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Saint Raphael Healthcare System, 1998 Annual Report

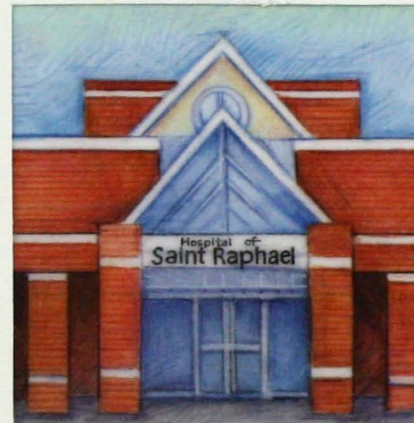
Saint Raphael Healthcare System

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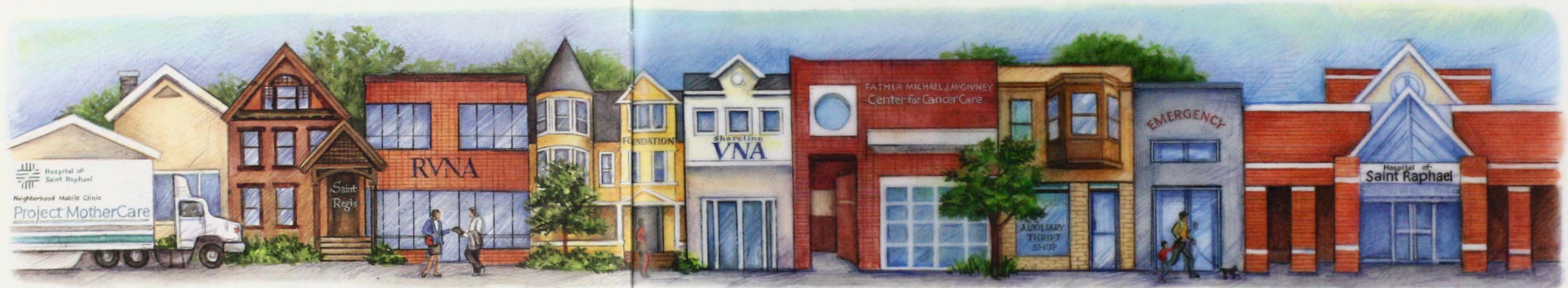
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My hospital...

SAINT RAPHAEL HEALTHCARE SYSTEM
1998 Annual Report



... and more.

Saint Raphael's caring mission is to improve the health status of our community by providing a comprehensive range of quality healthcare services. As a Catholic healthcare system

Our Mission *sponsored by the Sisters of Charity of Saint Elizabeth, we continue the healing*

ministry of Jesus Christ by stewarding our resources according to the principles of dignity, charity, and justice. We collaborate with all who share our values, our vision for better health for each individual, and our special concern for the underserved, the poor, and the elderly.

This illustration by Neverne Covington unites on paper many components of the Saint Raphael Healthcare System.



... and more.

This illustration by Neerina Covington
depicts an array of many components of
the Saint Raphael Healthcare System.

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We are thankful for the extraordinary successes experienced by the Saint Raphael Healthcare System in 1998. Demand for our services was up; our market share soared; and we had our best year ever financially. People have come to truly regard Saint Raphael's as *their* hospital. And more.

Our overall excellence was noted by the Joint Commission on Accreditation of Healthcare Organizations, the nation's largest healthcare accrediting body, which granted the Hospital of Saint Raphael accreditation with commendation — its highest distinction. And we were recognized as one of the nation's 100 Top Hospitals for 1998 by HCIA Inc. and William M. Mercer, Inc., which rate hospitals across the country against standardized benchmarks.

Dear Friend of Saint Raphael's:

So what did we do in 1998 to achieve these distinctions? The same things we have always done. Throughout the year, we continued the work we have been performing since we were founded by the Sisters of Charity of Saint Elizabeth 91 years ago — fulfilling our caring mission and improving the health status of our community. We accomplished this, primarily, by providing a comprehensive range of quality healthcare services, guided by our founding principles of dignity, charity and justice. With a special concern for the underserved, the poor and the elderly.

In 1998, as in other years, Saint Raphael's adapted to changing times, techniques and technologies. Confident in our position as a clinical leader and a provider of sophisticated care, we continued to strengthen our spectrum of services to encompass the many phases of life, health and illness. We responded to newly identified or previously unmet healthcare needs with innovative programs and solutions. We continued to strive for efficiency and cost effectiveness. And we are proud of our successes in all of these areas.

Yet, our caring mission remains basically unchanged since 1907. The real difference in 1998 was not in what we did, but in how growing numbers of healthcare consumers have come to recognize and appreciate what Saint Raphael's has to offer. At a time when healthcare delivery is nationally in a state of flux; at a time when consumer confidence in health care is eroding; people are placing an increasing value on the things Saint Raphael's has always represented. Clinical excellence. Exceptional physicians and extraordinary employees. A commitment to customer service, community service and quality. A sense of spirituality. Responsibility. Stability. And accountability.

These principles and values have steered us for nearly a century and will continue to guide us as we prepare to meet the healthcare needs of a new millennium. It is a challenge we undertake with confidence, commitment and compassion.

Sincerely,

Sister Anne Virginie

Sister Anne Virginie
President, Saint Raphael Healthcare System

Jim Cullen

James J. Cullen
President, Hospital of Saint Raphael
Chief Operating Officer, Saint Raphael Healthcare System



Sister Anne Virginie
and Jim Cullen

It has been a landmark year for the Saint Raphael Healthcare System. Demand for our services continued to grow, with 1998 emerging as the busiest year in our history. As hospitals across the nation struggled against declining census and market share, Saint Raphael's discharges increased 6.5 percent, hitting an all-time high.

A fruitful and productive year

Occupancy at Saint Regis Health Center, our 125-bed skilled nursing facility, remained at 99 percent, and our homecare affiliates, the Regional Visiting Nurse Agency and Shoreline VNA, logged record numbers of visits.



Pediatric Resident Patricia Jorquera examines Louis Rios in the Pediatric Clinic.

At the Hospital, significant visit increases were noted in several clinical services. More people than ever turned to our Emergency Department and trauma center. There were also record numbers of visits to our clinics,

including our pediatric clinic, the only one in New Haven open seven days and five nights per week, and to Chapel Street Pediatric Group, our community-based pediatric practice, which added a second office this year.

Achievements were notable in many other parts of our System as well. Philanthropic efforts hit new highs with the Saint Raphael Foundation's first endowment campaign, already exceeding initial goals and projections.

Another highpoint was the unveiling of a \$6 million plan to renovate and expand Saint Regis Health Center, New Haven's only Catholic skilled nursing facility. This project will improve the residents' environment while allowing us to provide subacute care to patients who no longer need hospitalization, strengthening our spectrum of services and freeing up hospital beds. Key patient service areas will be expanded and remodeled, and Saint Regis will connect to the Hospital via enclosed bridges attached to the Orchard Street garage. These passageways will provide Saint Regis residents with easy access to emergency and diagnostic services, reducing medical transportation expenses, and allowing further integration of ancillary services. Groundbreaking is expected in mid-to-late 1999.

Also anticipated in 1999 is the opening of our \$25 million ambulatory/surgical facility. It will expand our high-tech capabilities with expanded outpatient and trauma care, while responding to the ever-increasing demand for ambulatory services through expanded outpatient surgical facilities and an Emergency Department section dedicated to less critical cases.

Construction of this facility comes at a time when Saint Raphael's holds a dominant position in inpatient surgery, commanding a market share of nearly 38 per-



An architect's rendering of the proposed Saint Regis renovation and expansion project.

cent, the highest among hospitals in our service area. We have also experienced significant increases in outpatient surgeries.

In response to this increasing demand, Saint Raphael's filed a certificate of need with the state Office of Health

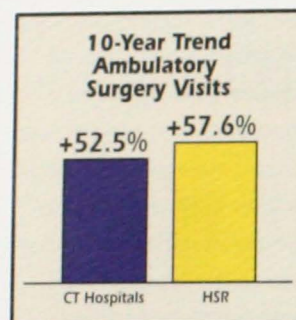
Care Access for a free-standing surgicenter in Hamden. Consistent with our strategic commitment to expand ambulatory services, the center will include four operating rooms and a minor procedures room.

To accommodate the growing need for sophisticated neurological, cardiac and abdominal imaging and to cut down on scheduling delays, Saint Raphael's is submitting a certificate

of need for a second Magnetic Resonance Imaging unit. The application is being submitted in partnership with New Haven Radiology Associates.

These decisions result from the heightened demand for Saint Raphael's services. This increased demand is fueled by continuing movements away from exclusive managed care contracts; strong physician referrals and support; ongoing health promotion activities; as well as marketing of the System and key services. But we wholeheartedly believe the most compelling reason that people choose Saint Raphael's is the compassion and respect for individual dignity that accompany all of our services and treatments. We call this "the Saint Raphael difference."

Others have noted the Saint Raphael difference, as well. After an in-depth survey, the Joint Commission on Accreditation of Healthcare Organizations awarded the Hospital of Saint Raphael accreditation with commendation, the highest ranking it bestows. While about 80 percent of hospitals nationwide undergo this voluntary accreditation, only 12 percent earn the distinction of commendation. JCAHO surveyors said they were particularly impressed by our nurses and the way the Saint Raphael team works together to benefit patients. JCAHO



cited our staff for its excellence, knowledge and compassion and noted Saint Raphael's strong commitment to customer service and patient satisfaction. JCAHO also awarded Saint Regis three-year accreditation.

Our positive recognition did not end there. Saint Raphael's was ranked one of the nation's 100 Top Hospitals for 1998 by HCIA Inc. and William M. Mercer, Inc., two healthcare consulting firms. The independent study objectively rates hospitals across the United States on eight measures of clinical quality practices, operations and financial management — risk-adjusted mortality, risk adjusted complications, severity adjusted length of stay, expense per discharge, profitability, proportion of outpatient revenue, occupancy and productivity.

Our financial results for 1998 reflect our extraordinary success. Net income for 1998 more than doubled to \$11.3 million. Yet our cost per equivalent inpatient discharge continued to decline. Cost per case decreased 4 percent, bringing the total decrease to 8 percent over the last five years. Our average length of stay continued to decline as well.

To put it simply, although Saint Raphael's cared for more patients than ever in 1998, we delivered that care in an increasingly efficient, cost-effective and compassionate manner.

Honing our clinical edge

Throughout the year, Saint Raphael's was recognized for its clinical advances and excellence, in a large part due to the pioneering efforts of talented physicians.

Our leadership position in cardiac care was reinforced when we became one of the first hospitals in Connecticut to offer beating heart bypass surgery.



The beat goes on during a remarkable new cardiac bypass procedure in which the heart continues pumping during surgery.

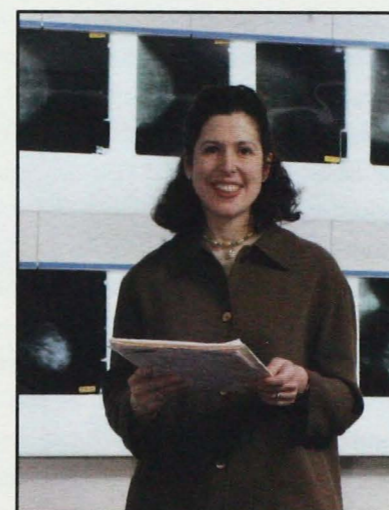
This procedure allows coronary bypass surgery to be performed while the heart is still pumping, dramatically reducing risks, side effects, hospital stay and recovery time.

Another cardiac advance involves our new biventricular support system, which assists blood pumping and circulation. This is of great benefit to critically ill patients or those awaiting implantation of devices such as pacemakers.

Coordinated treatment for congestive heart failure is

another important cardiac initiative. This condition affects many elderly and cardiac patients and is a top reason for hospital readmission, here and throughout the nation. Saint Raphael's approach includes a multidisciplinary team of cardiologists, registered nurses, nutritionists, pharmacists and home healthcare professionals. Saint Raphael nurses contact patients after discharge, and home healthcare professionals provide follow-up care. The goal is to increase medication compliance and reduce the need for subsequent hospital stays.

In addition to our cardiology achievements, Saint Raphael's continues to be recognized as a leader in cancer care. Referrals to our brachytherapy program for prostate cancer at the Father Michael J. McGivney Center for Cancer Care increased substantially in 1998, making our program one of the largest in the state. Brachytherapy involves implanting tiny radioactive seeds at the tumor



Andrea Silber, M.D., was one of only three women nationwide to receive a "1998 Covergirl Women at Their Best Award" from *Glamour* magazine. She founded and runs Sister-to-Sister, a low or no cost mammogram program for underinsured African-American women.



Kristine Lechler, P.A., administrative coordinator of the Joint Restoration Center, assists Julius Dahlgard of Orange, after his knee replacement surgery.

site to increase the effectiveness of radiation, while reducing side effects. Brachytherapy is also used at Saint Raphael's to treat cancer of the esophagus.

Saint Raphael's is the only New England hospital fighting brain cancer with the BrainLab System and its micro-multileaf collimator. The system points precise beams of radiation at abnormal tissue, destroying tumors without an incision, reducing pain and risks and speeding recovery.

Saint Raphael's was also selected as a recruitment site for a clinical trial that seeks to prevent breast cancer from developing in high-risk, post-menopausal women. Through this project, we hope to build a track record of participation in clinical trials, enabling us to expand our research scope, thus enhancing our role as a teaching hospital and providing exciting new treatment options to our patients.

Our reputation as a premier orthopedic facility took

another step forward in 1998 with the finalization of plans for a Joint Restoration Center. The Center prepares patients for total knee and hip replacement through pre-surgery classes, education about post-surgical needs, and coordination of rehabilitative care — including short-term placement and home care — following surgery. The goal is to reduce hospital stay, minimize complications, and get patients back on their feet faster.

Other new clinical advances include:

- A sinus surgery technique which uses CT scan images to guide the surgeon, increasing accuracy and quickening recovery.
- A procedure to treat fibroid tumors, a leading cause of hysterectomies. The procedure blocks the tumor's blood supply, causing it to shrink without harming the uterus. Women often go home the same day.
- Use of a skin glue that cuts down on the need for stitches, staples or skin strips. The adhesive works quickly and can eliminate the need for an anesthetic injection prior to wound closure, as well as the need for a follow-up visit to remove sutures.



Agnes Barba, MSW, received the prestigious 1998 American Cancer Society Lane W. Adams Award for Social Work. This national award recognizes innovative, skilled and exceptional care to cancer patients.

Diverse as they are, these clinical advances share a common goal: to provide patients with the most sophisticated treatments available, while reducing potential side effects and speeding recovery time.

Quickening recovery is also the goal behind the recent expansion of rehabilitative services at Saint Regis, where physical, occupational and speech therapies are now available seven days a week.

As we look at strengthening our

spectrum of care, we continue our efforts to ensure that patients receive the best possible care throughout the entire System — from the Hospital to Saint Regis to our homecare partners — based on outcome measures, regulatory requirements, and benchmarking opportunities.

Efficient, appropriate care

The changing healthcare environment mandates that we constantly strive to provide outstanding and efficient care in the most appropriate setting. This brings tangible benefits to patients — who receive sophisticated, coordinated care in convenient, accessible settings.

Particular emphasis has been placed on providing certain cardiac, orthopedic and vascular procedures as efficiently and effectively as possible. These efforts have paid off. Saint Raphael's compares favorably to — and in some cases surpasses — national length-of-stay benchmarks for certain invasive cardiology procedures, open heart surgery and orthopedic surgeries. A similar project for vascular surgery procedures was completed in 1988, with reductions in length of stay, use of critical care units and ancillary services; and development of clinical, patient-centered critical pathways.

Aggressive efforts have been focused on efficiently and effectively providing care to patients covered by risk-bearing managed care contracts. These efforts include triage in the Emergency Department to ensure appropriate admission or prompt referral to a more appropriate care site; daily review of inpatient utilization; weekly review of utilization data with payer representatives; and monthly meetings with key primary care physicians to review patient utilization.

Multidisciplinary care management rounds led by registered nurses occur daily on all medical, surgical and gynecological units. These involve chart review to ensure consistent and accurate documentation; initiation of

steps to reduce preventable systemic, physician or patient-caused delays; and timely discharge with appropriate post-acute care.

Strengthening our system also involves constantly assessing which services we must provide to best serve our patients, and which services can be provided in collaboration with — or by — others.

Our ability to ensure continuity of care for patients after discharge has been strengthened through cooperative efforts with our homecare affiliates, the RVNA and Shoreline VNA. Together, we are developing niche programs that offer consistent and comprehensive

treatments in areas such as wound care, behavioral health and cardiac care. Care maps used by our homecare affiliates complement the Hospital's clinical pathways, assuring that care is consistent from Hospital to home.

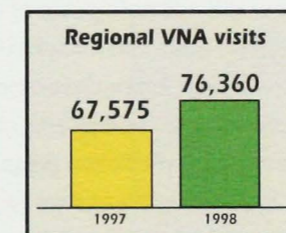
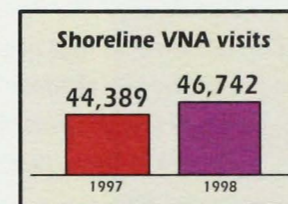
And through Professional Home Care

Services, a joint venture with other hospitals, discharged patients receive intravenous drug therapies and special medical equipment in their own homes.

We continue to pursue new and innovative ways to increase efficiency

while managing costs. Through the Regional Resource Partnership, our strategic alliance with Hartford Healthcare Corporation, we have formed a task force to examine managed care strategies and system-wide clinical pathways, and to evaluate materials management cost-saving opportunities.

At the same time we realized that a partnership we had formed with some of our primary care physicians was not accomplishing all that we expected. Therefore, steps were taken to dissolve the partnership and return the practices to physician ownership and operation.



The next generation

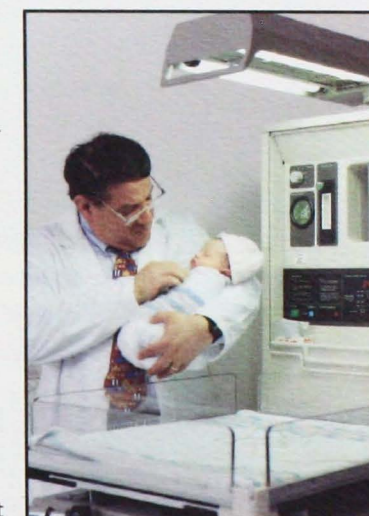
As a teaching hospital affiliated with Yale University School of Medicine, Saint Raphael's is educating the next generation of healthcare providers, a commitment nurtured since our earliest years.

In an attempt to bring the best and brightest medical residents to Saint Raphael's, we finalized a gradu-

ate medical education strategic plan addressing issues ranging from academic quality to fiscal resources. The plan positions Saint Raphael's as a model and leader among community teaching hospitals devoted to education, research and excellence in patient care. Our status as a teaching hospital ensures clinically advanced, sophisticated care, while

increasing patient access to highly skilled physicians. The reach of our residents extends beyond the Hospital into the community, where residents work in medical offices and clinics and attend to a variety of patient populations, including the poor and disenfranchised.

Saint Raphael's also offers educational opportunities to students in other health-related disciplines. In 1998, 455 students in nursing-related fields — ranging from nursing assistant programs to master's level nursing programs—turned to Saint Raphael's for clinical experi-



Wilfred Reguero, M.D., chairman of obstetrics and gynecology, was nationally recognized with a 1998 Common Cause Public Service Award for his work with Project MotherCare.

ence. Nursing students also have an opportunity to receive clinical experience at Saint Regis, which in 1998 began serving as a training site for 30 students in Southern Connecticut State University's registered nurse program.

Our goal is to not only enable these students to have exposure to sophisticated equipment and procedures. We hope to also encourage them to internalize an understanding and appreciation of the values of excellence, dignity and charity that we believe are fundamental to all patients in all settings.

Specifically serving seniors

Saint Raphael's is proud to be the provider of choice for area seniors. Our comprehensive senior services range from programs designed to keep seniors independent and healthy, to those that meet their needs should they fall ill.

Membership in CareCard, Saint Raphael's senior membership health and wellness program — already the largest program of its kind in the state — surpassed 20,000.

Our award-winning Project ElderCare also expanded its reach, opening a seventh clinic at Casa Otoñal, a New Haven housing facility primarily serving Hispanic seniors. Over the course of the year, Project ElderCare provided primary care and social services to more than 2,000 seniors in easy-to-access community



Donna Diaz, R.N., coordinator of Saint Raphael's Parkinson's Center, was nationally honored for her work on behalf of patients and families with the distinctive Salvatore Esposito Sr. Coordinator's Award from the American Parkinson's Association.

settings. 1998 was also the inaugural year for ElderSource, a resource library providing seniors with up-to-date healthcare information on topics ranging from nutrition to assisted living facilities.

And, to date, more than 2,000 people have subscribed to Medicare Plus™. This supplemental insurance plan helps seniors pay for medical expenses not covered by traditional Medicare, including deductibles and coinsurance.

Reaching out, reaching high

Saint Raphael's commitment to its community has never been stronger.

One of our most significant initiatives in 1998 centered on meeting the dental needs of at-risk children through a new, dental clinic on wheels that will travel to city schools to improve oral health and hygiene. (See related story, page 18.)

Because of the continued emergence of school violence as a public health issue, Saint Raphael's joined forces with the New Haven Police Department and school system to promote gun safety and violence prevention and support a peer mediation program for fourth and fifth graders. By teaching youngsters to peacefully resolve disputes, Saint Raphael's hopes to provide an alternative to violence and create a healthier community.

Saint Raphael's Neighborhood Plan, launched in 1992 to improve the quality of life in the area surrounding the hospital, moved into an exciting new phase in 1998 with the announcement of a major initiative to purchase, rehabilitate and resell deteriorated properties in the eight-block area south of the campus. The initiative seeks to stabilize and improve the quality of life in the area through home ownership and restoration; public improvements; and support of neighborhood groups, such as a community block watch. Working in collaboration with the City of New Haven, neighbor-

hood residents and other partners, the effort has already resulted in the renovation and subsequent sale of a house on Greenwood Street.

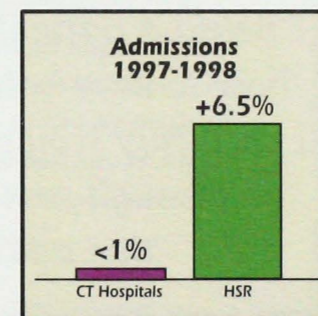
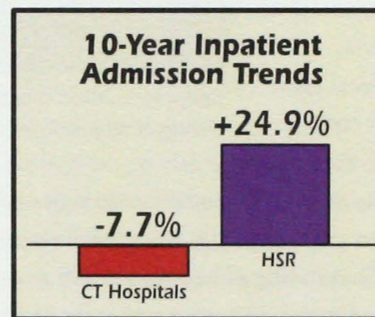
Since the inception of the multi-faceted neighborhood plan, Saint Raphael's has trained 40 neighbors for future employment; provided seven college scholarships; and helped 10 employees purchase homes in the neighborhood. These efforts demonstrate Saint Raphael's support of, and commitment to, the neighborhood that has been its

home for 91 years.

Saint Raphael's community commitment also extends beyond the immediate neighborhood. Through a variety of activities in both community and corporate settings — ranging from

screenings at New Haven Housing Authority sites to health risk assessments for area employers — Saint Raphael's collaborated with others to provide more than 4,000 people with easy access to important health services and information.

Our phones also provide a crucial community link. Nearly 3,000 people sought referrals from our Need-A-Physician service, and more than 30,000 calls were placed to HealthLink, Saint Raphael's audio health information library. Saint Raphael's *Better Health* magazine increased its circulation to include Meriden, Ansonia, Shelton and Derby, which join 16 other Greater New Haven cities and towns that have received the magazine for 20 years.



Ensuring quality, accountability and viability

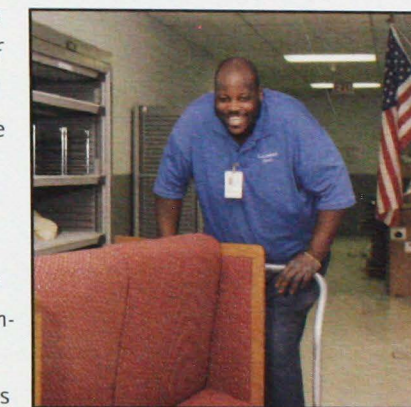
As our System grows, we continually renew our commitment to provide excellent, comprehensive care throughout the many stages of life, health and illness. Still, we face a future fraught with challenges.

To guide us and ensure continuation of those attributes that distinguish us from other providers, we

implemented a system-wide customer service initiative, finalized an organizational code of ethics, and developed a corporate compliance program.

These commitments to our values form a firm and unshakable foundation as the Saint Raphael Healthcare System moves toward the new millennium. While the healthcare environment continues to change, we recommit ourselves to our core values of dignity, justice and charity.

We will continue our tradition of providing compassionate and comprehensive care for the many stages of life, health and illness, consistent with our mission and position as the region's leading Catholic healthcare system. We will seek new ways to operate more efficiently; provide care in the most appropriate, least costly settings; reduce costs and streamline operations. And we will do so with the same fiscal, social, and clinical accountability that have always accompanied us as we embrace our mission and the opportunities of the future.



Delivering good customer service brings a smile to the face of Rob Roberson of Environmental Services.

A lifelong-and lifesaving-choice

When ambulance technicians asked Eiji Yanagisawa, M.D., which hospital he wanted to go to, Yanagisawa instinctively responded "Saint Raphael's." The internationally renowned ear, nose and throat specialist had just been shot several times at close range during a robbery attempt outside his New Haven office and was in intense pain and bleeding.

"It's a place where patients come first, and where I visit every day to care for my own patients. It's like home to me. I knew I would receive excellent care," Yanagisawa says.

He should know.

Aside from the fact that Saint Raphael is a Level II trauma center — offering the most advanced emergency care available — Yanagisawa has been performing surgeries, treating patients and teaching through his pioneering methods of videography here for more than 34 years. In fact, he performed his medical internship at Saint Raphael's in 1962 after completing his residency at Grace-New Haven Hospital (now Yale-New Haven Hospital) in 1959.

"Saint Raphael's has given me the opportunity to provide excellent patient care, to teach and to conduct clinical research," he says.

Aside from performing revolutionary sinus surgeries, he has documented hundreds of cases and procedures. He has published extensively

and has written more than 200 scientific papers and textbook chapters. He is the author of two books and the producer of more than 60 educational videotapes and movies.

A clinical professor of otolaryngology at Yale University School of Medicine, Yanagisawa has also presented more than 200 major addresses on otolaryngology. These lectures have taken him to many cities in the United States and other countries, including

"Being a patient taught me how to care better, though I certainly wouldn't want to go through something like this again."

Australia, Austria, Belgium, Canada, Germany, Hong Kong, Mexico, Portugal, Turkey and his native Japan to talk about the latest advances in otolaryngology and his innovative method of videography.

"Some people like to golf in their free time. I like to write and teach," the always modest and soft-spoken Yanagisawa says. He considers documenting his knowledge and experiences, and sharing that information with other physicians through publications and lectures, his personal mission. And he mentions, almost in passing,



Surgical resident Annette Wagner during cardiac surgery.

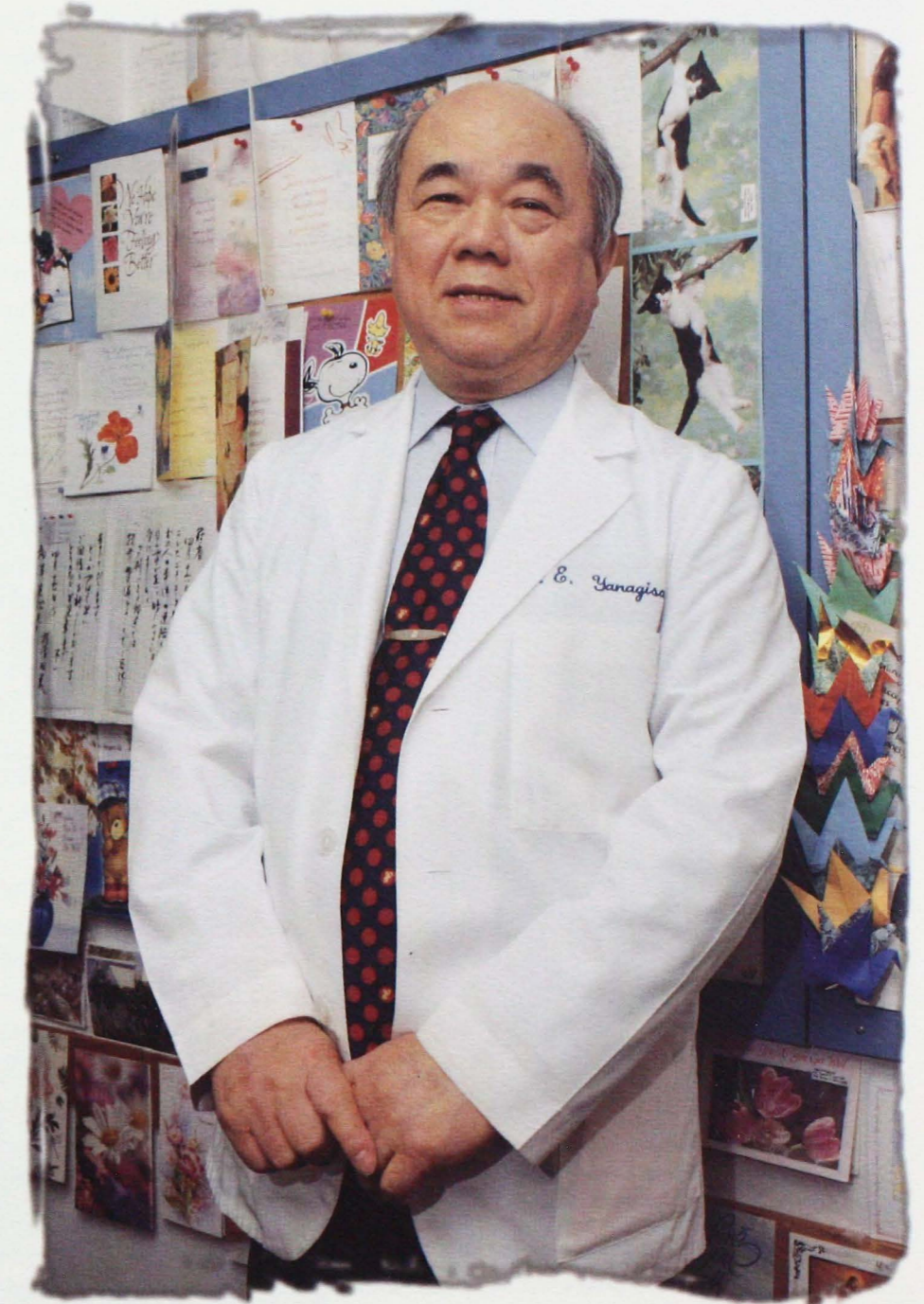


Eugenia Vining, M.D., performs a new form of sinus surgery that uses CT images as a guide.

that he's come across copies of his books and papers in all the countries he's visited. "I would like to be remembered and have a part in history."

His popularity, however, goes beyond the medical community. In the days that followed news media reports of his shooting April 14, 1998, outside his York Street office, he received more than 700 get well cards from patients and friends from around the world. Many of those cards hang near the examination rooms in his office. And his goal, he says, is to answer every one.

"Being a patient taught me how to give better care, though I certainly wouldn't want to go through something like this again," Yanagisawa says. "I have a lot to be grateful for, and there are many people to thank, especially the staff at Saint Raphael's. The care I received there was nothing but the best, and I am glad that I am still alive today. I look forward to continuing my goals, which are to provide the best care for my patients and to contribute to my chosen specialty of otolaryngology."



Eiji Yanagisawa, M.D., stands among the many cards sent by well-wishers from around the world.

Auxiliary provides 90 years of support

It's not just buyers who benefit from purchases at the Saint Raphael's Glass Door Gift Shop. Patients do as well.

Last year, purchases of candy, flowers and gift items added up to more than \$100,000 — almost half the \$206,500 donated in 1998 to Saint Raphael's by the Saint Raphael Auxiliary, which celebrated its 90th anniversary.

For nine decades, the Auxiliary has helped Saint Raphael's enhance patient care by raising funds to purchase state-

of-the-art equipment or provide special programs or services. Many of the 500 men and women who make up the Auxiliary also work as Hospital volunteers — some giving as many as 20 hours a week.

"Almost everything we do is touched by the good

work of our Auxilians," says Sister Anne Virginie, Saint Raphael Healthcare System president. "For more than 90 years, Saint Raphael's has cared for this community. And the Auxiliary has been with us every step of the way."

In 1908, the year the Auxiliary was founded as the "Ladies Aid Society," that good work came in the form of card parties, tag days and holiday

teas, which raised enough money to purchase the Hospital's first motorized ambulance.

In more recent years, Auxilians used proceeds from the thrift and gift shops, along with funds raised from other events and projects, to purchase recovery room heart moni-

tors, host life-saving prostate screenings and start the Looking Forward program at the Hospital's Father Michael J. McGivney Center for Cancer Care. Looking Forward is a patient education program staffed by volunteers, who help other cancer patients with self-esteem, grooming and education.

"We're a low-key group, but very compassionate. We're a group that wants to help."

The \$206,500 donation — the largest annual gift ever made by the Auxiliary — was the second installment of a \$1 million pledge over the next seven years to Saint Raphael's endowment campaign.

"We take our work very seriously," says Auxiliary President Annette LaVelle. "Most of us have had family members treated at Saint Raphael's, and this is one way of saying thanks for the great care and loving treatment. We're a low-key group, but very compassionate. We're a group that wants to help. And none of these things would be possible without a dedicated board and supportive members."



Volunteers like Tim O'Connor share conversation, stories and good wishes with Hospital patients like Richard Marbach of East Haven.

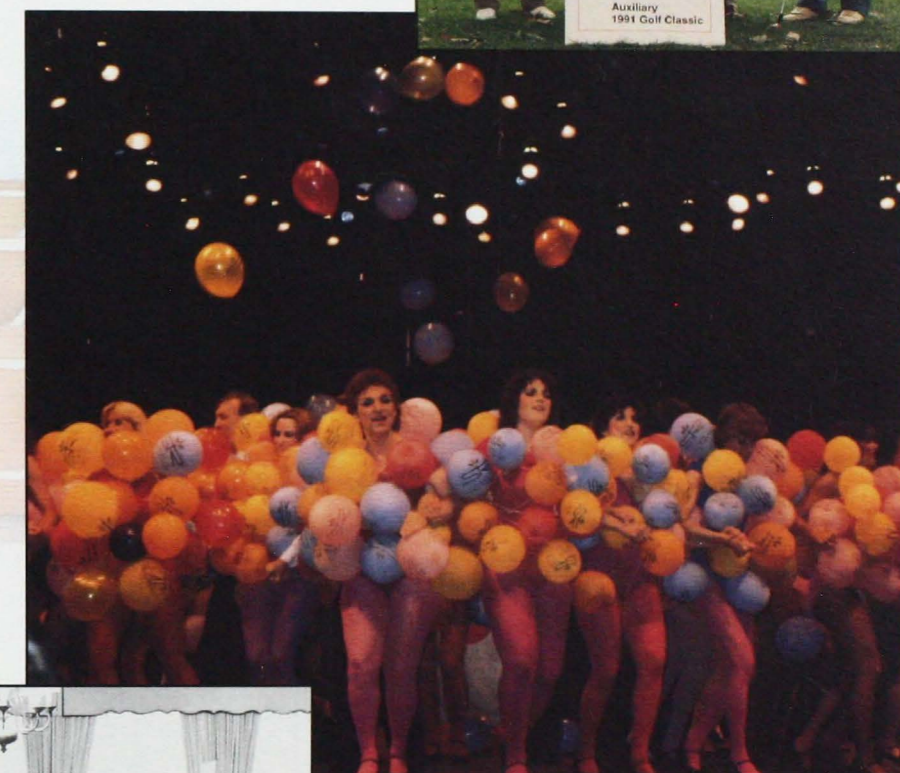
The Auxiliary also scores big outside the Hospital, as hosts of a popular men's golf tournament that annually takes place at Racebrook Country Club in Orange. The 1998 event attracted a full field of 132 players and raised \$85,000 for the Hospital.

"Call us good will ambassadors," LaVelle adds. "We do whatever is needed."

From left: M. Joseph Canavan, Dr. Ramon Rodriguez, Dr. Craig Huttler and Dr. Dominic Schioppo.



The 1983 "Cast for Laffs" was one of a series of variety shows to raise money for the Auxiliary.



Shoppers search for that special gift during the Auxiliary's 1972 "Christmas in the Lobby."



Giving can be contagious.

Just ask Bob Lyons, Jr., who succeeded his father as president of The Bilco Co., which manufactures horizontal doors.

Lyons' father, Bob Lyons, Sr., has given his time and energy to a variety of Saint Raphael projects, boards and

Generosity throughout the generations

committees. He has also initiated a strong family legacy of giving to Saint Raphael's on both a personal and corporate level.

"My father has always had a special place in his heart for Saint Raphael's," explains Bob Lyons, Jr. "My Dad always took the lead in family giving, with his brothers right there by his side. His generosity is contagious, and certainly that's influenced me. I've tried to follow his lead in my own personal contributions to Saint Raphael's and the community, although it's only a shadow of what he's done."

Bob Lyons, Sr.'s contributions to Saint Raphael's

have been many — too many to count, says Sister Anne Virginie, president of the Saint Raphael Healthcare System. In addition to serving on several Saint Raphael boards, the senior Lyons chaired the Campaign for Cancer Care, which raised more than \$9 million to fund the Father Michael J. McGivney Center for Cancer Care. Now, he is a key member of the Major Gifts

Committee for the Campaign

for Saint Raphael's, the Saint Raphael endowment.

"Bob Lyons, Sr. and his family stand as true examples of commitment, volunteerism and philanthropy — corporately and individually," says Sister Anne. "We are extremely grateful for their extraordinary support."

Bob Lyons, Sr. is modest about his contributions to Saint Raphael's. His involvement with Saint Raphael's began in 1973, when he was approached by then-presi-

"You can ask someone to give, but it is far better to inspire it by example."

dent Sister Louise Anthony, who asked him to serve on the Hospital board. "I'd had no board experience, and I'm still not sure why she asked me, but I agreed," he recalls. Lyons went on to play a pivotal role in founding the Saint Raphael Foundation in 1974, and has been active as both a volunteer and donor ever since.

His relationship with Saint Raphael's has grown stronger as the years have passed.

"It's been a great experience," Lyons says. "You certainly get a lot out of it, and it gives you a good feeling that you're able to help. And you meet a lot of great people."

Lyons says he got tremendous satisfaction from his involvement in earlier building projects, but was



John C.H. Seah, M.D., spoke about "The Power of Prayer in Healing" during a June lecture sponsored by the Mrs. C.T. Lee Fund of the Saint Raphael Foundation.

most affected by his work on the Father McGivney Cancer Center. Being part of the collaborative effort between the Hospital, Foundation and the Knights of Columbus to get the project off the ground was particularly fulfilling, he says.

He was personally touched by the cancer patients he met, both before and after the Center was built, and was particularly taken with the generous giving by Saint Raphael employees.

"Once you get involved in something like that, you meet the people affected by a disease like cancer, and the people who care for them, and you realize how important this work of philanthropy is," Lyons explains.

Lyons' enthusiasm for giving to Saint Raphael's has spread throughout the family and The Bilco Co. Perhaps the elder Lyons was inspired by his own father, George W. Lyons, who founded the company in 1926, suggests Bob Lyons, Jr.

Pointing to a portrait of his grandfather that hangs on the wall of a conference room in Bilco's West Haven headquarters, Bob Lyons Jr. grows thoughtful and smiles.

"I think about my grandfather, and his generous spirit — his community spirit. You might say it's a legacy," he explains. "I hope it's something we can pass on to the next generation as my father has done to ours. You can ask someone to give, but it is far better to inspire it by example. That is exactly what my father has done."

Bob Lyons, Jr. and Bob Lyons, Sr. catch up on business outside The Bilco Co. in West Haven.



The steering committee of One for All, Saint Raphael's employee-administered charitable fund.

Healthy communities bring healthy smiles

How far would you go for the smile of a child? At Saint Raphael's, the answer is many, many miles.

The bright smile of a child can reveal a wealth of information about the health status of a community. And in Greater New Haven, the lack of dental care and dental providers for needy, inner-city children has been well documented.

That's why Saint Raphael's will soon launch "Miles for Smiles," a mobile dental clinic that will travel to elementary schools in and around the city to provide dental hygiene and basic dental care.

Miles for Smiles is slated to hit the road by the time schools open in September. More than 3,000 children are expected to receive services during the first year alone. In addition to a full-time pediatric dentist and



Foiling the flu was the goal of an immunization clinic sponsored by the Regional VNA and Saint Raphael's. From left are Cynthia Delaney, R.N.; Mary Jane Gallagher; Carol O'Donnell, R.N., and Mary Jane's husband, Edward Gallagher.

hygienist, Miles for Smiles will have two examination/treatment rooms on board and will provide education as well as basic care. The clinic will resemble Saint Raphael's award-winning Project Mother-Care tractor-trailer clinic-on-wheels, which travels throughout the city and surrounding communities to provide prenatal and primary care.

Recent studies have shown good dental care is essential for overall health and well-being. Lack of

dental care can lead to other serious health problems, such as heart disease and gum disease, which may increase the risk of premature, underweight births and threaten people with diabetes or respiratory disease.

"By stepping in and providing dental services to young children, Saint Raphael's hopes to prevent the serious health problems that might result in later years," says Sister Mary Canavan, vice president of mission services and chair of Saint Raphael's Founders' Fund, which is underwriting the preliminary costs of Miles for Smiles.

Saint Raphael's collaborated with many state and
"Saint Raphael's hopes to prevent the serious health problems that might result in later years."

local agencies to get the project off the ground, according to Jay Pinsince, manager of outpatient services and a project initiator. These include Connecticut's Departments of Public Health and Social Services; the Connecticut Dental Association; New Haven's Dental



Nilsa Cogdell of the Sister-to-Sister program chats with Ann Chambers of New Haven about the importance of mammograms during an outreach program at Shaw's Supermarket on Whalley Avenue.

Society, Health Department and public schools; Hill Health Center and University of New Haven.

Increased access to dental care was also a need identified by the Greater New Haven Partnership for a Healthy Community, a consortium of agencies dedicated to making Greater New Haven a better place to live, work and play. Saint Raphael's is a founding member of the Partnership, which includes the United Way and nine other local organizations.

Through a survey of more than 3,330 residents in New Haven and surrounding communities, the Partnership developed three priority areas of focus: youths; access to health and social services; and lifestyle and disease prevention and control. Miles for Smiles addresses several of these priorities. As its work continues, the Partnership will link different agencies to solve common, community problems — similar to the way Saint Raphael has collaborated with others to fulfill the urgent need for pediatric dental care.

It's enough to make you — and thousands of children — smile.

This group outside Troup Magnet Academy of Sciences in New Haven represents the collaborative efforts behind the Miles for Smiles dental van.

They are, from left, Sr. Mary Canavan, Saint Raphael's vice president of mission services; student Nancy Rembert; School Nurse Sue Smith, R.N.; Carlos Ceballos, coordinator of school-based clinics, New Haven Public Schools; Bill Quinn, city health director; student Laura Coleman; and Jay Pinsince, Saint Raphael's manager of outpatient services.



Giving more and giving back

As a Yale University School of Medicine graduate, Jonathan Stewart could have gotten a job just about anywhere. He chose Saint Raphael's.

Some could say he came here out of a sense of obligation. After all, the Saint Raphael Neighborhood Resident Scholarship he received in 1994 paid for his last three semesters of undergraduate work, letting him concentrate on his studies and then successfully apply to Yale's physician assistant program.

Instead, Stewart says he came to work as a Saint Raphael's physician assistant to "do something good and give something back." First, to the hospital that gave him the tools and inspiration to pursue a career in medicine. Then, to the community in which he grew up.



Peter Rzaza, manager of Radiology QA Systems and Support, organizes the Saint Raphael Community Team for walkathons and other community events.

"The medical staff is warmer here, and people are the focus of what we do. The care isn't focused on gadgets and gizmos. It's focused on people, and how we can give them the best care with the most personalized service," says Stewart, 28, who grew up near the Hospital campus on Ellsworth Avenue. Living here made him eligible for a Saint Raphael Neighborhood Resident Scholarship, which is given annual-

ly to residents of the Dwight, West River and Edgewood neighborhoods.

"Now, I hope to give in return all that was given to me."

Stewart also knows how great the need is for health and social services. Aside from what he's seen and heard as a lifelong New

Haven resident, he spent eight months in 1996 visiting older adults in their homes, and talking with them at community screenings, as a volunteer for the Hospital's

"People are the focus of what we do. The care isn't focused on gadgets and gizmos."

Project ElderCare program. Before that, he spent much of 1995 as a Hospital volunteer, working one-on-one to meet patients' needs by changing bed sheets, filling water pitchers and running "errands" to the Hospital gift shop for mints, cards and magazines. He also spent many hours walking nursing unit floors with patients who wanted to stretch their legs or felt they needed a change of scenery, but needed a helping hand.

"It's pretty special to be able to be there for people in a time of need," Stewart says.

Now, as a physician assistant, Stewart is a direct link



Carmel Limoncelli, L.P.N., is active in many community events, including "Midnight Run," which makes weekly deliveries of food and blankets to homeless people.

between patients and their primary care physicians. As part of the Department of Medicine, he rotates with other PAs throughout the hospital, caring for patients suffering from everything from pneumonia to urinary tract infections to congestive heart failure.

After doctors make their morning hospital rounds, it's Stewart's job to make sure patients get the proper examinations, lab work and X-rays, as well as any other care that needs coordination with other medical staff members. On site for much of the day, Stewart is readily available to offer assistance to patients.

"I like the opportunities offered here, and like being in healthcare," Stewart says. "You're always being challenged — taking things that seem to be impossible and making them a reality. And it's special to be able to do it in your own backyard."



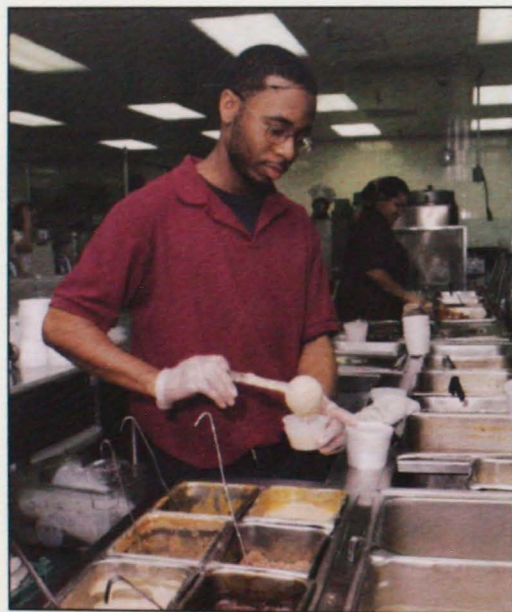
Jonathan Stewart, P.A., and patient Annie Edges of New Haven.

Customer Service ... with a smile

It is a weekday morning and things are jumping on Sister Louise Anthony 4, where Monica Brantley works as unit clerk.

Someone from the maintenance department has arrived to do some bathroom repairs and needs a key; a physician assistant has a question concerning the scheduling of a patient test; and the phone just keeps on ringing. None of this fazes Brantley, who is smiling beneath her telephone headset and trying to be helpful to everyone.

"I like it when it's busy," Brantley says, as she places a stack of blank physician orders into the outstretched hand of a registered nurse. "I enjoy the responsibility. And I like to work with everyone — whether it's the nurses, doctors, patients or their families. I help them all out as best as I can."



Akita Ellis prepares patient trays. In the background is Ketty Garcia.

Brantley believes that everyone she comes into contact with deserves good service, delivered with professional attention and concern, as well as a smile.

"I always like to put myself in the other person's shoes, and I believe that old saying that the customer is always right," Brantley explains. "And on this floor, we've always got a lot of customers."

On this particular day, all 21 beds on the medical inpatient unit are full.

Patients range in age from young to late adulthood, and their illnesses and conditions range from cellulitis to kidney failure. As unit clerk, Brantley is responsible for the phone, key paperwork, and for a litany of day-to-day chores that help to keep the unit functioning smoothly. If doctors, visitors, or anyone else on the floor needs the answer to a question, they often turn to Brantley first.



Round-the-clock care is provided by employees like Marianne Halkyard, R.N., who reviews an EKG on the night shift.

"I like to get to know the patients' families. This way, I can really help them."

In addition to her clerical and daily responsibilities, Brantley says there is another vital component to her job — making personal contact with patients and their families to better meet their needs and concerns.

"I like to get to know the patients' families," Brantley says. "This way, I can really help them. Sometimes, I just sit with them at my desk, get them a cup of coffee, or help them get in touch with the doctor. Most of the time, they really appreciate it. We also try to help out the doctors, too. Sometimes they need another doctor's phone number, or need help with the computer, or to find out if a patient's had any visitors. Doctors are important customers as well."

Brantley has worked at Saint Raphael's for about 12

years, and spent her first seven years as a housekeeper. She made the move to the unit clerk position because she wanted more direct contact with people. Brantley says her job as unit clerk offers her the perfect opportunity to make a difference in the lives of patients and their families.

"We try to make all our patients feel loved — to know that someone really cares — and the families really appreciate the effort. Everyone wants people to be nice to members of their family. And that's the bottom line,"

Brantley says.

Although things can get hectic on the unit at times, Brantley says she always tries to put the patient first.

"It's the most important thing."

And she believes she has found the perfect job.

"I love to be around people, learning and doing different things. It's a good mix. I get involved with doctors, patients, families, clinical techs — everyone, really. My job has great variety," Brantley says. "I always say to my boss 'I just love coming to work.'"



Personal attention is another form of caring at Saint Regis Health Center. Pictured are resident Reena Brady and CNA Thelma Peterson.

Monica Brantley, unit clerk on Sister Louise Anthony 4.



Healthier employees mean healthier businesses

When Maureen Doran, R.N., first went to work at Dichello Distributors in Orange in the late '80s, a total of 76 employees were out of work, disabled with back, knee and shoulder injuries. The costs of this were staggering: inestimable suffering on the part of the injured employees; thousands of lost work hours; and hundreds of thousands of dollars in Workers' Compensation costs for Dichello to pay.

But thanks to a 9-year-old partnership with Saint Raphael's Occupational Health Plus™, the number of disabled Dichello employees has decreased dramatically. As part of the program, employees are continually reminded and trained by Saint Raphael professionals to safely lift and deliver beer cases and kegs — some weighing as much as 162 pounds. And potential employees must undergo pre-employment screenings to make sure they're physically capable of performing specific jobs.

"Before we got involved with Saint Raphael's, we had employees who just weren't physically capable of doing their jobs," says Doran, director of Dichello's nursing services. "They weren't physically

qualified. And that resulted in people coming into work and getting hurt. Now, we focus on prevention, and we don't get as many injuries."

Instead, they see results, Doran says. Big ones.

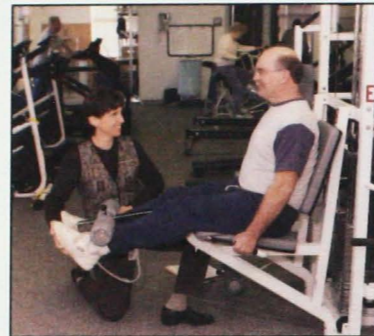
Since developing pre-employment screenings, light duty and other wellness programs with Saint Raphael's, Dichello has won both the Workers' Compensation Health Award and the State Workers' Compensation Safety Award for three consecutive years.

"Our business and employees are getting healthier every day."

They've also seen huge dollar savings.

In 1996 alone, seven Dichello employees who had been hired before pre-employment screenings began in the sales departments were hurt on the job, leading to more than \$200,000 in Workers' Compensation costs. Since that time, each of the 17 new employees hired for sales positions has undergone pre-employment screenings at Saint Raphael's. These screenings cost Dichello a total of \$1,870, but not one of these employees has been injured.

"We may have to put up some money beforehand, but it's worth the investment. The savings are drastic," Doran says, "and everyone benefits. We save in Workers' Compensation costs, and employees are not



Physical Therapist Margie Pikaart guides Gerald Brockamer of East Haven as he exercises at Occupational Health Plus in Branford.



Dichello's Director of Operations Patrick Oates; Warehouseman and Forklift Operator Joseph Milot; Occupational Health Plus Manager Debbie Borisjuk; and Dichello President Ed Crowley.

injured and stuck at home feeling miserable and hurt. We have a happier workplace."

These words are music to Debbie Borisjuk's ears. As manager of Saint Raphael's Occupational Health Plus, she takes great pride in the program. Designed to help employers of all sizes reduce Workers' Compensation costs by as much as 35 percent in the first year alone, Occupational Health Plus offers each client an integrated work injury management plan that not only emphasizes prevention, but also everything from acute injury treatment and related tracking systems to on-site CPR training and flu shot clinics.

Dichello also relies on Saint Raphael's for drug screenings, as well as for various physical therapy, rehabilitation and ergonomic services.

"Saint Raphael's works with us, and so far the results have been nothing but positive," Doran adds. "Our business and employees are getting healthier every day."



Maureen Doran, R.N., helps driver Paul Chvisuk perfect his lifting techniques.

Parish nurses serve community needs

Because of Saint Raphael's Parish Nurse Program, congregants of 32 community churches and synagogues are learning how to heal their bodies and to heal their spirits, as well.

Initiated six years ago by Sister Ann Matthew (a member of the Sisters of Charity of Saint Elizabeth, the religious congregation which founded and continues to sponsor Saint Raphael's), the Parish Nurse Program is designed to encourage total wellness of the body, mind and spirit. What makes it

even more special, says Sister Ann, is that it is run totally by volunteers. Each parish nurse is a member of a church or synagogue who gives his or her time to the program.

And they actively recruit other volunteers to provide health information and community referrals, as well as to sponsor screenings and form support groups for members of their congregation. Most are registered nurses.

"With all the changes taking place in health-

care, people are not only confused by what kinds of services are available to them, but are finding difficulties in



Parish nurses run a blood pressure screening clinic at Our Lady of Victory Church in West Haven. From left are Sister Laurentine Morgan, director of social and pastoral ministry; Marilyn Hunter; Barbara Reed; Alice LaBonte, R.N., and Joseph Franco.

accessing those services," explains Sister Ann.

The blood pressure and cholesterol screenings, diabetes and vision checks and other non-invasive health evaluations that parish nurses perform can go a long way toward filling these gaps, and promoting better health. For example, the volunteers and registered nurses who comprise the health ministry team at Our Lady of Victory Church in West Haven sponsored a flu shot clinic for parishioners.

Since most parish nurses interact with other members of their house of worship, they can set up groups and other programs to meet specific needs. Being involved also makes it easier for them to follow up on members who were released from a hospital or nursing home to make sure they're getting the care they need at home.

"There's also the one-on-one interaction that doesn't always happen as much as it should in busy physicians' offices," Sister Ann adds.



The Rev. Salvatore Zocco shares a special moment with Saint Regis resident Anne Gildea.

Some parish nurses go as far as to write health-related articles for local newspapers or parish bulletins, and supply their town library with health-related articles. All of Saint Raphael's parish nurses undergo an intensive nine-week training course that cov-

"This is just another way that Saint Raphael's reaches out and uses its resources to keep people healthy."

ers everything from spiritual wellness to nutrition to the importance of listening and learning.

"This is just another way that Saint Raphael's reaches out to the community and uses its resources to keep people healthy," says Sister Ann. "Believe it or not, we don't like to see people have to be admitted to the hospital."



Thomas Leonard of Madison shares a smile with Valerie Vargas-Stehney, R.N., from the Shoreline VNA.

Ever-strengthening support

With the generous support of countless donors and community volunteers, fiscal 1998 was a banner year for the Saint Raphael Foundation. Revenues from pledges, gifts and other income reached an all-time high of \$6.27 million, far exceeding any prior experience. This extraordinary result was largely driven by continuation of The Campaign for Saint Raphael's, dedicated to establishing a strong endowment. Saint Raphael employees and physicians were among the key endowment supporters. Generous gifts also came from



Throughout fiscal 1998, endowment campaign activity focused on "family" giving from Saint Raphael's closest friends in Greater New Haven, including physicians, employees and community volunteers. Among them was Fred Apuzzo.

When Fred passed away in December 1997, he left behind a

legacy of friendship and philanthropy. Through the establishment of a charitable remainder unitrust valued at \$1.9 million, Fred created the Lucia Fiore Apuzzo Endowment Fund in memory of his mother. Earnings will support the care of elderly and indigent patients in the Hospital and at Saint Regis.

the Saint Raphael Auxiliary, which presented Saint Raphael's with a check for \$206,500, the second installment in a seven-year pledge of \$1 million.

In fact, based on results from the early parts of the campaign, discussions are under way to determine the ultimate fundraising goals for the endowment.

In addition, the Foundation was graced with countless gifts from generous individuals and organizations who supported the annual appeal, Presidents' Circle membership drive, special events, and Gifts in Remembrance program.

The Foundation has also launched a comprehensive planned giving program that includes the Sister Louise Anthony Legacy Society, established to both honor and perpetuate a lifetime of service by the former Hospital administrator. Membership in the Society is extended to those who include Saint Raphael's in their estate plans. In 1999, members of the Society will be recognized for the first time at the Presidents' Ball.

Another \$1.54 million was raised in 1998 to support Saint Raphael's through grant applications and subcontracts. Sister-to-Sister, a program that targets minority women for early cancer detection screenings, was the benefactor of such grant support. Its recognition as an innovative and culturally sensitive model helped it become one of three Connecticut sites to receive funding for lay health educators to enroll more participants.

These efforts combined to make 1998 an extraordinary success — a success that stands as tribute not just to Saint Raphael's, but to its employees, physicians, donors and community volunteers, as well.

Perpetual Giving — Perpetual Caring

As of Sept. 30, 1998, Foundation endowment funds under investment stood at \$1,445,682, with an additional \$2,360,269 in pledges. Earnings from the endowment are used to fulfill donor intent to support prioritized needs of the Hospital of Saint Raphael and Saint Regis Health Center.

Endowment donors of \$10,000 or more may establish named funds for general purposes of the Saint Raphael Foundation, or to support specific areas of donor interest consistent with Saint Raphael's mission, programs and services. For details, call the Foundation at (203) 789-3242. Donors wishing to perpetuate their charitable giving to Saint Raphael's may direct donations of any size to the endowment or to established named funds.

Fund balances of \$1,000 or more follow; reflected is net market value as of Sept. 30, 1998, including gifts, pledge payments, earnings and distributions.

Named Endowment Funds established October 1, 1997 through September 30, 1998

Francis G. and Carol H. Adams Fund: Established May 1998 with a pledge of \$25,000 by Francis G. and Carol H. Adams for the not-for-profit members of the Saint Raphael Healthcare System, including the Hospital of Saint Raphael and Saint Regis Health Center.

Lucia Fiore Apuzzo Fund: Established December 1997 in memory of his mother with a charitable remainder unitrust by Fred Apuzzo, for the care of elderly and indigent patients at the Hospital of Saint Raphael and at Saint Regis Health Center; fund balance \$1,950,000.

Bailey, Moore, Glazer, Schaefer & Proto, Certified Public Accountants Fund: Established August 1998 with a pledge of \$10,000 by Bailey, Moore, Glazer,

Schaefer & Proto Certified Public Accountants, for Saint Raphael's mission services for the elderly, the poor, and the underserved; fund balance \$2,000.

Beirne Family Fund for Saint Raphael's: Established August 1998 with a pledge of \$25,000 by John A. Beirne, Jr., for the Hospital of Saint Raphael.

Dr. Patricia M. Camuto and Dr. Douglas L. Bilinski Fund: Established May 1998 with a pledge of \$10,000 by Doctors Camuto and Bilinski, for the not-for-profit members of the Saint Raphael Healthcare System, including the Hospital of Saint Raphael and Saint Regis Health Center.

Cozzi-Quinlan Fund for Saint Raphael's: Established December 1997 in honor of her family with a pledge of \$15,000 by Maureen Quinlan Wolyniec, for Saint Raphael's mission services for the care of the elderly, the poor, and the underserved.

Doctors David and Christina Cugell Fund: Established December 1997 with a pledge of \$10,000 by David Cugell, for the not-for-profit members of the Saint Raphael Healthcare System, including the Hospital of Saint Raphael and Saint Regis Health Center; fund balance \$4,737.

James and Eileen Cullen Family Fund: Established December 1997 with a pledge of \$21,600 by James J. Cullen, for the general operating purposes of the Saint Raphael Healthcare System; fund balance \$4,050.

Fasulo Family Fund: Established December 1997 with a pledge of \$12,500 by Alfred and Geraldine Fasulo; fund balance \$1,875.

Paul and Susan Fiedler Fund for Saint Raphael's: Established May 1998 with a pledge of \$60,000 by

Perpetual Giving — Perpetual Caring

Paul and Susan Fiedler, for the not-for-profit members of the Saint Raphael Healthcare System, including the Hospital of Saint Raphael and Saint Regis Health Center.

Fine Family Fund: Established August 1998 with a pledge of \$25,000 by Kenneth Fine, M.D. and family, for medical equipment and facilities renewal, and Saint Raphael's mission services for the elderly, the poor, and the underserved.

Fitzpatrick Family Fund for Saint Raphael's: Established September 1998 with a pledge of \$10,000 by Richard H. Fitzpatrick, Jr., for Saint Raphael's mission services for the elderly, the poor, and the underserved.

Hahn Family Fund for Saint Raphael's: Established May 1998 with a pledge of \$60,000 by Il Song Hahn, M.D. for the not-for-profit members of the Saint Raphael Healthcare System, including the Hospital of Saint Raphael and Saint Regis Health Center.

Martin and Delia Herbert Memorial Fund: Established July 1998 with a pledge of \$50,000 by Peter N. Herbert, M.D. for Saint Raphael's mission services for the elderly, the poor, and the underserved; fund balance \$1,000.

LaVelle Family Fund for Saint Raphael's: Established May 1998 with a pledge of \$10,000 by William and Annette LaVelle, for Saint Raphael's mission services for the elderly, the poor, and the underserved.

Marvin & Palmer Associates, Inc. Fund: Established October 1998 with a pledge of \$10,000 by Marvin & Palmer Associates, Inc. for the not-for-profit members of the Saint Raphael Healthcare System, including the Hospital of Saint Raphael and Saint Regis Health Center; fund balance \$2,000.

Medical Oncology & Hematology, P.C. Fund: Established March 1998 with a pledge of \$250,000 by its physicians, for the not-for-profit members of the Saint Raphael Healthcare System, including the Hospital of Saint Raphael and Saint Regis Health Center.

Neuberger & Berman Fund: Established September 1998 with a pledge of \$10,000 by Neuberger & Berman, for the not-for-profit members of the Saint Raphael Healthcare System, including the Hospital of Saint Raphael and Saint Regis Health Center.

Vidone-Bioletti Fund for Saint Raphael's: Established May 1998 with a pledge of \$60,000 by Dr. and Mrs. Romeo A. Vidone, in memory of the deceased members of the Vidone and Bioletti families for the not-for-profit members of the Saint Raphael Healthcare System, including the Hospital of Saint Raphael and Saint Regis Health Center.

Saunders Fund: Established August 1998 with a pledge of \$15,000 by Roberta Saunders-Gray, for Saint Raphael's mission services for the elderly, the poor, and the underserved.

Sister Louise Anthony Fund for Saint Raphael's: Established October 1997 in memory of Sister Louise Anthony with gifts by family and friends, for the not-for-profit members of the Saint Raphael Healthcare System, including the Hospital of Saint Raphael and Saint Regis Health Center; fund balance \$14,812.

Sisters of Charity of Saint Elizabeth Fund: Established January 1998 with a pledge of \$30,000 by the Sisters of Charity of Saint Elizabeth for Saint Raphael's mission services for the elderly, the poor, and the underserved; fund balance \$5,587.

Jeanne and Tom Stewart Fund for the Hospital of Saint Raphael: Established August 1998 with a pledge of \$20,000 by Thomas D. Stewart, M.D., for the Hospital of Saint Raphael.

Benjamin T. Trewin and Juliette Adelle Trewin Fund: Established June 1998 in honor of her parents by bequest of Estelle Trewin Beecher, for special projects and purposes of the Hospital of Saint Raphael; fund balance \$33,163.

Funds established prior to October 1, 1998

Florence & Biagio Anthony Abbatello Fund: Established in 1992 by bequest of Florence Abbatello, for the benefit of children who are patients of the Hospital of Saint Raphael; fund balance \$39,325.

Auxiliary of the Hospital of Saint Raphael Fund: Established in 1997 by the Auxiliary of the Hospital of Saint Raphael with a pledge of \$1 million, for the care-giving members of the Saint Raphael Healthcare System, including the Hospital of Saint Raphael and Saint Regis Health Center; fund balance \$150,301.

Clinical Pastoral Care Fund: Established in 1987 with gifts from various donors, for the Hospital of Saint Raphael pastoral care training program; fund balance \$34,918.

Conte-Cimerol Fund for Saint Raphael Mission Services: Established in 1997 in honor of their parents by Angela and Joseph Cimerol with a gift of \$10,000, for Saint Raphael mission services; fund balance \$12,971.

Employees Tuberculosis Relief Association of New Haven, Connecticut, Inc. Fund: Established in 1979 by the Association, for the purchase of equipment to treat pulmonary disease and for pulmonary research and education; fund balance \$392,383.

First Union Bank Sponsorship Fund: Established in 1995 by First Union Bank, to support philanthropic commitments of the Saint Raphael Foundation to the not-for-profit entities of the Saint Raphael Healthcare System; fund balance \$180,408.

Hendrick Charitable Trust: Established in 1978 by Hobart and Mary Hendrick, for coronary care, respiratory care and alcohol treatment; fund balance \$19,778.

Irving Orthopedic Fund: Established in 1991 by Dr. John F. Irving, to improve operating conditions for orthopedic surgery at the Hospital of Saint Raphael; fund balance \$14,601.

Mrs. C.T. Lee Fund: Established in 1989 by Dr. Keat-Jin Lee in memory of his mother; for education to encourage a better understanding of the healing ministry of Christ; fund balance \$49,827.

Masotta Family Fund for Cancer Care: Established in 1997 by Fred and Diane Masotta and family; for cancer care at the Hospital of Saint Raphael; fund balance \$62,366.

One For All Fund for Saint Raphael's: Established in 1997 by pledges and gifts of \$254,888 by Saint Raphael employees, for the care-giving members of the Saint Raphael Healthcare System, including the Hospital of Saint Raphael and Saint Regis Health Center; fund balance \$16,261.

Perpetual Giving — Perpetual Caring

Catherine Casagrande Peterson Fund: Established in 1995 by Thomas Michael Peterson and family members, for education to further the skills of the Registered Nursing staff at the Hospital of Saint Raphael; fund balance \$24,346.

Edith Lynn Sachs Fund: Established in 1996 by Deborah L. Sachs, Jeffrey M. Sachs and Judith Sachs Sullivan in memory of their mother, for the Father Michael J. McGivney Center for Cancer Care, Hospital of Saint Raphael; fund balance \$38,410.

Santa Maria Assunta Fund: Established in 1983 by the Santa Maria Assunta Society of Woodbridge, Inc., for the unrestricted purposes of the Saint Raphael Foundation; fund balance \$66,228.

Joseph A. Weibel Fund: Established in 1978 by bequest of Joseph A. Weibel, for the general purposes of the Hospital of Saint Raphael; fund balance \$55,891.

Clarence & Lillian Westerberg Fund: Established in 1990 by Clarence and William Westerberg, for indigent care at the Hospital of Saint Raphael; fund balance \$197,908.

Sharon White Memorial Fund: Established in 1985 by the Sharon White Foundation, for pediatric cardiac care at the Hospital of Saint Raphael; fund balance \$45,475.

William and Violet Young Fund for Pediatrics: Established in 1996 by Dr. Richard and Dorothy Young, to support the growth and development of pediatrics at the Hospital of Saint Raphael; August 1998, additional pledge of \$20,000 by Richard and Dorothy Young; fund balance \$23,357.



1998 Board Leaders

Chairpersons and Presidents



Sister Barbara Conroy
Sisters of Charity of Saint Elizabeth
Chairperson, Saint Raphael Healthcare System, Hospital of Saint Raphael, Saint Regis Health Center



James J. Cullen
Hospital of Saint Raphael
Chairperson, Caritas Insurance Company, Ltd. and Lukan Indemnity Company, Ltd.



Lucky Fernando, M.D.
West Haven Medical Group
President, Saint Raphael Physician Hospital Organization



Annette LaVelle
President, Hospital of Saint Raphael Auxiliary



Petar Lujic, M.D.
Anesthesia Associates of New Haven
Chairperson, Saint Raphael Foundation



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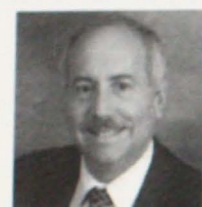
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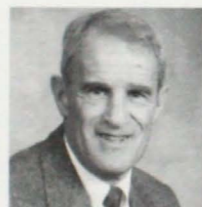
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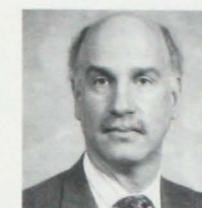


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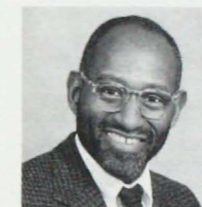
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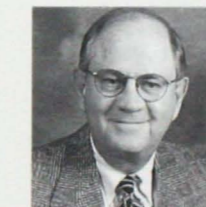
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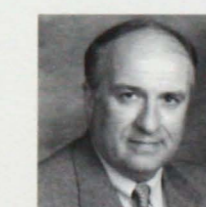
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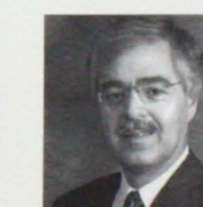
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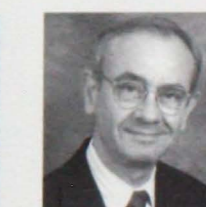
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Peter A. Blume

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Thomas F. Sweeney

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Ralph DeNatale
Antoine M. Ferneini
Walter Kwass*
Thomas F. Sweeney

* Member of Saint Regis Health Center Medical Staff

1998 Financial Performance

Revenues and expenses (Dollars in thousands)	1998	1997
Our total revenue from operations was.....	\$271,900	\$ 258,456
Our operating expenses		
Salaries, wages & benefits	170,698	155,590
Supplies, purchased services & general services	77,618	63,928
Depreciation & amortization	16,202	15,378
Interest expense.....	4,751	6,020
Bad debt expense	4,362	13,627
All of these operating expenses totaled	\$273,631	\$254,543

Results (Dollars in thousands)

Gain from operations.....	\$13,565	\$3,913
Plus other non-operating income (loss)	\$(3,117)	\$2,826

Effective resource management kept our expenses below our income and left the following amount to reinvest in capital and new programs to improve patient and community healthcare services

\$10,448⁽¹⁾ \$6,739⁽¹⁾

(1) Total uncompensated care in 1998 was \$8,696 and in 1997 was \$15,340.

1998 Operating highlights (Dollars in thousands)

	Total assets	Net gain (loss)
Hospital of Saint Raphael	\$278,995	\$14,410
Saint Regis Health Center ⁽¹⁾	3,663	(170)
Saint Raphael Foundation ⁽²⁾	10,008	3,600
Others ⁽³⁾	40,425	(7,392)
1998 Total	\$333,091	\$10,448
1997 Total	\$313,504	\$6,739

(1) Saint Raphael Healthcare System's 125-bed skilled nursing facility, which provides services to the Hospital of Saint Raphael.

(2) The organization which secures philanthropic support for the Hospital of Saint Raphael, Saint Regis Health Center and other Saint Raphael Healthcare System not-for-profit affiliates.

(3) Includes Seton Real Estate (which primarily operates on-site parking facilities at Saint Raphael's); Xavier Services Corporation (Saint Raphael Healthcare System's for-profit affiliate); and DePaul Health Services Corporation (an affiliate which manages Saint Raphael's Magnetic Resonance Imaging Center and renal dialysis services).

Dignity. Justice. Charity.

Improving the health of our community.

Caring. Healing. Sharing.

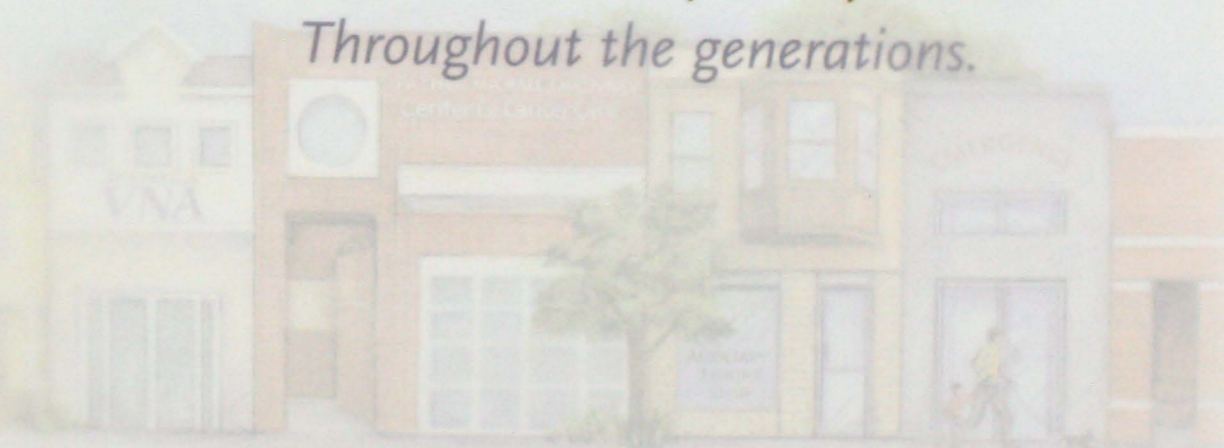
Accountability and quality.

*Sophisticated and
compassionate care.*

For all in need.

Over the course of a lifetime.

Throughout the generations.



1998 Financial Performance

Revenues and expenses (Dollars in thousands)	1998	1997
Our total revenue from operations was.....	\$271,900	\$ 258,456
Our operating expenses		
Salaries, wages & benefits.....	170,698	155,590
Supplies, purchased services.....	36,414	63,928
Depreciation & amortization.....	16,202	15,378
Interest expense.....	4,751	6,020
Bad debt expense.....	4,362	13,627
All of these operating expenses totaled	\$273,631	\$254,543

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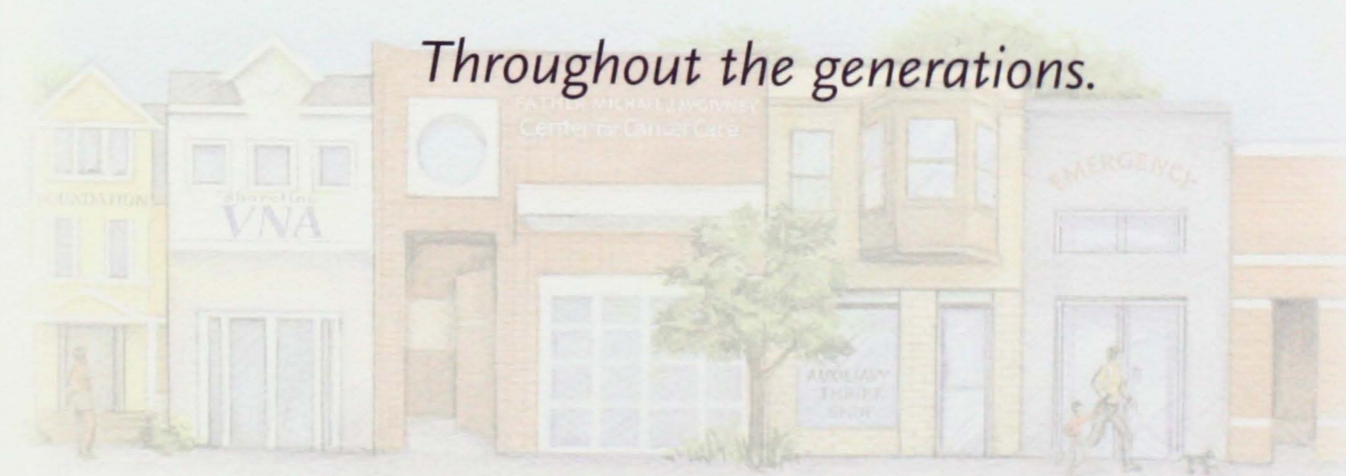
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