867**	**$106,962**	**$0**	**$106,962**
	Net Patient Service Revenue* (Government+Non-Government)	**$268,899**	**$274,669**	**$285,061**	**$0**	**$285,061**	**$288,205**	**$0**	**$288,205**	**$293,962**	**$0**	**$293,962**
14	Provision for Bad Debts	$12,878	$11,461	$11,895	$0	**$11,895**	$12,026	$0	**$12,026**	$12,266	$0	**$12,266**
	Net Patient Service Revenue less provision for bad debts	**$256,021**	**$263,208**	**$273,167**	**$0**	**$273,167**	**$276,180**	**$0**	**$276,180**	**$281,696**	**$0**	**$281,696**
15	Other Operating Revenue	$7,864	$9,786	$9,076	$0	**$9,076**	$9,167	$0	**$9,167**	$9,258	$0	**$9,258**
17	Net Assets Released from Restrictions					**$0**			**$0**			**$0**
	TOTAL OPERATING REVENUE	**$263,885**	**$272,994**	**$282,243**	**$0**	**$282,243**	**$285,346**	**$0**	**$285,346**	**$290,954**	**$0**	**$290,954**
B.	**OPERATING EXPENSES**											
1	Salaries and Wages	$108,933	$110,427	$115,542	-	$115,542	$117,261	-	$117,261	$119,005	-	$119,005
2	Fringe Benefits	$31,305	$28,972	$29,815	$0	$29,815	$30,258	$0	$30,258	$30,709	$0	$30,709
3	Physicians Fees	$8,207	$8,297	$8,463	$0	$8,463	$8,632	$0	$8,632	$8,805	$0	$8,805
4	Supplies and Drugs	$38,194	$40,131	$42,225	$0	$42,225	$43,490	$0	$43,490	$44,794	$0	$44,794
5	Depreciation and Amortization	$10,052	$9,930	$10,135	$0	$10,135	$10,337	$0	$10,337	$10,544	$0	$10,544
6	Provision for Bad Debts-Other**	$8	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7	Interest Expense	$1,598	$1,465	$1,392	$0	$1,392	$1,318	$0	$1,318	$1,243	$0	$1,243
8	Malpractice Insurance Cost	$8,292	$6,358	$6,485	$0	$6,485	$6,615	$0	$6,615	$6,747	$0	$6,747
9	Lease Expense	$6,145	$6,082	$6,204	$0	$6,204	$6,328	$0	$6,328	$6,454	$0	$6,454
10	Other Operating Expenses	$42,469	$52,055	$53,391	$0	$53,391	$54,459	$0	$54,459	$55,548	$0	$55,548
	TOTAL OPERATING EXPENSES	**$255,203**	**$263,717**	**$273,652**	**$0**	**$273,652**	**$278,699**	**$0**	**$278,699**	**$283,849**	**$0**	**$283,849**
	INCOME/(LOSS) FROM OPERATIONS	**$8,682**	**$9,277**	**$8,591**	**$0**	**$8,591**	**$6,647**	**$0**	**$6,647**	**$7,106**	**$0**	**$7,106**
	NON-OPERATING INCOME / REVENUE	$1,758	$1,256	$2,046	$0	$2,046	$2,087	$0	$2,087	$2,129	$0	$2,129
	Income before provision for income taxes	**$10,440**	**$10,533**	**$10,637**	**$0**	**$10,637**	**$8,734**	**$0**	**$8,734**	**$9,234**	**$0**	**$9,234**
	Provision for income taxes				$0	**$0**		$0	**$0**		$0	**$0**
	NET INCOME / EXCESS(DEFICIENCY)OF REVENUE OVER EXPENSES	**$10,440**	**$10,533**	**$10,637**	**$0**	**$10,637**	**$8,734**	**$0**	**$8,734**	**$9,234**	**$0**	**$9,234**
C.	**Retained Earnings, beginning of year**	**$20,537**	**$52,928**	**$60,000**	**$0**	**$60,000**	**$70,637**	**$0**	**$70,637**	**$79,371**	**$0**	**$79,371**
	Retained Earnings, end of year	**$52,928**	**$60,000**	**$70,637**	**$0**	**$70,637**	**$79,371**	**$0**	**$79,371**	**$88,606**	**$0**	**$88,606**
	Principal Payments	$2,268	$2,490	$2,509	$0	**$2,509**	$2,338	$0	**$2,338**	$2,310	$0	**$2,310**
D.	**PROFITABILITY SUMMARY**											
1	Hospital Operating Margin	**3.3%**	**3.4%**	**3.0%**	**0.0%**	**3.0%**	**2.3%**	**0.0%**	**2.3%**	**2.4%**	**0.0%**	**2.4%**
2	Hospital Non Operating Margin	**0.7%**	**0.5%**	**0.7%**	**0.0%**	**0.7%**	**0.7%**	**0.0%**	**0.7%**	**0.7%**	**0.0%**	**0.7%**
3	Hospital Total Margin	**3.9%**	**3.8%**	**3.7%**	**0.0%**	**3.7%**	**3.0%**	**0.0%**	**3.0%**	**3.2%**	**0.0%**	**3.2%**
E.	**FTEs**	**1,583**	1,554	1,557	0	**1,557**	1,549	0	**1,549**	1,541	0	**1,541**
F.	*****VOLUME STATISTICS**											
1	Inpatient Discharges	11,744	11,767	11,708	0	**11,708**	11,650	0	**11,650**	11,591	0	**11,591**
2	Outpatient Visits	219,267	220,214	221,315	0	**221,315**	222,422	0	**222,422**	223,534	0	**223,534**
	TOTAL VOLUME	**231,011**	**231,981**	**233,023**	**0**	**233,023**	**234,071**	**0**	**234,071**	**235,125**	**0**	**235,125**

*Total amount should equal the total amount on cell line "Net Patient Revenue" row 14.

*Provide the amount of any transaction associated with Bad Debts not related to the provision of direct services to patients. For aditional information, refer to FASB, No.2011-07, July 2011.

**Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

COMPLETENESS RESPONSES

EXHIBIT 24C

Name Entity:

Financial Attachment I (B):

Please provide one year of actual results and three years of projections of **Total Entity** revenue, expense and volume statistics without, incremental to and with the CON proposal in the following reporting format:

		(1)	(2)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
LINE	Total Entity: New SM Hospital	FY 2013 Actual	FY 2014 Projected	FY 2015 Projected	FY 2015 Projected	FY 2015 Projected	FY 2016 Projected	FY 2016 Projected	FY 2016 Projected	FY 2017 Projected	FY 2017 Projected	FY 2017 Projected
	Description	Results	W/out CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON	W/out CON	Incremental	With CON
A.	**OPERATING REVENUE**											
1	Total Gross Patient Revenue	$670,163	$725,561	$753,014	$7,549	$760,563	$761,319	$15,341	$776,660	$776,526	$23,590	$800,115
2	Less: Allowances	$401,170	$450,642	$467,693	$4,689	$472,381	$472,851	$9,528	$482,379	$482,296	$14,651	$496,947
3	Less: Charity Care	$94	$250	$259	$3	$262	$262	$5	$268	$268	$8	$276
4	Less: Other Deductions	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Patient Service Revenue	**$268,899**	**$274,669**	**$285,061**	**$2,858**	**$287,919**	**$288,205**	**$5,808**	**$294,013**	**$293,962**	**$8,930**	**$302,892**
5	Medicare	$103,750	$104,923	$110,815	$1,095	$111,911	$110,479	$2,226	$112,705	$112,685	$3,423	$116,109
6	Medicaid	$67,601	$72,787	$70,856	$717	$71,572	$72,271	$1,456	$73,727	$73,714	$2,239	$75,954
7	CHAMPUS & TriCare	$500	$549	$577	$6	$583	$589	$12	$601	$601	$18	$619
8	Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Total Government	**$171,851**	**$178,259**	**$182,248**	**$1,818**	**$184,066**	**$183,338**	**$3,694**	**$187,033**	**$187,000**	**$5,681**	**$192,681**
9	Commercial Insurers	$83,103	$84,049	$89,702	$907	$90,609	$91,493	$1,844	$93,337	$93,321	$2,835	$96,156
10	Uninsured	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
11	Self Pay	$7,409	$5,219	$5,534	$56	$5,590	$5,645	$114	$5,759	$5,758	$175	$5,933
12	Workers Compensation	$6,536	$7,142	$7,577	$77	$7,654	$7,729	$156	$7,884	$7,883	$239	$8,123
13	Other	$0	$0	$0		$0	$0		$0	$0		$0
	Total Non-Government	**$97,048**	**$96,410**	**$102,813**	**$1,040**	**$103,853**	**$104,867**	**$2,113**	**$106,980**	**$106,962**	**$3,249**	**$110,211**
	Net Patient Service Revenue* (Government+Non-Government)	**$268,899**	**$274,669**	**$285,061**	**$2,858**	**$287,919**	**$288,205**	**$5,808**	**$294,013**	**$293,962**	**$8,930**	**$302,892**
14	Provision for Bad Debts	$12,878	$11,461	$11,895	$119	$12,014	$12,026	$242	$12,268	$12,266	$373	$12,639
	Net Patient Service Revenue less provision for bad debts	**$256,021**	**$263,208**	**$273,167**	**$2,739**	**$275,905**	**$276,180**	**$5,565**	**$281,745**	**$281,696**	**$8,557**	**$290,254**
15	Other Operating Revenue	$7,864	$9,786	$9,076	$0	$9,076	$9,167	$0	$9,167	$9,258	$0	$9,258
17	Net Assets Released from Restrictions					$0			$0			$0
	TOTAL OPERATING REVENUE	**$263,885**	**$272,994**	**$282,243**	**$2,739**	**$284,981**	**$285,346**	**$5,565**	**$290,912**	**$290,954**	**$8,557**	**$299,512**
B.	**OPERATING EXPENSES**											
1	Salaries and Wages	$108,933	$110,427	$115,542	983	$116,526	$117,261	$2,013	$119,274	$119,005	$3,265	$122,271
2	Fringe Benefits	$31,305	$28,972	$29,815	($6,883)	$22,932	$30,258	($6,723)	$23,535	$30,709	($6,508)	$24,201
3	Physicians Fees	$8,207	$8,297	$8,463	$0	$8,463	$8,632	$0	$8,632	$8,805	$0	$8,805
4	Supplies and Drugs	$38,194	$40,131	$42,225	$521	$42,746	$43,490	$977	$44,468	$44,794	$1,465	$46,259
5	Depreciation and Amortization	$10,052	$9,930	$10,135	($3,407)	$6,728	$10,337	($3,093)	$7,244	$10,544	($2,763)	$7,781
6	Provision for Bad Debts-Other**	$8	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7	Interest Expense	$1,598	$1,465	$1,392	($1,392)	$0	$1,318	($1,318)	$0	$1,243	($1,243)	$0
8	Malpractice Insurance Cost	$8,292	$6,358	$6,485	$0	$6,485	$6,615	$0	$6,615	$6,747	$0	$6,747
9	Lease Expense	$6,145	$6,082	$6,204	$0	$6,204	$6,328	$0	$6,328	$6,454	$0	$6,454
10	Other Operating Expenses	$42,469	$52,055	$53,391	($382)	$53,008	$54,459	($390)	$54,069	$55,548	($398)	$55,150
	TOTAL OPERATING EXPENSES	**$255,203**	**$263,717**	**$273,652**	**($10,560)**	**$263,092**	**$278,699**	**($8,534)**	**$270,165**	**$283,849**	**($6,182)**	**$277,667**
	INCOME/(LOSS) FROM OPERATIONS	**$8,682**	**$9,277**	**$8,591**	**$13,298**	**$21,889**	**$6,647**	**$14,100**	**$20,747**	**$7,106**	**$14,739**	**$21,845**
	NON-OPERATING INCOME / REVENUE	$1,758	$1,256	$2,046	$0	$2,046	$2,087	$0	$2,087	$2,129	$0	$2,129
	Income before provision for income taxes	**$10,440**	**$10,533**	**$10,637**	**$13,298**	**$23,935**	**$8,734**	**$14,100**	**$22,834**	**$9,234**	**$14,739**	**$23,974**
	Provision for income taxes				$9,574	**$9,574**		$9,134	**$9,134**		$9,589	**$9,589**
	NET INCOME / EXCESS(DEFICIENCY)OF REVENUE OVER EXPENSES	**$10,440**	**$10,533**	**$10,637**	**$13,298**	**$23,935**	**$8,734**	**$14,100**	**$22,834**	**$9,234**	**$14,739**	**$23,974**
C.	**Retained Earnings, beginning of year**	**$20,537**	**$52,928**	**$60,000**	**$0**	**$60,000**	**$70,637**	**$13,298**	**$83,935**	**$79,371**	**$27,398**	**$106,769**
	Retained Earnings, end of year	**$52,928**	**$60,000**	**$70,637**	**$13,298**	**$83,935**	**$79,371**	**$27,398**	**$106,769**	**$88,606**	**$42,137**	**$130,742**
	Principal Payments	$2,268	$2,490	$2,509	($2,509)	**$0**	$2,338	($2,338)	**$0**	$2,310	($2,310)	**$0**
D.	**PROFITABILITY SUMMARY**											
1	Hospital Operating Margin	**3.3%**	**3.4%**	**3.0%**	**485.6%**	**7.6%**	**2.3%**	**253.4%**	**7.1%**	**2.4%**	**172.2%**	**7.2%**
2	Hospital Non Operating Margin	**0.7%**	**0.5%**	**0.7%**	**0.0%**	**0.7%**	**0.7%**	**0.0%**	**0.7%**	**0.7%**	**0.0%**	**0.7%**
3	Hospital Total Margin	**3.9%**	**3.8%**	**3.7%**	**485.6%**	**8.3%**	**3.0%**	**253.4%**	**7.8%**	**3.2%**	**172.2%**	**7.9%**
E.	**FTEs**	**1,583**	1,554	1,557	(1)	**1,556**	1,549	(2)	**1,547**	1,541	14	**1,555**
F.	*****VOLUME STATISTICS**											
1	Inpatient Discharges	11,744	11,767	11,708	59	**11,767**	11,650	117	**11,767**	11,591	176	**11,767**
2	Outpatient Visits	219,267	220,214	221,315	1,101	**222,416**	222,422	2,219	**224,640**	223,534	3,353	**226,887**
	TOTAL VOLUME	**231,011**	**231,981**	**233,023**	**1,160**	**234,183**	**234,071**	**2,336**	**236,407**	**235,125**	**3,529**	**238,654**

*Total amount should equal the total amount on cell line "Net Patient Revenue" row 14.

*Provide the amount of any transaction associated with Bad Debts not related to the provision of direct services to patients. For aditional information, refer to FASB, No.2011-07, July 2011.

**Provide projected inpatient and/or outpatient statistics for any new services and provide actual and projected inpatient and/or outpatient statistics for any existing services which will change due to the proposal.

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COMPLETENESS RESPONSES

EXHIBIT 28A

Monthly Financial Measurement/Indicators ($ in thousands)

	Saint Mary's Hospital (Hospital only)				Saint Mary's Health System, Inc.			
	May 2014	Prior Year	YTD May 2014	Prior year	May 2014	Prior Year	YTD May 2014	Prior year
A. Operating Performance								
Operating Margin	11.2%	8.8%	9.1%	8.9%	5.4%	4.1%	4.0%	4.6%
Non-Operating Margin	1.3%	1.7%	0.6%	0.8%	0.9%	1.2%	0.3%	0.6%
Total Margin	12.4%	10.5%	9.7%	9.8%	6.4%	5.2%	8.2%	8.9%
Bad Debt as % of Gross Revenue	1.0%	1.7%	1.6%	2.0%	1.1%	1.7%	1.6%	1.8%
B. Liquidity								
Current Ratio	2.3	2.2	2.3	2.2	2.2	2.0	2.2	2.0
Days Cash on Hand	78	84	78	84	67	71	67	72
Days in Net Accounts Receivable	43	41	43	41	41	39	38	39
Average Payment Period	55	63	55	63	46	61	50	65
C. Leverage and Capital Structure								
Long-term Debt to Equity	0.32	0.53	0.32	0.53	0.33	0.53	0.33	0.53
Long-term Debt to Capitalization	0.24	0.35	0.24	0.35	0.25	0.35	0.25	0.35
Unrestricted Cash to Debt	2.1	2.0	2.1	2.0	2.1	1.9	2.1	1.9
Times Interest Earned Ratio	21.6	14.7	16.7	14.3	11.9	7.8	8.5	8.4
Debt Service Coverage Ratio	8.1	7.6	8.1	7.6	7.5	7.8	7.5	7.8
Equity Financing Ratio	2.9	4.1	2.9	4.1	3.3	4.7	3.3	4.7
D. Additional Statistics								
Income from Operations	$ 2,450	$ 1,779	$ 15,039	$ 13,827	$ 1,307	$ 912	$ 7,302	$ 7,974
Revenue Over/(Under) Expense	$ 2,734	$ 2,117	$ 16,099	$ 15,136	$ 1,528	$ 1,171	$ 7,926	$ 8,954
EBITDA	$ 3,379	$ 2,666	$ 22,457	$ 20,774	$ 2,285	$ 1,860	$ 15,171	$ 15,600
Patient Cash Collected	$ 20,041	$ 19,461	$ 152,943	$ 152,546	$ 22,327	$ 21,807	$ 171,447	$ 172,554
Cash and Cash Equivalents	$ 46,181	$ 46,844	$ 46,181	$ 46,844	$ 52,149	$ 52,048	$ 52,149	$ 52,048
Net Working Capital	$ 28,265	$ 29,296	$ 28,265	$ 29,296	$ 33,365	$ 28,839	$ 33,365	$ 28,839
Unrestricted Assets	$ 48,352	$ 26,256	$ 48,352	$ 26,256	$ 49,931	$ 27,887	$ 49,931	$ 27,887
Credit Ratings (Moody's)	Ba2	Ba2	Ba2	Ba2	Ba2	Ba2	Ba2	Ba2

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COMPLETENESS RESPONSES

EXHIBIT 28C

Monthly Financial Measurement/Indicators ($ in thousands)

	Saint Mary's Hospital (Hospital only)				Saint Mary's Health System, Inc.			
	June 2014	Prior Year	YTD June 2014	Prior year	June 2014	Prior Year	YTD June 2014	Prior year
A. Operating Performance								
Operating Margin	6.8%	8.5%	8.9%	8.9%	1.1%	6.5%	3.7%	4.8%
Non-Operating Margin	1.0%	4.3%	0.7%	1.2%	0.6%	0.1%	0.4%	0.5%
Total Margin	7.8%	12.9%	9.5%	10.1%	1.7%	6.6%	4.0%	5.3%
Bad Debt as % of Gross Revenue	1.6%	-0.1%	1.6%	1.7%	1.5%	0.0%	1.6%	1.6%
B. Liquidity								
Current Ratio	2.2	2.1	2.2	2.1	2.2	2.0	2.2	2.0
Days Cash on Hand	82	88	82	88	71	75	71	75
Days in Net Accounts Receivable	44	41	44	41	44	40	44	40
Average Payment Period	56	64	56	64	57	67	57	67
C. Leverage and Capital Structure								
Long-term Debt to Equity	0.32	0.54	0.32	0.54	0.32	0.55	0.32	0.55
Long-term Debt to Capitalization	0.24	0.35	0.24	0.35	0.24	0.35	0.24	0.35
Unrestricted Cash to Debt	2.2	2.0	2.2	2.0	2.2	2.0	2.2	2
Times Interest Earned Ratio	12.7	14.3	16.3	14.3	3.0	12.2	7.9	8.8
Debt Service Coverage Ratio	10.9	10.7	10.9	10.7	7.2	7.9	7.2	7.9
Equity Financing Ratio	2.9	4.2	2.9	4.2	3.2	4.8	3.2	4.8
D. Additional Statistics								
Income from Operations	$ 1,386	$ 1,672	$ 16,425	$ 15,499	$ 250	$ 1,414	$ 7,576	$ 9,413
Revenue Over/(Under) Expense	$ 1,591	$ 2,512	$ 17,690	$ 17,647	$ 396	$ 1,436	$ 8,346	$ 10,415
EBITDA	$ 2,321	$ 2,529	$ 24,778	$ 23,303	$ 1,231	$ 2,323	$ 16,378	$ 17,898
Patient Cash Collected	$ 17,975	$ 18,049	$ 170,918	$ 170,595	$ 20,508	$ 20,109	$ 191,468	$ 191,815
Cash and Cash Equivalents	$ 48,699	$ 49,019	$ 48,699	$ 49,019	$ 54,703	$ 54,225	$ 54,703	$ 54,225
Net Working Capital	$ 26,679	$ 27,590	$ 26,679	$ 27,590	$ 33,469	$ 29,917	$ 33,469	$ 29,917
Unrestricted Assets	$ 48,054	$ 26,035	$ 48,054	$ 26,035	$ 51,637	$ 28,960	$ 51,637	$ 28,960
Credit Ratings (Moody's)	Ba2	Ba2	Ba2	Ba2	Ba2	Ba2	Ba2	Ba2

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Monthly Financial Measurement/Indicators ($ in thousands)

	Saint Mary's Hospital (Hospital only)				Saint Mary's Health System, Inc.			
	July 2014	Prior Year	YTD July 2014	Prior year	July 2014	Prior Year	YTD July 2014	Prior year
A. Operating Performance								
Operating Margin	-1.7%	5.2%	7.9%	8.5%	-6.5%	2.7%	2.7%	4.6%
Non-Operating Margin	9.3%	2.4%	1.4%	1.3%	7.7%	-0.1%	1.0%	0.4%
Total Margin	7.6%	7.5%	9.4%	9.9%	1.2%	2.6%	3.8%	5.0%
Bad Debt as % of Gross Revenue	1.3%	2.5%	1.5%	1.8%	1.3%	2.6%	1.5%	1.7%
B. Liquidity								
Current Ratio	2.2	2.2	2.2	2.2	2.2	2.0	2.2	2.0
Days Cash on Hand	84	79	84	79	73	67	73	67
Days in Net Accounts Receivable	38	47	38	47	37	45	37	45
Average Payment Period	57	63	57	63	59	65	59	65
C. Leverage and Capital Structure								
Long-term Debt to Equity	0.3	0.43	0.3	0.43	0.31	0.45	0.31	0.45
Long-term Debt to Capitalization	0.23	0.3	0.23	0.3	0.24	0.31	0.24	0.31
Unrestricted Cash to Debt	2.5	2.0	2.5	2.0	2.5	2.0	2.5	2.0
Times Interest Earned Ratio	-1.5	8.7	14.5	13.8	-10.2	5.2	6.1	8.4
Debt Service Coverage Ratio	9.7	9.6	9.7	9.6	6.9	7.7	6.9	7.7
Equity Financing Ratio	2.8	3.6	2.8	3.6	3.2	4.2	3.2	4.2
D. Additional Statistics								
Income from Operations	$ (299)	$ 1,023	$ 16,126	$ 16,522	$ (1,359)	$ 592	$ 6,217	$ 10,004
Revenue Over/(Under) Expense	$ 1,382	$ 1,487	$ 19,072	$ 19,134	$ 254	$ 566	$ 8,600	$ 10,981
EBITDA	$ 630	$ 1,923	$ 25,408	$ 25,226	$ (384)	$ 1,551	$ 15,994	$ 19,449
Patient Cash Collected	$ 21,514	$ 17,134	$ 192,432	$ 187,728	$ 24,301	$ 19,355	$ 215,769	$ 211,169
Cash and Cash Equivalents	$ 49,506	$ 44,476	$ 49,506	$ 44,476	$ 55,744	$ 49,513	$ 55,744	$ 49,513
Net Working Capital	$ 23,076	$ 26,295	$ 23,076	$ 26,295	$ 28,076	$ 27,171	$ 28,076	$ 27,171
Unrestricted Assets	$ 46,733	$ 32,039	$ 46,733	$ 32,039	$ 49,074	$ 33,905	$ 49,074	$ 33,905
Credit Ratings (Moody's)	Ba2	Ba2	Ba2	Ba2	Ba2	Ba2	Ba2	Ba2

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Monthly Financial Measurement/Indicators ($ in thousands)

	Saint Mary's Hospital (Hospital Only)				Saint Mary's Health System, Inc.			
	Aug 2014	Prior Year	YTD Aug 2014	Prior year	Aug 2014	Prior Year	YTD Aug 2014	Prior year
A. Operating Performance								
Operating Margin	3.3%	-0.6%	7.5%	7.6%	0.2%	5.4%	2.5%	4.7%
Non-Operating Margin	3.4%	7.9%	1.6%	2.0%	1.4%	0.2%	1.1%	0.4%
Total Margin	6.7%	7.3%	9.1%	9.6%	1.6%	5.5%	3.6%	5.1%
Bad Debt as % of Gross Revenue	1.6%	2.3%	1.6%	1.9%	1.4%	2.1%	1.5%	1.8%
B. Liquidity								
Current Ratio	2.3	2.2	2.3	2.2	2.3	1.9	2.3	1.9
Days Cash on Hand	79	78	79	78	66	67	66	67
Days in Net Accounts Receivable	40	44	40	44	38	43	38	43
Average Payment Period	55	61	55	61	56	65	56	65
C. Leverage and Capital Structure								
Long-term Debt to Equity	0.29	0.43	0.29	0.43	0.30	0.45	0.30	0.45
Long-term Debt to Capitalization	0.23	0.30	0.23	0.30	0.23	0.31	0.23	0.31
Unrestricted Cash to Debt	2.4	2.0	2.4	2.0	2.6	2.0	2.6	2.0
Times Interest Earned Ratio	7.6	0.1	14.0	12.5	1.5	10.1	5.7	8.6
Debt Service Coverage Ratio	10.5	10.4	10.5	10.4	6.8	7.8	6.8	7.8
Equity Financing Ratio	2.7	3.5	2.7	3.5	3.2	4.1	3.2	4.1
D. Additional Statistics								
Income from Operations	$ 661	$ (119)	$ 16,787	$ 16,402	$ 46	$ 1,215	$ 6,263	$ 11,220
Revenue Over/(Under) Expense	$ 1,356	$ 1,494	$ 20,428	$ 20,629	$ 367	$ 1,255	$ 8,967	$ 12,236
EBITDA	$ 1,595	$ 801	$ 27,003	$ 26,027	$ 1,023	$ 2,192	$ 17,017	$ 21,641
Patient Cash Collected	$ 18,951	$ 18,151	$ 211,383	$ 205,879	$ 21,937	$ 20,184	$ 237,707	$ 231,353
Cash and Cash Equivalents	$ 46,943	$ 44,262	$ 46,943	$ 44,262	$ 53,144	$ 49,436	$ 53,144	$ 49,436
Net Working Capital	$ 23,962	$ 25,062	$ 23,962	$ 25,062	$ 28,626	$ 26,582	$ 28,626	$ 26,582
Unrestricted Assets	$ 48,797	$ 32,871	$ 48,797	$ 32,871	$ 50,347	$ 34,494	$ 50,347	$ 34,494
Credit Ratings (Moody's)	Ba2	Ba2	Ba2	Ba2	Ba2	Ba2	Ba2	Ba2

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