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12-31-1997

Saint Raphael Healthcare System, 1997 Annual Report

Saint Raphael Healthcare System

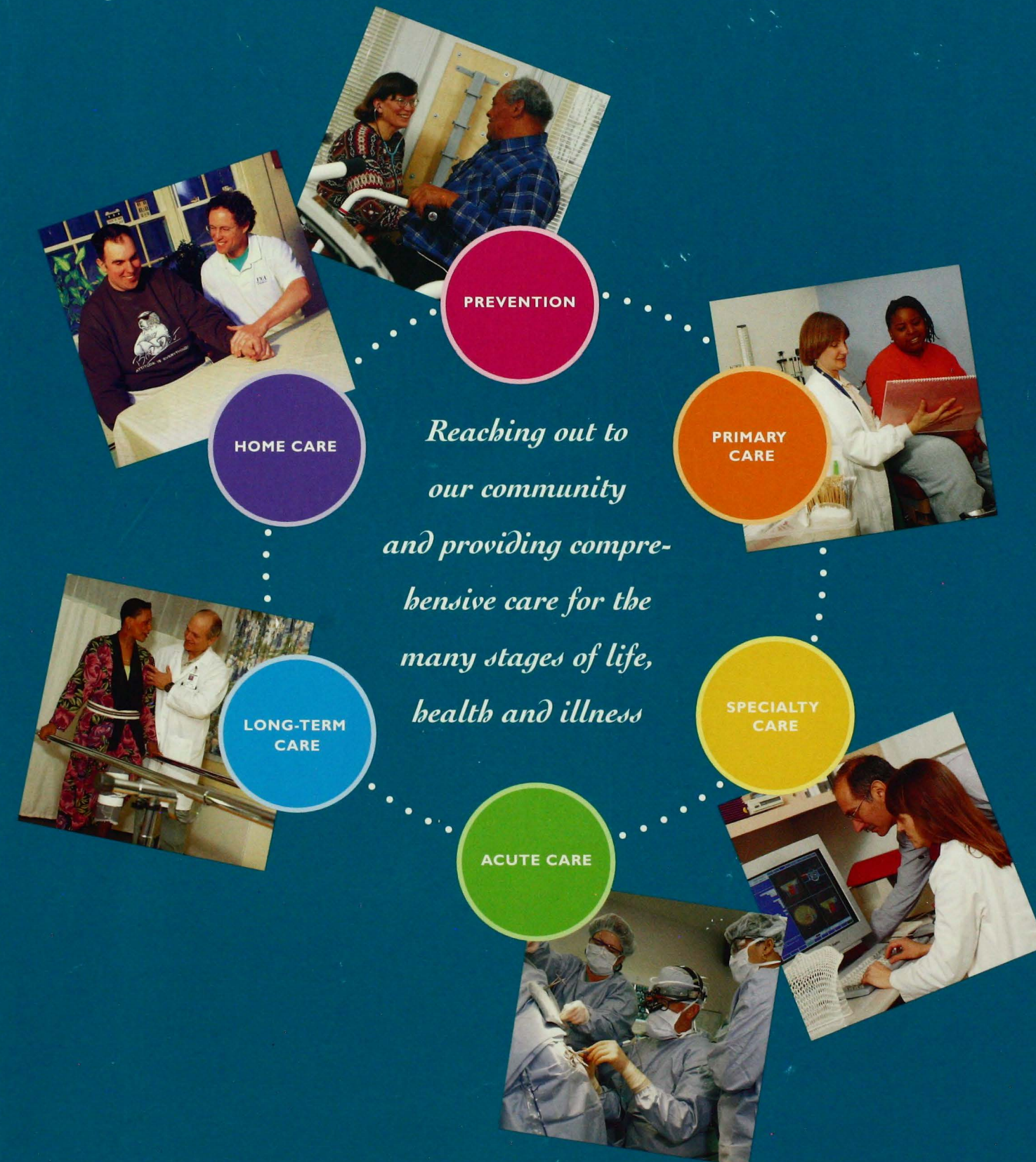
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Saint Raphael Healthcare System, "Saint Raphael Healthcare System, 1997 Annual Report" (1997).
Hospital of St. Raphael Annual Reports. 69.
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An Embracing Circle of Care



*Reaching out to
our community
and providing compre-
hensive care for the
many stages of life,
health and illness*

Mission

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 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.

Dear Friend of Saint Raphael's:

A great many things have been written and said about how much health care has changed over the last decade. Some of these changes have been highly positive; others have been highly challenging for both healthcare providers and patients. But as Saint Raphael's completes 90 years of caring for its community, it becomes clear that change has always been part of our history.

Since we opened our doors in 1907, Saint Raphael's has evolved from a 12-bed hospital into one of the most comprehensive healthcare systems in Connecticut, serving the New Haven region and beyond. Our system offers complete care over the course of a lifetime—from birth through childhood, the teenage years and adulthood, and throughout the senior years. We have grown from a tiny staff of caregivers into the fourth largest employer in New Haven county. And through the efforts of our employees, physicians and affiliated caregivers, we've become pioneers and statewide leaders in cardiac, orthopedic and cancer services, as well as in the care and treatment of the elderly.

This enviable reputation is due to Saint Raphael's willingness to change, to move with and respond to the times, to adopt new technologies and address new needs. Our eagerness and ability to change have enabled us to move beyond the physical and psychological confines of our buildings and into the lives of the people we serve. But what has always distinguished Saint Raphael's is that the changes we embrace are based upon the mission and values of the Sisters of Charity of Saint Elizabeth, our founders and sponsors.

In this annual report to our community, we focus on accomplishments of the past year, as measured by the values that have always guided us. These essential values will continue to steer us into the future. We remain deeply committed to our roots as a Catholic healthcare provider; to providing comprehensive, compassionate care; to meeting the needs of our community and to fulfilling our mission with enthusiasm and creativity.

This commitment has carried us safely and successfully through our first 90 years. We trust it will do the same in the years to come.



Reaching out to and caring for our community. This has been Saint Raphael's vision for 90 years. Ensuring the continuation of this tradition are Sister Anne Virginie, president, Saint Raphael Healthcare System, and James J. Cullen, chief operating officer, Saint Raphael Healthcare System.

Sincerely,

Sister Anne Virginie
President, Saint Raphael Healthcare System

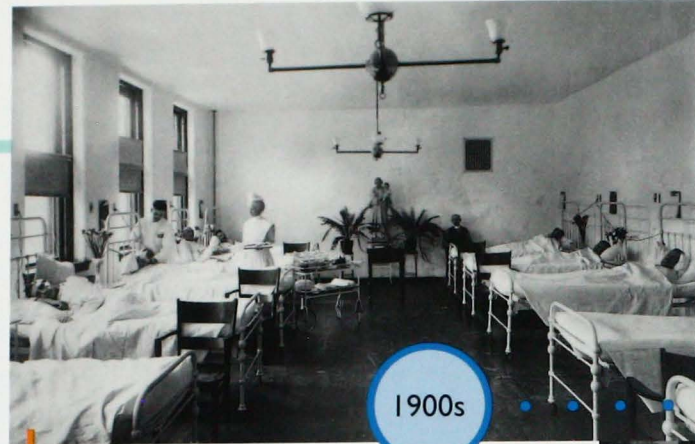
James J. Cullen
President, Hospital of Saint Raphael
Chief Operating Officer, Saint Raphael Healthcare System

Saint Raphael's First Ninety Years

The Saint Raphael Healthcare System began its commitment to Greater New Haven when the Hospital of Saint Raphael opened in 1907. The Hospital was founded by the Sisters of Charity of Saint Elizabeth of Convent Station, New Jersey, in response to a request from a group of local physicians led by Dr. William F. Verdi. Together, the Sisters and physicians agreed to form a hospital to "receive and care for all patients without regard to race, creed or color; to extend charity to the sick and poor and needy, as required; and to open to all members of the medical profession an institution in which they could administer to their own patients."

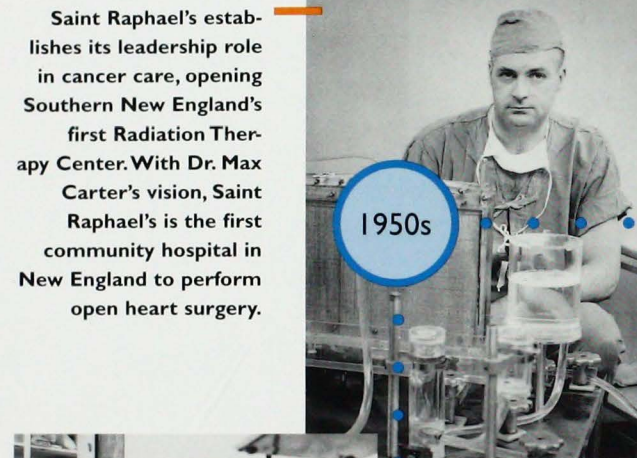
The Sisters chose the name "Saint Raphael" for their hospital, a name both symbolic and representative of the ecumenism in its founding and operation since then. Saint Raphael is not just a saint of the Church, but one of the archangels recognized by many faiths, whose name means "God has healed."

Ninety years later, the Hospital has evolved into the Saint Raphael Healthcare System, an integrated delivery system offering a comprehensive array of services, all dedicated to the health and well-being of the Greater New Haven community. Through its evolution and growth, Saint Raphael's name has been a constant reminder of its mission to improve the health status of our community by providing quality healthcare services while respecting the dignity of each individual.



1900s

Within two years of its founding as a 12-bed hospital, Saint Raphael's opens a School of Nursing, forms its Auxiliary and grows to 135 beds.



1950s

Saint Raphael's establishes its leadership role in cancer care, opening Southern New England's first Radiation Therapy Center. With Dr. Max Carter's vision, Saint Raphael's is the first community hospital in New England to perform open heart surgery.



1960s

Saint Raphael's continues its pioneering role in cardiac care, opening one of the first cardiac catheterization laboratories and cardiac care units in the state. First U.S. Catholic hospital to establish a recognized Pastoral Care Department.



1970s

Verdi Memorial Building opens with tours for the community. Dedicated Oncology Unit opens. Long-standing relationship with Yale University School of Medicine is formalized, enhancing Saint Raphael's role as a community teaching hospital.



1910s

Patient care becomes more sophisticated. Saint Raphael's gets its first X-ray machine, opens its first pharmacy and acquires its first motorized ambulance.



1920s

Saint Raphael's grows physically and clinically. It adds the Saint Rita's wing, opens a modern laboratory and welcomes its first full-time anesthesiologist.



1930s

Sister Louise Anthony Geronemo arrives in 1935 as a novice Sister of Charity to train at the School of Nursing. She goes on to serve Saint Raphael's in a variety of roles over the next 62 years, including 22 years as Hospital administrator.



1940s

Saint Raphael's opens a School of Medical Technology, one of the first in the nation. Establishes formal Orthopedics, Anesthesia and Outpatient departments. Training site for WWII U.S. Cadet Nurse Corps.

Saint Raphael Healthcare System grows as it forms strategic alliance with Hartford Health Care Corporation; affiliates with Regional Visiting Nurse Agency and VNA Community Care, Inc., homecare agencies; and forms a primary care network. Unveils neighborhood stabilization plan to improve quality of life in surrounding area.



1990s

Saint Raphael Healthcare System forms, acquires Saint Regis Health Center and formalizes its commitment to reach beyond our campus through new Community Outreach Department. Opens the state's first outpatient chemotherapy/transfusion unit.

Care and Compassion

You don't have to be in pain to know how terrible it feels. But many people are unaware that pain can interfere with a patient's ability to recover.

"People in pain really can't heal. Their bodies are too busy fighting the pain," says Elizabeth Lunding, R.N., a nurse on Saint Raphael's inpatient oncology unit. "That's why I'm glad Saint Raphael's has an aggressive pain management program."

Saint Raphael's recently adopted a systemwide pain management initiative, designed to help eliminate patient discomfort. Under the initiative, patient pain is routinely assessed along with vital signs such as pulse and temperature. Other components of the program include educating doctors, nurses and other caregivers—as well as patients and families—about pain relief, and participating in an on-line network for sharing information about pain. Patients are also surveyed about their providers' pain management skills. In addition, the use of patient-controlled anesthesia (PCA), bedside pumps by which certain patients administer their own pain medication with the press of a button, is being expanded. The computerized PCA devices control the amount of medication delivered to prevent overdose, and studies show that patients who use PCA actually use less medication and recover more quickly.

"If a person is in pain, their pain is the most important thing to them at that moment. They're not really able to cooperate with their own care and recovery," Lunding says. "But a pain-free patient is able to move forward with the rest of the healing process."

According to Barbara Morrison, R.N., M.S.N., a member of Saint Raphael's Pain Management Team, 95 percent of pain can be effectively managed through a combination of medications and treatments, realistic goal-setting and round-the-clock treatment.

"Taking care of pain—just as you would a wound or infection—is a priority around here," Lunding says. "A person in pain deserves the same compassionate care as a person with an illness. At Saint Raphael's, everyone—the doctors, the nurses, other caregivers—stops to pay attention to someone in pain. And it makes an unbelievable difference in how our patients feel."

*Respect for the
dignity of others inspires a
willingness to offer whatever
we can...our time, our
skills, our concern.*



Care and Compassion

The Saint Raphael Healthcare System has just celebrated 90 years of providing technically sophisticated yet compassionate care. Patients who turn to Saint Raphael's are confident that they will receive the most advanced care available anywhere. And they know their needs and dignity come first, whether they receive their care in our trauma center, at one of our school-based clinics, at Saint Regis Health Center—our skilled nursing facility, or in their own home.

The trust people place in our care and services is evidenced by their increasing use of our programs. In 1997, demand for Saint Raphael's services was stronger than ever. The Hospital had a record number of discharges, with more than 22,000 people cared for as inpatients. The number of patients undergoing same-day surgery and participating in other ambulatory programs was also up. Nearly 56,500 people were cared for in our clinics, a 4.2 percent increase over 1996. Contributing to this growth are the extended hours of Saint Raphael's Primary Care Center, offering pediatric services seven days a week.

Saint Regis maintained 99 percent occupancy of its 125 beds, and continued to provide the same outstanding care that led the Joint Commission on Accreditation of Healthcare Organizations to award the facility accreditation with commendation. Demand for homecare services increased, often due to shorter hospital stays. One of our partners—the Regional Visiting Nurse Agency—provided 68,020 home visits to 1,639 patients, while a new partner—VNA Community Care—provided 44,384 home visits to 820 patients. Additionally, there were about 75,000 patient visits to physicians in our primary care network.

Saint Raphael's has always been recognized for its excellent care, and its warmth and compassion. This "Saint Raphael difference" is regularly noted on patient satisfaction surveys. To ensure that we maintain this edge and continue to enhance patient care, Saint Raphael's has instituted systemwide customer service standards. Additionally, each Hospital depart-

Our multidisciplinary

McGivney Cancer Center team

includes nationally recognized Agnes

Barba (left) and Vanna Dest. Barba

was 1997's Oncology Social Worker of the

Year, while Dest is one of a handful

of nurses to receive the American Can-

cer Society's Lane W. Adams

Award of Excellence.

*More patients than ever turned
to Saint Raphael's in 1997.*



Our tremendous volunteers—like TLC volunteer Rose Mutrie—help brighten patients' visits. In 1997, our volunteers donated more than 80,000 hours of dedicated service.



AN UNWAVERING, LIFETIME COMMITMENT TO THE WHOLE PERSON

ment and entity within the System will be developing their own standards that will be measured and monitored. In 1997, a pilot customer service program in our same-day surgery area earned a Connecticut Quality Innovation Award.

Other notable achievements:

- The Father Michael J. McGivney Center for Cancer Care continued to lead the fight against cancer. First in Connecticut to use a sophisticated three-dimensional imaging system to locate and treat cancers, it is among the first to fight prostate cancer with radioactive seed implants that save lives and reduce side effects.

- Ground was broken for a \$25 million ambulatory services building, which will expand and renovate inpatient and outpatient surgical facilities, the Emergency Department and outpatient radiology services. This will help meet a growing demand for ambulatory services.

- The Hospital was one of only two in Connecticut to utilize a new, non-surgical procedure to treat brain aneurysms in patients unable to undergo standard surgery.

- In the intensive care units, healthcare teams began using new technology to strengthen the delivery of patient care. Saint Raphael's is the first Connecticut hospital to implement APACHE, a sophisticated software program providing a unique, daily assessment of the severity of a patient's condition.

- The statewide Parkinson's Center, located at Saint Raphael's, saw requests for service increase 50 percent. Almost 3,000 patients, family members and health and human service providers are part of its data base. The center offers information, educational materials, programs, and support, overseeing 18 support groups across the state.

Our unwavering dedication to providing sophisticated, compassionate medical care to the whole person—meeting his or her physical and emotional needs—has positioned Saint Raphael's as one of the region's leading healthcare providers. Yet this is just one component of our continuing commitment to our community.

Community Commitment

*As the challenge of
caring for our community
grows, our commitment
to justice compels us to serve
the needs of all.*

Brenda Washington Rheume knows first-hand about tough times. She's been there, done that and now, she's moving on. And nobody is going to stop her.

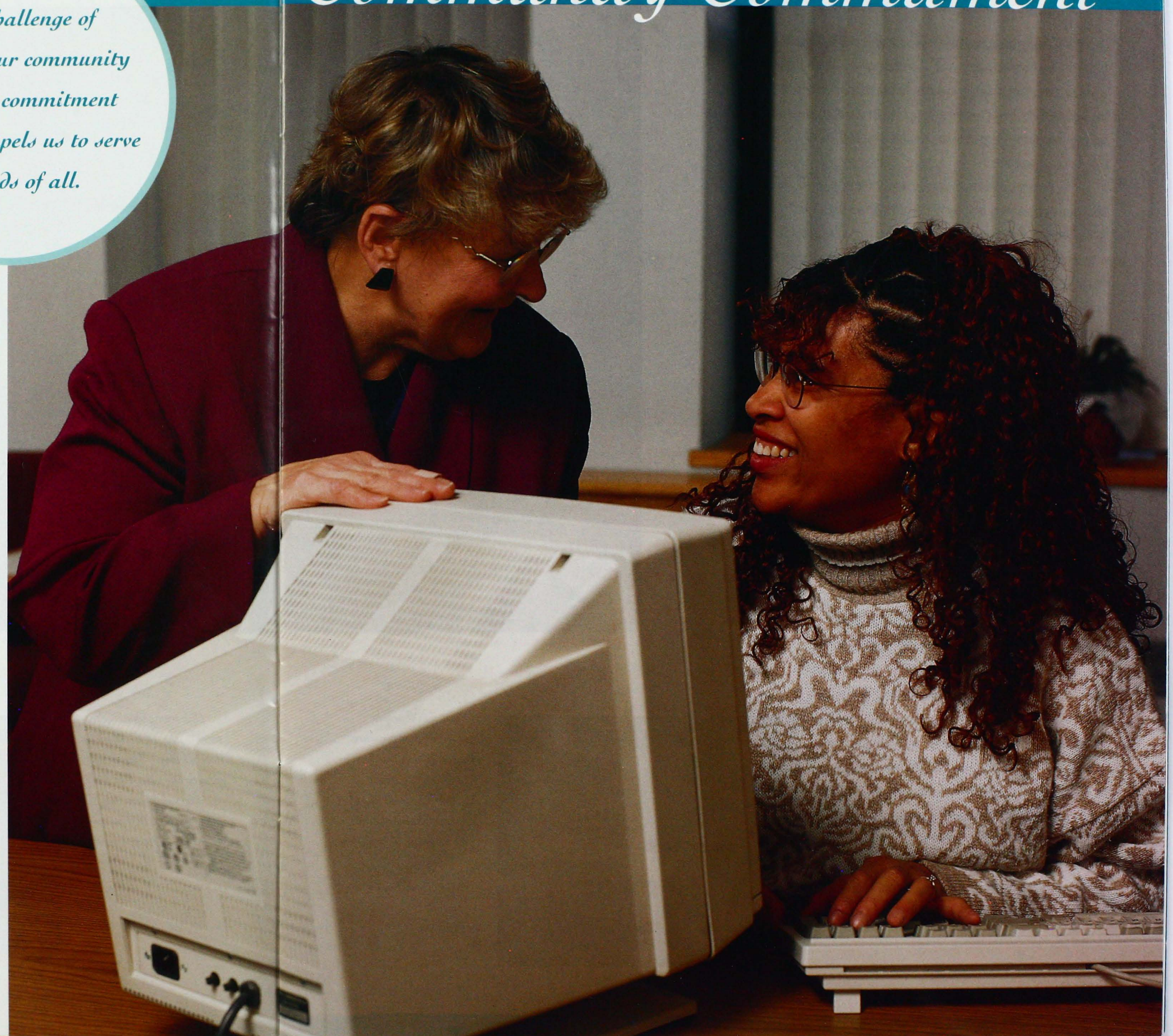
"I'm doing things that I thought would never happen—going to college, holding down a steady job, staying sober, raising a family," Washington Rheume says. The 34-year-old New Haven resident juggles being the mother of two with a full-time college workload and a job at a residential group home for people with mental disabilities. "I like to stay busy," says Washington Rheume, who lives with her husband and children on Maple Street.

It's a remarkable turnaround for Washington Rheume, who struggled with alcohol abuse before overcoming her dependency. It's a turnaround made possible by Washington Rheume's drive, with support from a variety of Saint Raphael programs. These programs are part of an initiative to strengthen our neighborhood by helping residents develop and enhance their skills.

After completing an outpatient alcohol dependency program, Washington Rheume enrolled in the career counseling/jobs skills training program offered to Saint Raphael's neighborhood residents. She went on to finish two years at Gateway Community-Technical College, she says, with the help and encouragement of her mentors at Saint Raphael's.

Today, Washington Rheume is the proud recipient of a Saint Raphael Neighborhood Resident Scholarship, enabling her to further her education in social work at Southern Connecticut State University. The scholarship program is open to residents of New Haven's Dwight, West River and Edgewood neighborhoods. Upon graduation, Washington Rheume would like to "work in the same community that invested so much in me. I want a chance to help others who may have been, or still are, in the same situation I once was."

Washington Rheume says she could not have overcome such obstacles without the moral and financial support she received from Saint Raphael's. "The people at Saint Raphael's believed in me," she says, "and that gave me the strength and courage to believe in myself."



Community Commitment

It was a year for celebrations. For Marlene Pearson, becoming a first-time homeowner was a dream come true. Hazel Strain and her daughter, Keisha Lowden, felt the independence of moving successfully from welfare to work. Second graders at neighboring Barnard Elementary School reveled in the hands-on wonders of science.

These successes were made possible, in large part, by programs implemented by the Saint Raphael Healthcare System. Saint Raphael's realizes that one of its roles is to provide people with easy access to quality medical care. Yet we recognize that many factors—affordable housing, quality education, safe neighborhoods, solid role models—also have an impact on the overall health of a community.

This recognition led Saint Raphael's to become an initiating partner of the Greater New Haven Partnership for a Healthy Community, a consortium working to improve the region's health status. It surveyed more than 3,500 residents from nine towns on health, housing and other issues that affect the overall health of this community. The results will be used in 1998 to develop a community action plan.

Since we opened our doors 90 years ago, Saint Raphael's has called the Dwight/Edgewood/ West River neighborhood its home. The surrounding community is the gateway to our campus for patients, visitors and staff, and home to many of our employees. Therefore, we have an ongoing commitment to enhance the quality of life in our neighborhood.

Saint Raphael's has provided more than 80 neighborhood residents with career counseling, jobs skills training and financial assistance—including scholarships—to continue their education. Strain and Lowden took part in Saint Raphael's HOPE (Having an Opportunity to Prepare for Employment) program, which won the 1997 New England Association of Volunteer Directors President's Award for Outstanding Service. HOPE helps AFDC (Aid to Families with Dependent Children) recipients enhance their jobs skills to assist in the transition



Almost 5,000 people had their blood pressure checked during free screenings offered by Saint Raphael's at local supermarkets, churches and senior centers.



Marlene Pearson (left), an employee in the Hospital's Food Service Department, in front of the historic Winthrop Avenue home she purchased in 1997 through Saint Raphael's Home Ownership Program. She shares the graciously restored Victorian home with daughter Rosalyn Cook.

Project Eldercare cared for 350 seniors, a 16% increase.

OUR COMMUNITY'S HEALTH DEPENDS ON MORE THAN SUPERIOR MEDICAL CARE

from welfare to work. Fifty women have graduated from HOPE since 1996; 36 have found permanent employment.

Pearson was one of two employees to purchase homes in 1997 through Saint Raphael's Home Ownership Program, which provides qualified employees with financial incentives to purchase a neighborhood home. Nine employees have purchased homes to date. A new program was initiated for the area bordering the south side of Saint Raphael's campus. Working with the City of New Haven, properties that have been abandoned or are in default will be purchased and renovated, then sold to new homeowners for the cost of the acquisition and repairs.

We also reached out to our community in 1997 by:

- Helping children get physicals and immunizations during the annual citywide school readiness week. These services were delivered by the Project MotherCare mobile clinic, which also brings prenatal and primary care services to neighborhoods in New Haven and West Haven.

- Sponsoring a clinic for students at the neighborhood Troup Magnet Academy of Arts and Sciences, which had 1,580 visits last year, a 32 percent increase.

- Providing medical services at two Hamden residential schools, the Children's Center and St. Francis Home for Children, and for all children admitted to Connecticut Hospice.

- Assuming ownership of the Central Medical Unit of the APT Foundation, a primary care clinic providing medical services to substance abusers in Greater New Haven. In 1997, the program had more than 7,600 visits.

- Implementing HealthLink, a 24-hour toll-free automated health information system. It logged nearly 28,000 calls in its first year. Callers can also reach the free Need-A-Physician? physician referral program, and register for health and wellness classes.

By reaching out to our community in a variety of ways, beyond the boundaries of our campus, Saint Raphael's is meeting the changing needs of its neighbors and this region.

The Evolving System

*Excellence is achieved
by doing our very best and
partnering with those
who share our values and
high standards.*

Florence Strong strolls into Saint Regis Health Center with the walk of a woman who knows the facility and its people intimately. Not long ago, Strong roamed these halls in a wheelchair, as a patient undergoing extensive rehabilitation following a serious car accident. These days, she's a frequent visitor, offering cheer and hope to others.

"It's great to be walking again," says Strong, a Hamden resident. She credits a large part of her recovery to the sophisticated medical care (including several operations on her right leg) she received at the Hospital of Saint Raphael, and the follow-up physical rehabilitation services she received at Saint Regis, our 125-bed skilled nursing facility.

Saint Regis, which in 1997 marked its 10th anniversary as a member of the Saint Raphael Healthcare System, is New Haven's only Catholic skilled nursing facility. It provides a vital link between hospital care and a return home. In today's world of managed care, Saint Regis enables patients of all ages to receive the appropriate level of care in the most cost-effective setting. Its restorative care program focuses on patients who need skilled nursing care or rehabilitation services after hospital discharge, but before returning home.

In Strong's case, the team of specialists charged with her care—surgeons, nurses, physical therapists and other healthcare professionals at Saint Regis and Saint Raphael's—worked closely to monitor her medical needs and progress. Thanks to Saint Regis, Strong was able to get the rehabilitation services she needed without having to spend additional time in a hospital, and she was prepared when she finally went home.

"I've always been independent and healthy, so the hardest part was realizing I couldn't take care of myself," says Strong, who worked daily with Wally Ostrowski, a Saint Regis physical therapist, to regain use of her legs. "Wally became my buddy," says Strong, who believes everyone at Saint Regis focused on getting her physically fit, as well as emotionally healthy, following the trauma of her accident. "The people at Saint Regis provided excellent medical care and lifted my spirits with their cheerfulness," she says. "They even tuned the piano so I could play!"



The Evolving System

Creating an integrated delivery system, which provides comprehensive care for many stages of life, health and illness, is part of Saint Raphael's vision of caring for the community.

In today's competitive environment, it is increasingly difficult for hospitals and other providers to be successful on their own. With that in mind, Saint Raphael's joined the Regional Resource Partnership, led by Hartford Health Care Corporation (HHCC), parent of Hartford Hospital. It is the largest, most comprehensive healthcare delivery network in the state. By collaborating with partners who share common values and a commitment to excellence, member organizations will be able to better serve their communities and patients. Initial activities have focused on identifying opportunities for clinical collaboration, developing information systems to share outcome measures and other data important to quality improvement efforts, managed care activities and potential cost savings.

In partnership with physicians, Saint Raphael's expanded its primary care network, opening offices in Branford, Milford and Hamden, and acquiring established practices in West Haven, Wallingford and Ansonia. Twenty-five physicians now staff 10 offices in seven surrounding communities, accounting for about 75,000 patient visits. A strong primary care network is vital, since wellness is an important part of the care continuum. Primary care physicians are, in many instances, a patient's first contact for healthcare services.

Because of shorter hospital stays, many patients often need assistance after discharge. Saint Raphael's staff of care managers—all registered nurses—helped almost 12,000 patients find appropriate post-hospital care in 1997. For some, that meant a stay at a short- or long-term care facility, including Saint Regis, Saint Raphael's skilled nursing facility. As part of our commitment to provide a complete cycle of care for patients, Saint Regis is expanding its subacute and rehabilitative services capabilities.

Patients who go home directly from the hospital may need continued medical interventions, ranging from sterile



As compassionate as the care is at the Hospital of Saint Raphael and Saint Regis, there is no place like home! Homecare agency staff, like Regional Visiting Nurse Agency nurse Peggy Cuzzo, help patients continue to recuperate at home, with care complementing that provided at Saint Raphael's.

Easing the transition from hospital to home...one patient at a time.

FOCUSING ON PATIENTS' NEEDS AT EACH OF LIFE'S STAGES

dressing changes to physical therapy. As home treatment options become more sophisticated, the ability to refer patients to homecare agencies that meet Saint Raphael's standards is critical. Saint Raphael's has partnered with two homecare agencies. The Regional Visiting Nurse Agency (RVNA) provides services in Greater New Haven, while VNA Community Care, Inc. (VNACC) serves the Shoreline from Branford to East Lyme. Together, Saint Raphael's and the two homecare agencies are developing home treatment protocols for a variety of patient illnesses and needs, including cardiac and orthopedic care, as well as obstetric and gynecological services.

In a joint venture with three other hospitals, Saint Raphael's offers patients easy access to home oxygen and medical equipment through Professional Home Care Services (PHCS). Saint Raphael's refers about 10 patients a month to PHCS, enabling patients to receive treatment at home—a more comfortable, cost-efficient setting.

Giving providers along the Saint Raphael Healthcare System's continuum of care quick access to accurate information is essential in delivering effective, efficient, high-quality care. To facilitate transmitting that information, Saint Raphael's is developing an information system to support its integrated delivery network. In 1997, we more than doubled the number of locations—including physician offices—which can access our patient information system, providing immediate access to patients' tests and other results. Systems are also being established to electronically share appropriate data with our partners—like our homecare providers or Regional Resource Partnership members.

Saint Raphael's continuing evolution as a delivery system reflects a national trend toward provider collaboration. By stewarding resources with others who share the same values and commitment to excellence, Saint Raphael's offers a true continuum of care, ranging from wellness programs to acute care services; from primary to specialty care; from birth to advanced age.

To provide care to this community's youngest residents, particularly those living in New Haven where very few pediatricians have offices, Saint Raphael's formed the Chapel Street Pediatric Group, led by Dr. Richard Young.



Today's Challenges

*Our collective talents
and skills are God's legacy
to us—to hold in
trust for those continuing
our mission.*

For Barry Wu, M.D., an invaluable part of each day is spent reviewing a board listing the names of each patient on the Hospital's oncology unit.

Near this board Wu, the unit's medical director, gathers each morning with other members of the oncology team for Care Management Rounds. For a half-hour or so, Wu and the team review each patient's progress over the last 24 hours. They also chart a course of action for the day.

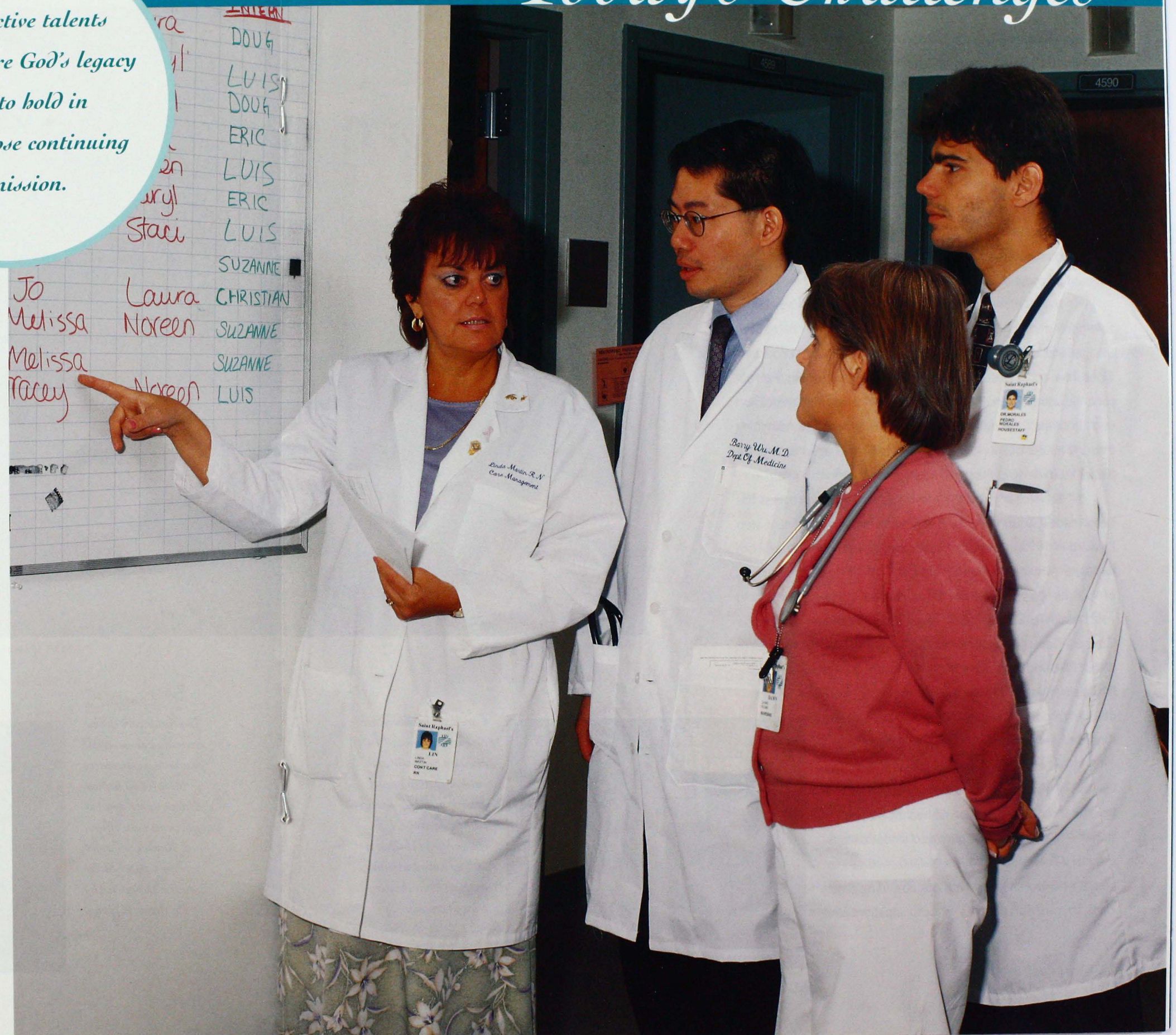
"This is a great opportunity for communication among interns, residents, nurses and everyone else involved with each patient's care," Wu explains. "We examine why each patient is still in the Hospital, to determine if this is the most appropriate place for him or her. We decide how we can help that patient return home, or to a less acute setting if that's what's needed."

Care Management Rounds have now been implemented on all inpatient medical units.

By the time rounds begin, Wu and other team members have already visited each patient on the unit. "These rounds help with the efficiency of care," Wu says. They start early enough to get things—tests, treatments or other procedures—done that same day, so patients do not have to spend unnecessary time in the Hospital.

This has become increasingly important as managed care companies limit the number of inpatient hospital days that they will pay for. It also helps to free up hospital beds for more acutely ill patients. But there are additional benefits for patients.

"By routinely getting together like this, we can better coordinate a patient's care," Wu notes. "It provides a great opportunity for us to discuss each patient and any problems that may arise, from the perspective of the patient, the physicians, the nurses and others on the team. The rounds also help with the continuity of care. If a patient is ready to be discharged, we help to make sure that the services he or she needs at home are in place—whether it's a visiting nurse or intravenous therapy—so the patient can continue progressing along a smooth road to recovery." A road to better health.



Today's Challenges

The challenges encountered in 1997 by all components of the Saint Raphael Healthcare System were similar to those faced by healthcare systems throughout the United States. Managed care has become a fact of life. Competition for patients, contracts and services has increased greatly as healthcare providers have merged and formed alliances. Networks and partnerships have expanded geographic service areas. Federal and state funding for health care continued to shrink as regulations grew in number, scope and rigidity. These challenges were underscored by the continued need to conserve fiscal resources while increasing access to and quality of care.

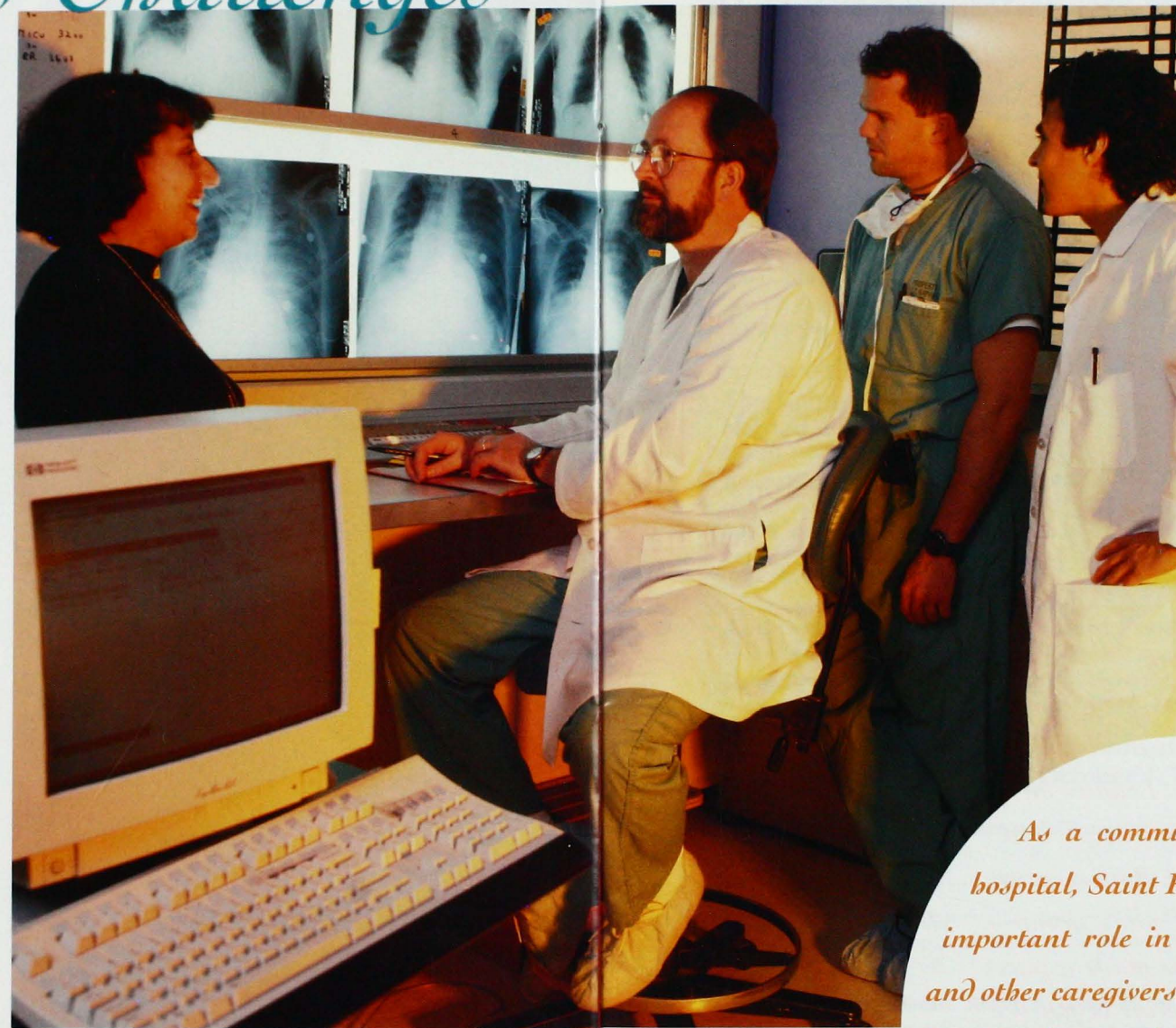
We are confident about the public's continued favorable perception of Saint Raphael's, but remain concerned about the general decline in its perception of healthcare providers. Consumer confidence in health care has eroded for several reasons, including a perceived transition from a "caring" profession to a "business;" the difficulties consumers experience navigating through mazes of service; and attempts by managed care companies to exclude certain providers from their networks.

Yet a lot of good things are happening, and progress has been made. Consumer choice and access took a significant step forward in 1997 as managed care companies moved away from exclusive provider contracts. Indicative of this was the success of our campaign, "Without Saint Raphael's, how good could your health plan be?" As a result, Saint Raphael's became a ConnectiCare provider on January 1, 1998, and other health plans followed suit. This is more than a victory for Saint Raphael's; it is a victory for our patients, many of whom—despite chronic or long-standing illnesses—were forced to temporarily use other hospitals.

As a teaching hospital affiliated with Yale University School of Medicine, Saint Raphael's is training the next generation of healthcare professionals—a commitment nurtured since its earliest years. There are 110 highly skilled medical residents who work closely with our attending physicians to care for patients in both inpatient and



CareCard members are an energetic group! In addition to indoor and outdoor walking programs, members participate in aquatics, t'ai chi and yoga classes, as well as social activities ranging from theater trips to cruises.



As a community teaching hospital, Saint Raphael's plays an important role in training physicians and other caregivers. As part of that training, faculty member Dr. Lee Greenwood (second from left), director of Saint Raphael's Radiology residency training program, conducts rounds with residents.

Benchmarking against national standards of excellence.

PROVIDING SOPHISTICATED, COMPASSIONATE, AND FISCALLY RESPONSIBLE CARE

outpatient settings. Our status as a teaching hospital ensures clinically advanced, sophisticated care, as well as round-the-clock patient access to well-trained physicians. Like many aspects of health care nationwide, graduate medical education is in a state of flux. Standards are becoming more stringent; requirements are becoming more difficult; and financing—particularly federal reimbursement—is becoming problematic. Because our role as a community teaching hospital is so important to the care we provide, we have embarked on a comprehensive evaluation of our graduate medical education program. This study will be completed in 1998.

As life expectancy increases, healthcare providers everywhere face the challenge of meeting the needs of seniors. This is particularly true at Saint Raphael's—the hospital preferred by seniors in this region. Membership in CareCard, a free health and wellness program for people age 55 and older—increased 21 percent to 17,000. Care-Ring—a telephone reinsurance program, and an Older Women's League program were implemented. And our Outreach to Older Adults program saw a 30 percent increase in requests for assistance.

Saint Raphael's commitment to the elderly is also reflected by the introduction of Medicare Plus, a supplemental Medicare insurance product underwritten by Bankers Life & Casualty Company. Nearly 3,000 policies were sold in 1997, exceeding sales projections.

Operating more efficiently; providing care in the most appropriate, least costly setting; staffing efficiently; reducing costs; streamlining operations.

These are important initiatives throughout the Saint Raphael Healthcare System. This "business-like" behavior may conflict with public perception of what a not-for-profit healthcare delivery system should be. Yet we believe we can meet our community's need for compassionate, sophisticated care, coupled with fiscal, social and clinical accountability. This has been our commitment for 90 years, and will be, God willing, for another 90 as well.

Generously Supporting Our Mission

With the generous support of the community and strong leadership by trustees and physicians, the Saint Raphael Foundation took significant steps in 1997 to ensure that the resources necessary to sustain and carry on the mission and vision of the Saint Raphael Healthcare System will be available far into the future.

Particularly noteworthy was initiation of The Campaign for Saint Raphael's, the Foundation's first endowment campaign. Its initial goal is to secure at least \$10 million in endowment funds to meet recognized needs—and those no one can yet foresee—at the Hospital of Saint Raphael and Saint Regis Health Center, Saint Raphael's skilled nursing facility. Endowment funds are perpetually invested, with earnings only available for distribution. So the initial gifts truly go on giving year after year. Unrestricted endowment earnings will strengthen the entire range of Saint Raphael services and programs, with a particular focus on cancer care, cardiac care and care for the elderly. Other areas of emphasis include support for medical education, mission services and outreach efforts, and the purchase of medical equipment and renewal of Saint Raphael facilities.

Significantly, two groups very close to Saint Raphael's—its volunteer Auxiliary and employee One for All Fund—set the pace with leadership pledges to the endowment campaign. The Auxiliary committed an extraordinary \$1 million, with employees generously pledging \$300,000.

Complementing the long-term benefits to be accrued through the endowment campaign is the Sister Louise Anthony Legacy Society, named in honor of Saint Raphael's much-loved former administrator, who passed away in 1997. The Society was formed to recognize and encourage planned gifts that will support Saint Raphael's work.



It's a love affair spanning almost four decades. That's how long Joyce and Dr. Petar Lujic have been involved with and committed to Saint Raphael's. Leaders on several levels, Petar chairs the Foundation Board and Joyce chairs its Special Events Committee. Both serve on the endowment campaign cabinet, and Petar's group—Anesthesia Associates of New Haven—has made a pace-setting gift. "Saint Raphael's is very special to us. We want to ensure the continuation of the Sisters' mission at Saint Raphael's, and make certain that its excellent facilities, sophisticated technology and warm and friendly atmosphere are here for future generations."

During fiscal year 1997—thanks to the generosity of countless individuals and organizations—the Foundation realized income from revenues, gains and other support of \$2.6 million. Contributing to this success was the annual appeal, far exceeding its goal with income of almost \$420,000, and close to \$100,000 generated from two special events. As a result, \$2.2 million was transferred to the Hospital, an increase of \$900,000 from 1996, and \$100,000 to Saint Regis. Saint Raphael's and its patients also benefited from dollars raised by its hard-working Auxiliary, which presented its yearly gift of almost \$181,000 in 1997. In addition, we received more than \$1.5 million in grants.

We truly appreciate the generosity and thoughtfulness of countless individuals and organizations who supported Saint Raphael's and its caring mission in 1997. They helped us make a difference in the lives of the more than 200,000 patients touched by Saint Raphael's and its caregivers during the year.

Endowment... Perpetual Giving—Perpetual Caring

Donors wishing to perpetuate their charitable giving to Saint Raphael's may direct donations of any size to the Saint Raphael Foundation Endowment. As of September 30, 1997, this Endowment stood at \$949,172, a growing number but far short of that needed to ensure a strong flow of financial support into the future. Thus the Foundation's commitment to The Campaign for Saint Raphael's.

Endowment donors of \$10,000 or more may establish named funds for the general purposes of the Saint Raphael Foundation or to support specific areas of donor interest that are consistent with Saint Raphael's mission, programs and services; call the Foundation at (205) 789-5242 for details. Additional gifts of any amount may be made to named funds, once established.

Named Endowment Funds established October 1, 1996, through September 30, 1997

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

The Masotta Family Fund for Cancer Care: Established in 1997 by Fred and Diane Masotta and family with a gift of \$52,920, for cancer care at the Hospital of Saint Raphael.

The Campaign for Saint Raphael's

Named Endowment Funds established October 1, 1996, through September 30, 1997

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.

One For All Fund for Saint Raphael's: Established in 1997 by Saint Raphael employees with a pledge of \$300,000, for the care-giving members of the Saint Raphael Healthcare System, including the Hospital of Saint Raphael and Saint Regis Health Center.

Additions to Named Endowment Funds established prior to October 1, 1997

Catherine Casagrande Peterson Fund: Increased in 1997 with additional gifts of \$5,000 by Thomas Peterson and \$1,000 by Michael Peterson.

Sharon White Memorial Fund: Increased in 1997 with an additional gift of \$500 from the Connecticut State Police Golf Tournament.

Funds established prior to October 1, 1997

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 \$27,951.

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 \$14,122.

Clinical Pastoral Care Fund: Established in 1987 with gifts from various donors, for the Hospital of Saint Raphael pastoral care training program; fund balance \$21,145.

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 \$28,318.

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 \$335,167.

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 \$42,492.

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 \$137,785.

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 \$31,675.

Hendrick Charitable Trust: Established in 1978 by Hobart and Mary Hendrick, for coronary care, respiratory care and alcohol treatment; fund balance \$3,756.

Clarence & Lillian Westerberg Fund: Established in 1990 by Clarence and Lillian Westerberg, for indigent care at the Hospital of Saint Raphael; fund balance \$155,160.

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 \$7,722.

Sharon White Memorial Fund: Established in 1985 by the Sharon White Foundation, for pediatric cardiac care at the Hospital of Saint Raphael; fund balance \$27,019.

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 \$35,951.

Bill 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; fund balance \$16,989.

1997 Board Leaders

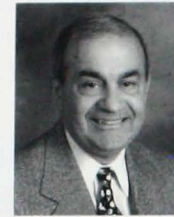
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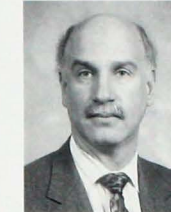


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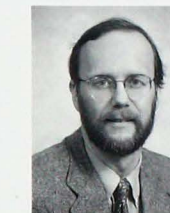
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1997 Financial Performance

Revenues and expenses (Dollars in thousands)

	1997	1996
Our total revenue from operations was	\$ 258,456	\$ 256,324
<i>Our operating expenses</i>		
Salaries, wages & benefits	155,590	160,412
Supplies, purchased services & general services	63,928	59,587
Depreciation & amortization	15,378	15,949
Interest expense	6,020	6,220
Bad debt expense	13,627	11,450
All of these operating expenses totaled	\$ 254,543	\$ 253,618

Results (Dollars in thousands)

Gain from operations	\$ 3,913	\$ 2,706
Plus other non-operating income	\$ 2,826	\$ 3,066

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

	\$ 6,739 ⁽¹⁾	\$ 5,772 ⁽¹⁾
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⁽¹⁾Total uncompensated care in 1997 was \$18,674 and in 1996 was \$17,534.

1997 Operating highlights (Dollars in thousands)

	Total assets	Net gain (loss)
Hospital of Saint Raphael	\$ 280,139	\$ 6,385
Saint Regis Health Center ⁽¹⁾	3,706	(389)
Saint Raphael Foundation ⁽²⁾	6,199	1,674
Others ⁽³⁾	23,460	(931)
1997 Total	\$313,504	\$ 6,739
1996 Total	\$ 290,621	\$ 5,772

⁽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).

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