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Saint Raphael Healthcare System, 1995 Annual Report

Saint Raphael Healthcare System

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Hospital of St. Raphael Annual Reports. 67.
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Saint Raphael Healthcare System

1995 Annual Report



The Future of Health Care . . . Today

Saint Raphael's caring mission is to improve the health status of our community by providing a comprehensive range of quality health care 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 Friends of Saint Raphael's:

Having the right tools to do the job: That's essential for the primary care physician or the surgeon, and essential for the Saint Raphael Healthcare System to provide services today and develop those needed for the future. A physician's tools may include a stethoscope, x-rays or surgical instruments; our "tools" are the programs, services and entities that are part of the Saint Raphael Healthcare System. These tools give our healthcare professionals the resources they need to treat patients and provide services to the community expertly, efficiently and cost-effectively.

Using our mission, Saint Raphael's Strategic Plan and the values of our founders, the Sisters of Charity of Saint Elizabeth, to guide us, we continue to position ourselves for the future. We developed new programs and improved on existing ones in 1995 to best serve our patients and the community. And we collaborate with some of the area's best healthcare providers to offer services that would be costly for us to duplicate. Through these strategies, we continue to enhance patient care, serve our community and respond to the needs of area businesses. We hope, as you read our 1995 Annual Report, you will agree.

Part of our responsibility as a healthcare provider is to stay abreast of legislative issues which may affect healthcare delivery. Debates this year over proposals to cut Medicare and Medicaid prompted us to organize grassroots letter-writing campaigns to elected officials and make public our stand against jeopardizing the healthcare services provided to the poor and elderly. We will continue to advocate on behalf of these groups in 1996.

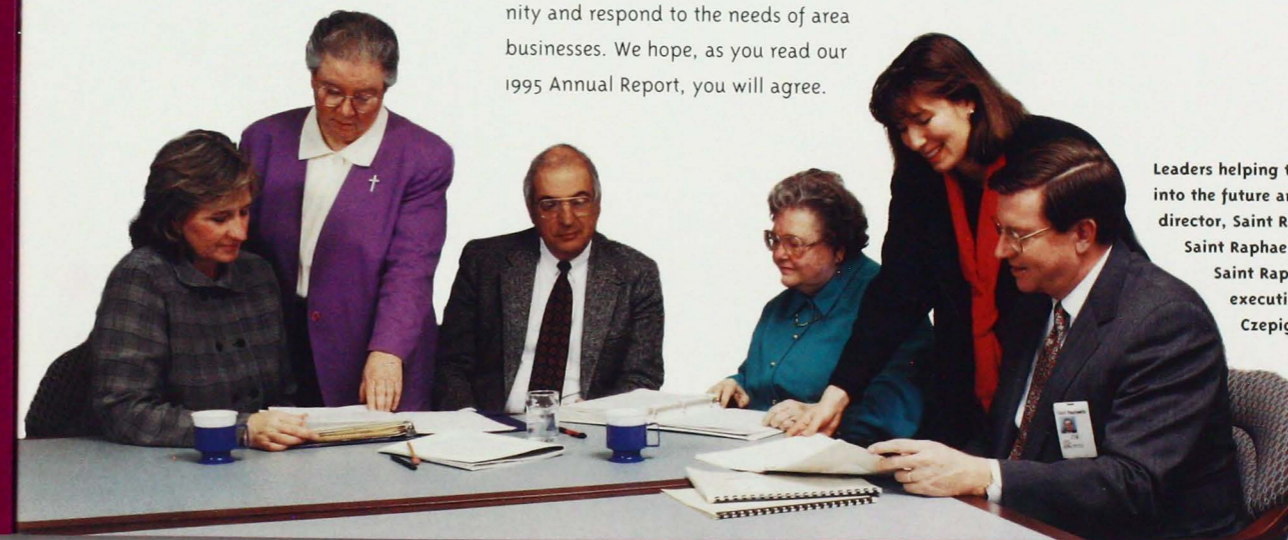
We remain committed to our role as a healthcare provider, and believe the Saint Raphael Healthcare System is posi-

tioned to effectively care for our community now and in the future.

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



Leaders helping the Saint Raphael Healthcare System move successfully into the future are (left to right): Maureen Wolyniec, acting executive director, Saint Raphael Foundation; Sister Anne Virginie, president, Saint Raphael Healthcare System; Norman Marieb, MD, president, Saint Raphael Physician/Hospital Organization; Margaret Benton, executive director, Regional Visiting Nurse Agency, Inc.; Kim Czepiga, executive director, Saint Regis Health Center; and James Cullen, president, Hospital of Saint Raphael, and chief operating officer, Saint Raphael Healthcare System.



The Future of Health Care . . . Today

Once a week, about 10 people and their families gather somewhat nervously in a conference room at the Hospital of Saint Raphael, unknown to one another but linked by the same medical diagnosis: Each is scheduled for a total joint replacement, a procedure performed by Saint Raphael surgeons that, in 1995, restored mobility, and enhanced the quality of life for 350 patients.

Throughout the evening, various healthcare professionals, including a physician assistant, a nurse, a physical therapist, a discharge planner and physicians tell the prospective patients exactly what will happen to them before, during, and after surgery.

The patients ask questions and look through the handbooks they've received. By the time class ends, they, and their families, go home better prepared for surgery and equipped to participate in their own treatment and recovery.

"These classes have been very well received; they take a lot of the anxiety and mystery out of the process for the patients, and for the families, too," says John M. Aversa, M.D., section chief of Orthopedics.

But the preparation does not end there. Next, a physical therapist from the Regional Visiting Nurse Agency, Saint Raphael's home care partner, or one of 11 other carefully selected agencies in the Saint Raphael Healthcare System's home care network, visits patients at home to teach strengthening exercises people can begin before surgery, determine whether reliable people are available

to help out once the patient returns home, and make sure the home environment is accessible and safe.

"Many times people don't think to mention they have stairs at the entrance to their home or a tricky doorway to a bathroom," says Lorraine Novella, R.N., patient care manager on the Orthopedics unit. "This way, we can get a jump on ordering any equipment the patient might need, like a walker or a cane, and the patient can make necessary adjustments, like getting rid of throw rugs or adding rails in the bathroom. The more you know, the better you do."

In the Hospital, the healthcare professionals involved with the patient, including physical therapists, dietitians, pharmacists, nurses and doctors, follow a "clinical pathway," or standard plan of

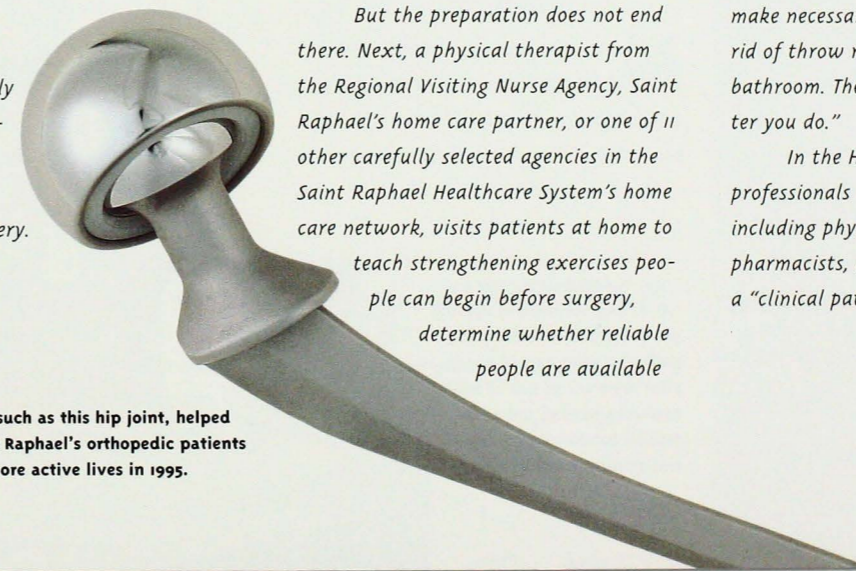
care now used on all total joint replacement patients. These highly successful plans — first introduced in the Obstetrics and Gynecology Department — are also used with cardiac patients in addition to the orthopedic patients. "It improves collaboration," says Aversa, "by helping to make sure we're all on the same wavelength, on the same team."

And that "team" includes the patient. Upon discharge, the patient takes home a version of the Hospital care plan written very simply so that he or she knows exactly what to do and when.



Employees are participating in an extensive operations improvement process at the Hospital; easier, more convenient patient on-site registration in areas like Radiology was the goal — and result — of one employee team.

Artificial joints, such as this hip joint, helped over 350 of Saint Raphael's orthopedic patients lead healthier, more active lives in 1995.





Volunteers of all ages gave over 88,450 hours of dedicated, loving service to the Saint Raphael Healthcare System in 1995, 4,450 hours more than in 1994.

"For instance, if the clinical pathway says 'patient will get up and ambulate with the walker,' the patient's version says, 'Today I'm going to get up and walk 10 feet with a walker,'"

Novella explains. "Having patients involved definitely helps; the more they know and are able to participate in a plan of care, the quicker and more complete their recovery will be."

Statistics bear this out: Patients felt more in control of their recuperation and felt better faster when a clinical pathway was used. Length of stay for a patient having a total knee or total hip replacement fell to an average 5.87 days between September and November 1995, compared with an average 10.05 days throughout fiscal 1994.

Patients needing additional care beyond their Hospital stay can enter a sub-acute care center or the restorative care program at Saint Regis Health Center, where their doctor and therapist continue monitoring care. Some patients work with a member of Saint Raphael's Continuing Care staff to arrange for services from Saint Raphael's home care network. In all cases, returning patients to their homes and helping them feel better as soon as possible is the ultimate goal. "Being home is important," Aversa says about patients' well-being.

More information. Better coordination of staff and services. Better educated, more involved patients. Faster recoveries. Excellent, cost-effective health

Cross-training employees and decreasing the number of staff patients interact with during their stay were part of a 1995 pilot program on one of Saint Raphael's nursing units. The results: increased patient and employee satisfaction.

care. An integrated system of programs and services. These are the goals we are achieving throughout the Saint Raphael Healthcare System, as we adhere to our Strategic Plan to ensure patients receive the right care in the most appropriate setting. We accomplish these goals while meeting the requirements of the managed care industry and dealing with the instability of state and federal



Saint Raphael's Dialysis Center on York Street treated 154 patients in 1995, up from 127 patients in 1994. These patients received 21,161 treatments, an increase of 22.7 percent over the previous year.

funding for programs like Medicare, Medicaid and medical education.

While mindful of the changing environment in which we provide services, our commitment to high-quality, technically sophisticated and compassionate care for all persons in need remains at the core of the System's mission. We view the healthcare marketplace of the 90s as an opportunity to take a hard look at the Saint Raphael Healthcare System, program by program, department by department. By doing this, we can develop and revise the programs our patients and the community need.

People should have easy access to the health care services they need within a coordinated and integrated system of

care. We recognize, however, that it is not always feasible or efficient to provide all the programs and services ourselves. The Saint Raphael Healthcare System continuously looks for opportunities to join together with other expert healthcare providers. For example, we are now affiliated with the Regional Visiting Nurse Agency to provide home care services, and with New York City's Beth Israel Hospital in the management and operation of our Dialysis Center. Through Xavier Services Corporation, another member of the Saint Raphael Healthcare System, we have an operating agreement with St. Vincent's Medical Center in Bridgeport,

Health and Wellness

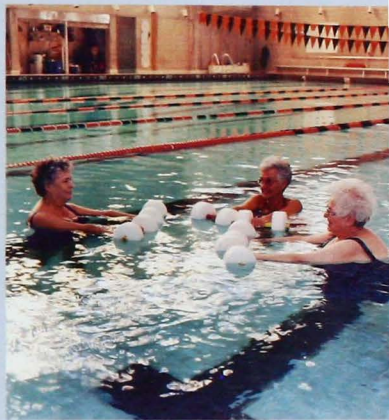
"Health care" means treating people when they're sick and doing all you can to keep them well in the first place. In 1995, Saint Raphael's helped thousands of people in Connecticut maintain better health.

These people participated in free screenings for health concerns such as high blood pressure, cholesterol and diabetes; attended lectures and classes on breast health, smoking cessation, and stress management; participated in fitness programs; and attended support groups.

CareCard, our membership program for people ages 55 and older, grew to 12,000 members. Of that group, 2,145 people received health screenings; 752 participated in fitness classes; 1,104 attended education programs; 3,876 participated in social events; others used insurance and accounting services.

TakeHeart, Saint Raphael's cardiac rehabilitation program for patients and their families, now has two sites: New Haven and Guilford. Participants learn nutrition, lifestyle and exercise changes to lead healthier lives. LungLife, our program for people with respiratory ailments, provides similar services that help people with ailments such as emphysema live more productive lives.

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We reached thousands of people with health information in 1995. With a circulation of nearly 150,000 homes, Better Health magazine provided information families can use to make healthy choices. Over 12,000 callers received health information from Tel-Med, a free taped library; our nurses helped 3,800 people find the right physician through our Need-A-Physician? program; and we worked with WTNH television and WELI radio to bring heart-healthy information to their audiences.

To enhance the health of our community, the Saint Raphael Healthcare System awarded three scholarships to area students; continued to staff the Dwight neighborhood children's reading room; provided free courses in literacy, resume writing and interviewing skills; matched high school students with Hospital mentors; and provided shrubs and grass seed to area residents to beautify their neighborhoods. Saint Raphael's is also participating in a U.S. Department of Housing and Urban Development three-year matching grant to finance small-business ventures, increase neighborhood security, renovate abandoned and neglected buildings, establish youth programs, conduct job training, and promote home ownership and investment.

Keeping people well. Encouraging them to feel good about themselves. Promoting respect and dignity. At Saint Raphael's, we know that's where high-quality, cost-effective health care truly begins.



Norwalk Hospital, and Professional Home Care Services, Inc. to form a company to market, sell and provide infusion services and associated equipment and supplies for at-home IV nutrition and tube-feeding therapy, antibiotic therapy, pain management and chemotherapy, so patients can receive the health care they need in the comfort of their own homes.

Another important partnership was formed between the Hospital of Saint Raphael and our physicians. The Saint Raphael Physician-Hospital Organization (SRPHO) was developed to compete more effectively for managed care contracts and to develop an even closer working relationship between the Hospital and its medical staff to enhance services. The SRPHO continues contract negotiations

Saint Raphael's Better Health magazine, now in its 17th year, provides current information to its 460,000 readers on how to live healthier lives.

and discussions with a variety of managed care companies and insurers.

Keeping people well

We have always strongly emphasized cost-effective prevention and primary care to keep people healthy and help them get well sooner if they do become ill. Thousands of people in Greater New Haven participate in Saint Raphael fitness programs, attend our health-education classes and support groups, or receive



free diagnostic screenings. And CareCard, Saint Raphael's free membership program for people ages 55 and older, brings health information, fitness programs, screenings and social events to more people than ever before. We eliminated the



Saint Raphael's offers an array of support groups for patients and families; *Looking Forward* is an innovative volunteer support program helping oncology patients experiencing hair loss look and feel their best.

modest membership fee in 1995, allowing as many older adults as possible to take advantage of CareCard's programs. Membership now exceeds 12,000 older adults.

Meanwhile, our 30 outpatient clinics, the largest of which are our adult medical and pediatric primary care clinics, recorded 49,000 visits this year, an 11 percent increase. In 1995, we extended clinic hours, adding evening hours and, in the case of the pediatric clinic, a Saturday morning session, making it even easier for parents to get their children the non-emergency care they need in a more appropriate, and, perhaps, a less-intimidating environment than the Hospital Emergency Department.

As the state of Connecticut continued moving Medicaid recipients into managed care plans, the Hospital of Saint Raphael responded by participating in six of the plans offered: Blue Cross/Blue Shield BlueCare Family Plan; HealthRight; MD Healthy Options; U.S. Healthcare;

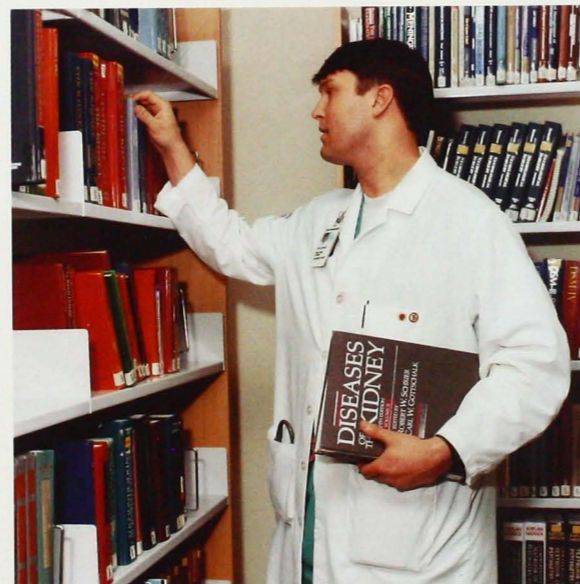


"Magnifiers" are used by cardiothoracic surgeons for delicate microsurgery of nerves and vessels. Saint Raphael's continues to be a leading provider of cardiac and cardiothoracic care, with over 1,000 open heart surgeries performed in 1995.

Community Health Network; and Oxford Health Plan. We will continue to work with these plans to provide excellent care to the people served in the programs.

People who need health care often can't, or won't, come to Saint Raphael's campus to get it, for a whole host of reasons. Yet these are often the patients who need — and can most benefit from — primary

care. So we bring health care to them, at Project ElderCare clinics in elderly housing projects and senior centers, at on-site clinics in three schools, and on a 58-foot tractor trailer known as Project Mother-Care. In its five years on the streets,



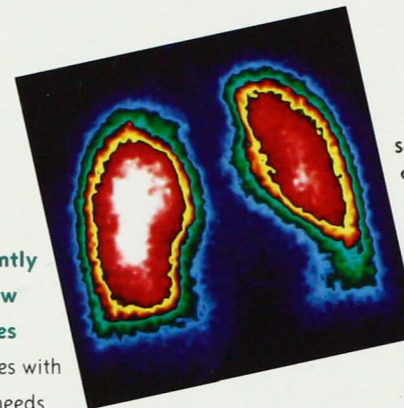
With over 125 medical and surgical residents studying at the Hospital each year, and the majority of our medical staff holding clinical professorships at Yale University School of Medicine, the Hospital of Saint Raphael remains dedicated to medical education.

Project Mother-Care alone has seen over 16,000 patients.

Working efficiently with Greater New Haven businesses

Helping businesses with their healthcare needs and working with them to develop effective programs to address workers' compensation issues continues to be a priority for Saint Raphael's.

December 1995 marked the four-year anniversary of Saint Raphael's Occupational Health Plus™. Occupational Health Plus serves over 330 client companies representing over 40,000 employees in and around Greater New Haven and the shoreline. Its clients reflect the community with concentrations in state and local government, health care, distribution, public safety and manufacturing. In the last year, 39 percent of OHP's client companies utilized approved workers' com-



Sophisticated diagnostic procedures, like this perfusion lung scan to diagnose pulmonary embolisms, are essential to successfully diagnosing disease and treating patients.

penation medical care plans. In addition, over 50 percent of OHP's clients use OHP as a single medical provider and benefit from comprehensive services in prevention, acute injury management and rehabilitation, surveillance, wellness and screenings. With a physician specialty network, 24 hour emergency care and the resources of the Hospital of Saint Raphael, Occupational Health Plus has helped employers coordinate their medical services for effective and cost-efficient care. A recent survey showed that responding companies were able to reduce their annual costs 10 to 45 percent

Never Settle for "Good Enough"

It is our responsibility to maintain extraordinary healthcare standards in an efficient, cost-effective way.

Cutting-edge technology is an important ally. In 1995, we became the first hospital in New England to use a robotic arm called AESOP, Automated Endoscopic System for Optimal Positioning, during less-invasive laparoscopic surgery. A slender optical instrument, the laparoscope is inserted through a small incision in the patient's abdomen and produces an image on a television monitor. AESOP enables physicians to position the laparoscope with hand controls or a foot pedal to "see" inside a patient's body.

We are one of only a few hospitals nationwide using three-dimensional imagery to help fight tumors. With "3-D conformal therapy," doctors at the Father Michael J. McGivney Center for Cancer Care can observe the whole tumor and pinpoint the

(continued on next page)



most effective treatment location. We are also using "remote afterloading brachytherapy" in the McGivney Center, implanting radiation seeds in specific areas of the patient's body. This helps to treat only the cancerous areas, saving healthy tissue and reducing side effects.

A vascular head/neck coil was installed in the Magnetic Resonance Imaging Center in 1995, providing excellent quality vascular and soft tissue images of the head and neck without repositioning the patient. This saves scanning time, allowing us to serve more patients each day.

Better quality is also achieved through improvements to our processes and procedures. We continue to develop "clinical pathways" — comprehensive medical protocols for a patient's specific condition or disease. Clinical pathways produce more coordinated, streamlined care and reduce lengths of stay while enhancing the quality and effectiveness of patient care.

Of the 47,000 patients who come through the Hospital of Saint Raphael's Emergency Department annually, about 11 percent seek routine care for ailments such as colds, earaches and strep throat. Because the majority of these patients are children, Saint Raphael's Pediatric Clinic added evening and weekend hours to provide treatment in a more appropriate setting.

In 1996, we will continue to develop new ways to provide care more efficiently and effectively. We will never settle for just "good enough."

by working with OHP. In addition, OHP boasts a 99 percent customer retention rate.

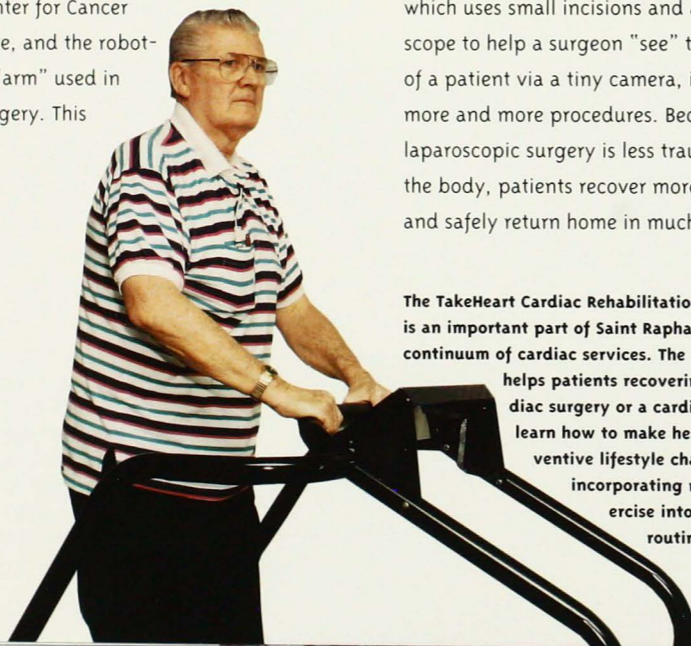
**Staying current:
Good for our patients;
good for the System**

To best serve our patients, we continued investing in current technology, such as new equipment in the Magnetic Resonance Imaging Center, the use of three-dimensional treatment planning in the Father Michael J. McGivney Center for Cancer Care, and the robotic "arm" used in surgery. This



Saint Raphael employees worked with athletes from throughout the world by donating over 2,900 hours of volunteer service during the week of the Special Olympic World Games, held in New Haven in July.

technology helps us more effectively fight intransigent diseases, and helps us provide that care as efficiently as possible. For example, minimally invasive surgery, which uses small incisions and a laparoscope to help a surgeon "see" the inside of a patient via a tiny camera, is used for more and more procedures. Because laparoscopic surgery is less traumatic to the body, patients recover more quickly and safely return home in much shorter



The TakeHeart Cardiac Rehabilitation Program is an important part of Saint Raphael's full continuum of cardiac services. The program helps patients recovering from cardiac surgery or a cardiac episode learn how to make healthy, preventive lifestyle changes, like incorporating regular exercise into their daily routine.





The Saint Raphael Auxiliary presented \$150,000 in 1995 to support Hospital and Saint Regis programs through successful fund-raisers like the women's and men's annual golf tournaments.

periods of time. The length of stay for a patient undergoing a laparoscopic hysterectomy, for example, dropped to one or two days in 1995, compared with the seven or eight days necessary for recovery from traditional surgery. That means patients return to their normal routine sooner, and a costly hospital stay is cut by 75 percent.

New programs or more effective ways of providing existing services give our healthcare providers the resources they need to best meet the needs of their patients. This year, the Adolescent Psychiatric Day Hospital was opened, a

complement to our adult day hospital, which offers intensive outpatient treatment with the structure young adults need in a setting that is more appropriate than a hospital.

The restorative care program at the Saint Regis Health Center, the Saint Raphael Healthcare System's 125-bed skilled nursing facility, is another example of an innovative and effective program. The restorative care program gives patients who no longer require hospitalization the ability to recuperate and receive the therapy or other services they need in comfortable, supportive surroundings before they return home or to a long-term care setting.

And when patients do return home, many do so knowing they will continue to be cared for by healthcare professionals

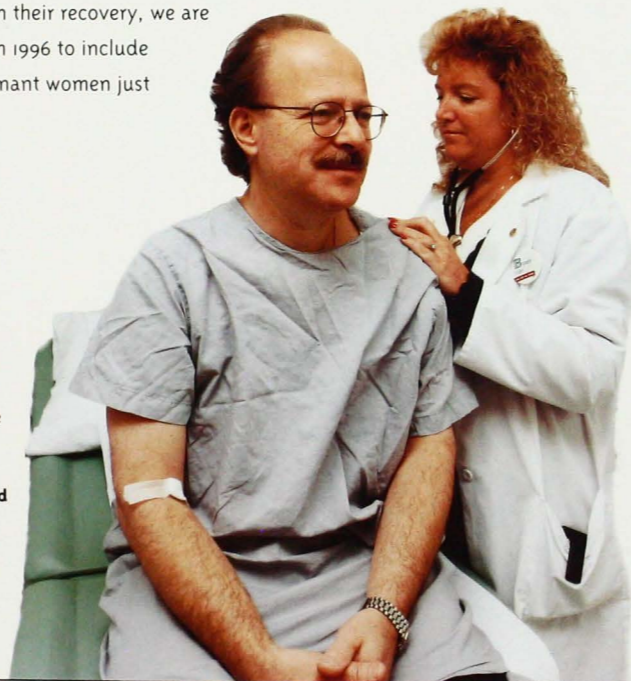
from one of the 12 agencies, including the Regional Visiting Nurse Agency, that have met the quality criteria necessary for inclusion in Saint Raphael's home care network. Together, Saint Raphael's and these agencies are collaborating on a variety of projects and educational programs, including health promotion services, diabetic education, and a variety of screenings made available at the agencies' satellite offices. And, because home visits for orthopedics patients are an important factor in their recovery, we are expanding them in 1996 to include visitations to pregnant women just

before delivery, to the families of teens being treated in the psychiatric day hospital and also to cardiac patients prior to surgery.

Award-winning care

As we work to provide the highest quality, most personalized care possible, our patients, peers and industry have

Vanna Dest, clinical nurse specialist in the Father Michael J. McGivney Center for Cancer Care, was one of 10 nurses nationwide to receive the Lane W. Adams Award for Excellence from the American Cancer Society.



noticed. In 1995, we were honored with state, regional and national awards. Saint Regis was ranked by the National Study of Elder Care Customer

Satisfaction Survey in the top 10 percent of 159 nursing homes across the country for the quality of its nursing care. The Haelen Center at Saint Raphael's was one of six community-based organizations to receive the Connecticut Health Commissioner's AIDS Leadership Award. Project MotherCare received an Achievement Citation from the Catholic Health Association. The Department of Obstetrics and Gynecology received the John D. Thompson Award for Excellence in Health Care from the Connecticut Hospital Association. The McGivney Center received the silver Connecticut Quality Improvement Award for its efforts to enhance patient privacy and was cited by the Boston Society of Architects for its design.

Two staff members also received national recognition. Vanna Dest, oncolo-



Saint Regis Health Center's nursing care was ranked in the top 10 percent of 159 U.S. facilities surveyed by Parkside Associates, a healthcare survey and research company. The survey included comfort and cleanliness, nursing staff, care and services available, and food service.

gy clinical nurse specialist in the McGivney Center, was one of 10 nurses in the nation to receive the Lane W. Adams Award for Excellence from the American Cancer Society. This prestigious award recognizes individual nurses whose practice has been characterized by consistent excellence in providing compassionate, skilled care to people with cancer and

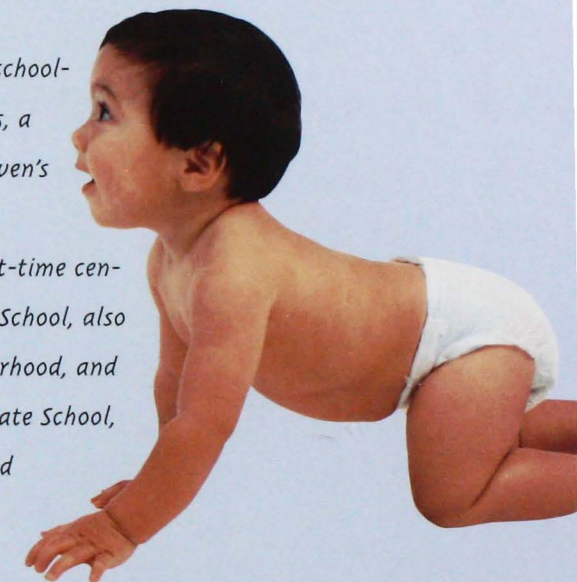
Caring for Women and Children

All too easily, and too often, women and children fall through the healthcare cracks. Simple tests and procedures — immunizations, mammograms, prenatal checkups — can make a significant difference in keeping them well, but often seem out of reach. Providing basic health care for all women and children is part of Saint Raphael's mission to care for the underserved.

We opened our third school-based health center in 1995, a full-time clinic at New Haven's Troup Magnet Academy of Sciences. Along with a part-time center at Dwight Elementary School, also in Saint Raphael's neighborhood, and one at Branford Intermediate School, the clinics provide care and health education to more than 1,200 students.

In 1995, the Hospital of Saint Raphael was the only New Haven recipient of two separate Connecticut Department of Health grants. The first enables the Father Michael J. McGivney Center for Cancer Care to provide free breast and cervical cancer screenings to 240 eligible women,

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with a focus on screening minority women. The second grant aims at reducing the number of babies born with HIV by testing pregnant women for the virus. Those testing positive are offered the drug AZT, which significantly reduces the transmission rate of HIV from mothers to their unborn children.

Project MotherCare, a program that brings prenatal and primary care into impoverished New Haven and West Haven neighborhoods, celebrated a dramatic drop in infant mortality rates at Saint Raphael's in the five years since its launch. In 1989, there were nearly 18 infant deaths per 1,000 live births at the Hospital, slightly lower than New Haven's average of 18.5. By 1995, the Hospital's perinatal death rate had fallen to 7.04 — well below the national average of 9.5 to 10 infant deaths per 1,000, and lower than the City of New Haven's improved 14.4 in 1992 (most recent statistics available). In total, Project MotherCare has seen nearly 16,000 women, children and men. The program continues to win state and national acclaim, including the 1995 National Award of Excellence from the Catholic Health Association.

We believe health care is a right for all members of our society, and that primary care and prevention programs for women and children make a difference. We will continue to help everyone in our community lead healthy lives.

counsel to their families. Dr. Wilfred Reguero, chairman of the department of Obstetrics and Gynecology and founder of Project MotherCare, was chosen as one of 50 physicians in the country for Positive Profiles, a project supported by the American Hospital Association.

Momentum continues in '96

In 1996, we plan to begin renovating our surgery suites to accommodate a wider variety of procedures, including short-term surgery or more complicated procedures such as open heart surgery. This is in keeping with the demand for these services, as evidenced by annual increases in the number of short-term surgeries performed at the Hospital, and the patient volume we experience as a leading provider of cardiac services in the state. We also will look for opportunities to



The Hospital of Saint Raphael's pharmacy has achieved savings of over \$1 million through the medical staff's support in formulary standardization and contracting programs, negotiating new contracts and better coordinated purchases. The pharmacy dispensed 1,967,000 doses of oral and IV medications in fiscal year 1995.

increase the efficiency of the Emergency Department, which treats over 47,000 patients each year.

We will be introducing a Medicare select insurance product this spring for people over age 65, and will continue to develop programs to effectively serve this important population. We will continue



A System of Care

"Saint Raphael's" is much more than an acute care hospital in New Haven. Saint Raphael's is, in fact, a comprehensive healthcare system.

- * For more than 1,200 seniors, Saint Raphael's is Project ElderCare, sending healthcare professionals weekly to four New Haven locations, including our newest clinics at Tower One/Tower East and the East Shore Senior Center.
- * For other seniors, we're Saint Regis Health Center, the Saint Raphael Healthcare System's 125-bed skilled nursing facility.
- * For 40,000 employees at 308 area companies, we're Occupational Health Plus™, providing treatment for work-related injuries.
- * For many employees, Saint Raphael's also means screenings and injury prevention programs provided by OHP's staff.



- * For 154 people with kidney disease, we are the Dialysis Center on York Street, a partnership with New York's Beth Israel Hospital.
- * For thousands, Saint Raphael's means home care from our partner, the Regional Visiting Nurse Agency, or one of 11 carefully chosen agencies in our network.

Despite the various locations, the Saint Raphael Healthcare System is linked by our mission to provide a complete range of healthcare services in the most appropriate setting.

Thirteen physician offices were networked with Saint Raphael's Ulticare patient information system, allowing physicians to instantly and efficiently access their patients' medical information. Saint Regis Health Center, also networked with Ulticare, now accesses test results for patients transferred from the Hospital, eliminating unnecessary test duplication.



We are also teaming up with agencies and healthcare providers in New Haven to identify

the city's most pressing healthcare needs and develop targeted programs and services to meet those needs. We will advocate for reasonable healthcare legislation and adequate state and federal budgets so all citizens receive the health care they need and providers receive the reimbursements they deserve. We will continue looking closely at programs, services and procedures throughout the Saint Raphael Healthcare System to find ways to make the excellent care we provide even better, while providing it as compassionately and effectively as possible.

We hope to match — and exceed — the progress we've made in 1995 as we travel the path to better health for all members of our community.

working with the residents and agencies in our neighborhood to improve the community's quality of life. We will launch a program our employees developed called H.O.P.E. - Having an Opportunity to Prepare for Employment. H.O.P.E., a work/trade/volunteer program for welfare recipients, will give participants the opportunity to build self-esteem while acquiring valuable job skills and work experience as they provide the Saint Raphael Healthcare System with volunteer service.

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Sisters of Charity of the Incarnate Word
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Hospital of Saint Raphael
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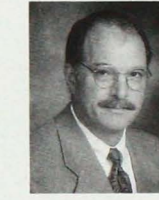
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Norman Marieb, M.D.
Metabolism Associates, P.C.
President, Saint Raphael Physician Hospital Organization



Sister Mary Morley
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President, 659 George Street, Inc.



James Sabshin, M.D.
Neurosurgical Associates of New Haven, P.C.
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Eileen Scalesse
Alliance Financial Limited
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Sister Anne Virginie
Saint Raphael Healthcare System
President, DePaul Health Services Corporation,
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Healthcare System

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Hospital of Saint Raphael

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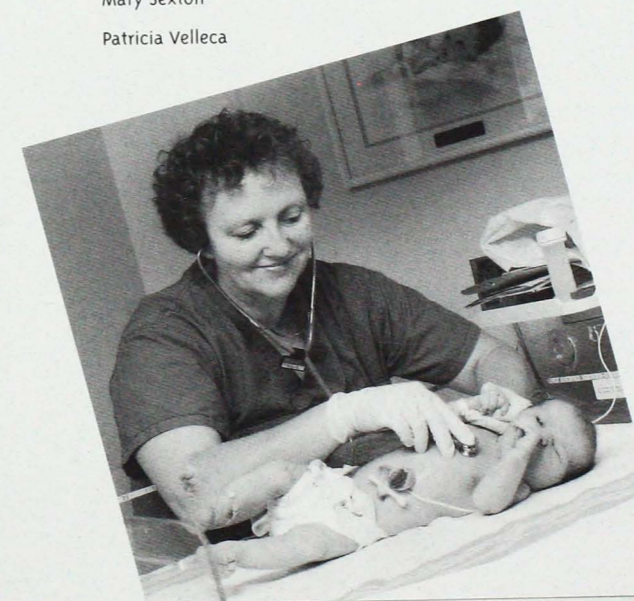
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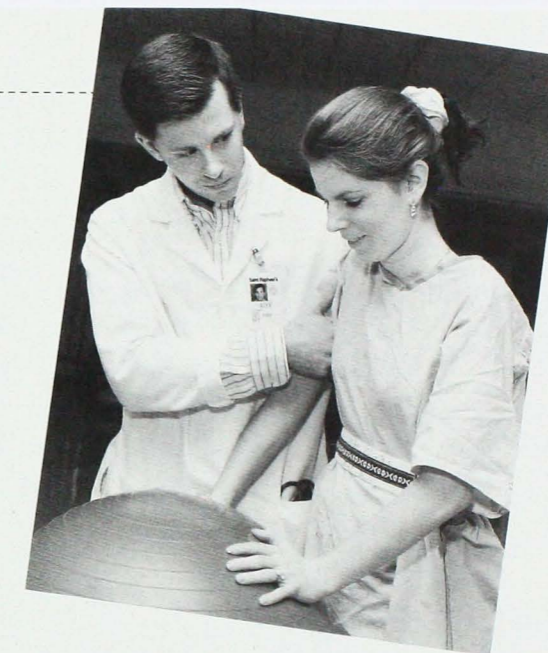
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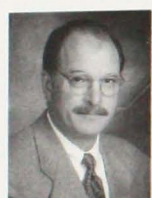
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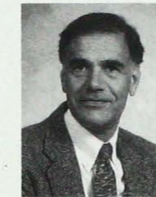
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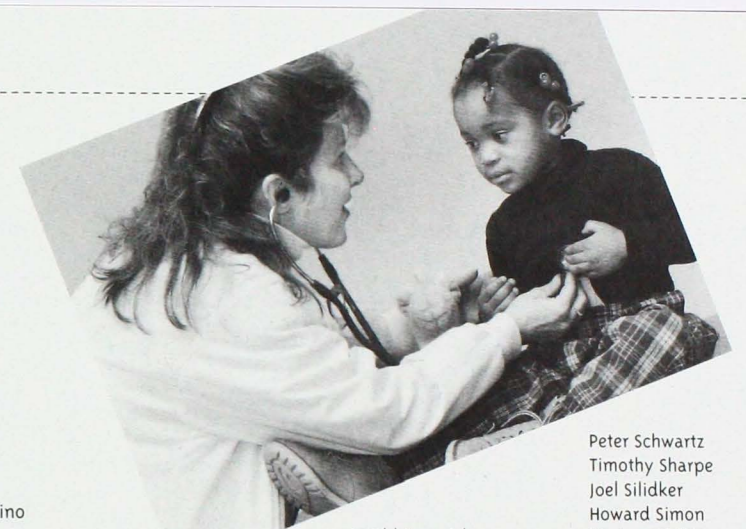
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 Margaret Ikeda
 William Irving
 Richard Johnson
 Brad Jubelirer
 Edward Kavle
 Harry Kipperman
 Leonard Krassner
 Sharon Kuhn
 Susan Levy
 Daniel Lion
 Roberta Lockhart
 Andrew Lustbader
 Cynthia Mann
 Lambert Filer Jr.
 Joseph McNamara
 Alan Meyers
 Mahmood Mirkhani
 James L. Morgan
 Jaysree Novak
 Kathy Pae
 Carlton Palm
 Victor Pardi
 Howard Pearson
 Steven Peterec

Mary Porter
 Ujwala Puranik
 Anthony Rocco
 Elizabeth Roche-Smith
 O. Tina Rose
 Margaret Sanyal
 Lucille Semeraro
 Laurel Shader
 Ashokkumar Shah
 Richard Shelling
 William Silberberg
 Martin Sklaire
 Carter Stilson
 Elsa L. Stone
 Stephanie Sudikoff
 Craig P. Summers
 K. Syed
 Francine Testa
 Dawn C. Torres
 Semeon G. Tsalbins
 E. Maurice Wakeman
 Linda Ann Waldman
 Gary Wanerka
 Joseph Warshaw

Dept. of Psychiatry

Walid Abi-Saab
 Stephen Atkins
 Andrew Balter
 Eric H. Berger
 Stephen Berkowitz
 Robert Berman
 Douglas Berv
 Sandra Boltax-Stern
 Philip Chappell
 James Ciarcia
 John P. Corwin
 Adam Darnell
 Gabrielle DeEsousquin
 Arthur Dworetz

C. Neill Epperson
 Guita E. Epstein
 Theodore Fallon
 Joseph Fickes
 Gerald Flamm
 Stephn Fleck
 Deborah Fried
 Robert Giebisch
 Phillip Goldblatt
 Carlos Gonzales
 Diana Harbison
 Herbert Harris
 Andrea Kaufman
 David Kersey
 Paul Kirwin
 Jeffrey Klugman
 Daniel Koenigsberg
 Urszula Kotlow
 J. Krishnamurthy
 Anthony LaBruzza
 Patricia Leebens
 Liane Leedom
 David London
 Marshall Mandelkern

Child Psychiatry

Daniel Koenigsberg

Dept. of Radiology

Francis Cardinale
 Joseph Cardinale
 Vincent J. Caride
 David P. Colley
 James Fischer
 Gerald Fishbone
 Malcolm Friedman
 Helmut Gahbauer
 Lee Greenwood
 William Kerin
 Arthur Knowlton
 John Lawson
 Paul Levesque
 Kiran Mehta
 Edward Prokop
 Joan Richter
 Ernest Scarnati
 Solomon Schwartz
 Amy Sherman
 Gary Spiegel
 Jack Westcott
 Robert I. White Jr.
 Fredrick Zetterberg

Dept. of Surgery

Cardiothoracic

Charles Beckman
 Beethoven Brown
 Michael Dewar
 John Federico
 Gilbert Manheim
 Vazrick Mansourian
 William B. McCullough



Viswa B. Nathan
 Cary Passik
 Ronald Ponn
 Richard Shaw
 Harold Stern
 Allan L. Toole
 George Wilson

General and Vascular Surgery

John Amodeo
 Paul Barcewicz
 Vicente Batiancila
 Robert Boltax
 John Bonadies
 Kenneth Ciardello
 Mario Conte
 Ralph Denatale
 John E. Fenn
 Antoine Ferneini
 Thomas Sweeney
 Jaroslav Turkalo
 George Yavorek
 John Zelem

Neurosurgery

Thomas Arkins
 Gary M. Bloomgarden
 L. M. Davey
 Phillip Dickey
 Saul A. Frankel
 Isaac Goodrich
 Alvin Greenberg
 Patrick Mastroianni
 Robert McDonnell
 Franklin Robinson
 James Sabshin

Ophthalmology

David M. Brothers
 Stephen Castracane
 Howard Distelman
 Joseph Elman

Christopher M. McLaughlin
 Guy Nicastrì
 Sherwin Nuland
 Anthony Parisi
 James Passarelli
 Nicholas Passarelli
 Melissa Perkal
 Gerald Peskin
 Theresa Ponn
 V. Pothula

Randolph Reinhold
 Stephen Rush
 Robert Schlessel
 Anthony Scialla
 Bernard Shapiro
 V. Sreenivas
 Stephen Alan Stein
 Thomas Sweeney
 Jaroslav Turkalo
 George Yavorek
 John Zelem

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David M. Brothers
 Stephen Castracane
 Howard Distelman
 Joseph Elman

Philip Falcone
 Rocco M. Fasanella
 Robert Fenton
 Andrew Fezza
 Michael Fezza
 Jerome Freedman
 Paul Guida
 Peter Haffner
 Jason Horowitz
 Wayne Larrison
 Andrew Levada

Peter Liggett
 Harry Mark
 Paul Masi
 Kevin McMahon
 Mark Milner
 Frederick Mott
 Charles Oestrich
 Barbara Perina
 Eligio Petrelli
 Richard Petrelli
 Carlton Philips
 Aron Rose
 Hugh Saver
 Marvin Sears
 Martin R. Shapiro
 Douglas Shore
 Joel Silverman
 Philip Siverstone
 Richard Niego
 Robert Parker
 Kenneth Patrician
 Joseph Petrelli Jr.
 Mark Previtt
 Arthur Quantano
 Kenneth Roll
 Stephen Rozen
 Mark Schpero
 James Scialabba
 Leonard W. Skope
 Robert Sorrentino

Neurosurgery

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 Gary M. Bloomgarden
 L. M. Davey
 Phillip Dickey
 Saul A. Frankel
 Isaac Goodrich
 Alvin Greenberg
 Patrick Mastroianni
 Robert McDonnell
 Franklin Robinson
 James Sabshin

Ophthalmology

David M. Brothers
 Stephen Castracane
 Howard Distelman
 Joseph Elman

Oral and Maxillofacial Surgery

Karen S. Ablow
 James Affenito
 Jeffrey D. Berkley
 Victor Chiarelli Jr.
 Philip Conforti
 John Conte
 Albert D'Onofrio
 Stanley Deitz
 Edward M. Drescher
 Stanley Einbinder
 Stanton Fater
 Raymond Gambardella
 Harold Horton
 Phillip Hutt
 James Januska
 Richard B. Kaplan
 Andrew Keene
 Donald W. Kohn
 Kurt Korol
 Andrew Kressley
 Bernard Levine
 Harvey Lichter
 Roger Lowlicht
 Michael Matzkin
 Thomas C. McKeon
 George V. Montano
 Ronald Montano
 Richard Niego
 Robert Parker
 Kenneth Patrician
 Joseph Petrelli Jr.
 Mark Previtt
 Arthur Quantano
 Kenneth Roll
 Stephen Rozen
 Mark Schpero
 James Scialabba
 Leonard W. Skope
 Robert Sorrentino

Orthopedics

John Aversa
 Alfredo Axtmayer
 Michael Baumgaertner
 Richard Bernstein
 Hubert Bradburn
 Kathryn Caulfield
 Michael Connair
 Ralph DePonte
 Richard Diana
 Eugene Frechette
 Gary Friedlaender
 Joseph Gagliardi
 Ricardo Gaudinez
 David Gibson
 Alan H. Goodman
 John F. Irving
 Peter Jokl
 Norman Kaplan
 John Kelley
 Robert Kerin
 Kenneth Kramer
 Jonas V. Lieponis
 Michael Luchini
 Phillip Luchini
 Carl Lundborg
 Kevin Lynch
 Rowland Mayor
 John McCallum
 Michael Murphy
 Peter Naiman
 Robet Nolan

Plastic Surgery

Stephen Ariyan
 Jeffrey Arons
 Marvin S. Arons
 Zeno N. Chircarilli

Thomas Tabachnick
 David Topazian
 Fedele Volpe
 Milton B. Wallack
 Bert Weisbart
 Arthur E. Wilk
 Paul L. Wineland

Orthopedics

John Aversa
 Alfredo Axtmayer
 Michael Baumgaertner
 Richard Bernstein
 Hubert Bradburn
 Kathryn Caulfield
 Michael Connair
 Ralph DePonte
 Richard Diana
 Eugene Frechette
 Gary Friedlaender
 Joseph Gagliardi
 Ricardo Gaudinez
 David Gibson
 Alan H. Goodman
 John F. Irving
 Peter Jokl
 Norman Kaplan
 John Kelley
 Robert Kerin
 Kenneth Kramer
 Jonas V. Lieponis
 Michael Luchini
 Phillip Luchini
 Carl Lundborg
 Kevin Lynch
 Rowland Mayor
 John McCallum
 Michael Murphy
 Peter Naiman
 Robet Nolan

Plastic Surgery

Stephen Ariyan
 Jeffrey Arons
 Marvin S. Arons
 Zeno N. Chircarilli

Alan M. Reznik
 Earl Rhoades
 Enzo Sella
 John Shine
 Jeffrey M. Sumner
 Martin L. Sumner
 Gregory Taggart
 Tedd Weisman
 Scott Wolfe
 Joseph Wu

Otolaryngology

Paul Alberti
 David Astrachan
 Howard Boey
 Maria Byrne
 Eaton Chen
 James Dowaliby
 Paul Fortgang
 Julian Henley
 Juan R. Hernandez
 Ronald Hirokawa
 John Kirchner
 Keat-Jin Lee
 John R. Loeffler
 Charles Petrillo
 John F. Schmidt
 Howard S. Smith
 Gordon Strothers
 Eugenia Vining
 J. Michael Willett
 Eiji Yanagisawa
 Ken Yanagisawa

Plastic Surgery

Stephen Ariyan
 Jeffrey Arons
 Marvin S. Arons
 Zeno N. Chircarilli

Charles Cuono
 Paul Fischer
 Stephen Flagg
 Stefano Fusi
 Leon Goldstein
 David Goodkind
 Danuta Jaworska
 James R. Lyons
 Gary Mombello
 John Persing
 Irving Polayes
 Gary Price
 Richard Restifo
 Jeff Salomon
 Henry Spinelli
 Richard Stahl
 Grant Thomson
 Robert Tross
 Mark Weinstein

Urology

Arnold Baskin
 Joseph Camilleri Sr.
 Joseph Camilleri Jr.
 Alan Davidson
 Richard J. Dean
 Peter Demir
 Ralph DeVito
 Dilmer Diaz
 Craig Hawkins
 David Hesse
 Mark Hirschhorn
 Stanton Honig
 Richard Lena
 Alan Malitz
 Harry R. Newman
 Maryanne Passarelli
 Ralph Stroup
 Frank Tortora
 Robert Weiss

The Saint Raphael Foundation: Building for the Future

In 1995, on the threshold of its third decade, the Saint Raphael Foundation laid the groundwork to begin building again — only this time the project is future financial security, rather than something made of brick and mortar.

"We are very lucky — we've always been blessed with loyal support, from Greater New Haven and within the Saint Raphael community itself," said William L. Fivek, chairman of the board of the Saint Raphael Foundation. "Beginning with the Hospital's medical staff and continuing with employees, board members and volunteers throughout the System, the Saint Raphael team is enormously supportive, as is the general community. Our donors are most generous, especially considering all the competition these days for charitable giving."

Over the years, donations to the Foundation have helped to meet the immediate needs of the Saint Raphael Healthcare System, such as updating facilities, programs and services at the

Hospital of Saint Raphael and at Saint Regis Health Center, Saint Raphael's skilled nursing facility. The Foundation's most recent capital campaign provided essential funds for the Father Michael J. McGivney Center for Cancer Care, which opened in 1994. During fiscal year 1995, the Foundation raised \$1.9 million to support its work on behalf of the Hospital and Saint Regis.

"Because of immediate needs for updated facilities and services, in the past we haven't been able to put funds aside for the future, to help make sure that Saint Raphael's will be financially stable into the next century," said Fivek. "Now we must do exactly that — and we must do it by building our endowment."

Endowment-building has become a Foundation priority. Gifts to the endowment are set aside, and the principal is never touched; only the interest earned

In 1995, First Union Bank of Connecticut helped to initiate the Saint Raphael Foundation's endowment-building campaign. In recognition of First Union's support, Sister Anne Virginie, president of the Foundation (right), presented a certificate of appreciation to Thomas H. O'Brien Jr., First Union Bank's president and chief operating officer.

on those funds is drawn to support the philanthropic priorities of the Saint Raphael Foundation. The long-term goal is to build the endowment to \$10 million or more to help sustain Saint Raphael's as it responds to the myriad forces affecting the healthcare industry: managed care contracting, an aging population, the emergence of new and renewed diseases, the costs of new technology, and renovation of aging facilities. Saint Raphael's initiated this effort on September 30, 1995, with "Gregory Hines at the Shubert," a gala event sponsored by First Union Bank of Connecticut that featured the award-winning star of "Jelly's Last Jam."



"The Saint Raphael Healthcare System is an invaluable community resource," said Thomas H. O'Brien, Jr., president and chief operating officer of First Union Bank. "A strong endowment will ensure the long-term health of the Hospital of Saint Raphael and Saint Regis Health Center. First Union Bank is proud to have made a significant contribution to their long-term well-being."

The \$110,000 net proceeds from the event have been set aside in the First Union Bank Sponsorship Fund within the Saint Raphael Foundation endowment.

"This is just the beginning," said Sister Anne Virginie, president of the Foundation. "Now we must turn once again to those who share Saint Raphael's mission: providing excellent, cost-effective health care in a compassionate environment to everyone in need, with a special commitment to the poor, the elderly, and the underserved. The dramatic change in reimbursement for these services, at the federal and state levels, make it imperative to seek other sources of funding. Our goal is to enhance our



First Union Bank of Connecticut sponsored the Saint Raphael Foundation's gala event, "Gregory Hines at the Shubert." Pictured, left to right, are Frank Altieri, acting budget director, City of New Haven; Dr. Reginald Mayo, superintendent of schools, City of New Haven; Thomas H. O'Brien Jr., president and chief operating officer, First Union Bank; A. Walter Esdaile, development administrator, City of New Haven; Sally O'Brien; and Steve Hudd, senior vice president, First Union Bank.

modest endowment so that we can assure that services will be provided.

"The Foundation's efforts will be focused on this serious responsibility. We will be visiting with our friends to ask that they participate in this effort with a major pledge or outright gift. Planned gifts through trusts and bequests will be welcomed as well," Sister Anne added.

Although the greatest need is for unrestricted funds to support established Saint Raphael Foundation priorities that may change over time, donors may restrict their gifts to a designated purpose, or they may consider establishing a named fund. For instance, the Clarence and Lillian Westerberg Fund for indigent care was established with a \$100,000 bequest by Clarence Westerberg, while Dr. Keat-jin Lee donated \$25,000 to

establish a fund in memory of his mother, Mrs. C. T. Lee, with the goal of encouraging a better understanding of the healing ministry of Christ.

"Building the endowment must be a central, ongoing effort in 1996 and in years to come," said Sister Anne. "With financial stability, the System will be sustained in a changing healthcare industry — and we will be able to fulfill the mission that has been our driving force since the Sisters of Charity of Saint Elizabeth founded the Hospital of Saint Raphael nearly 90 years ago."

Because of the change in the Saint Raphael Foundation's donor-recognition cycle from a fiscal year to a calendar basis, 1995 Presidents' Circle and Saint Raphael Society members will be recognized at The President's Ball on March 23, 1996. Members will be listed in the Ball program and in an upcoming issue of "Horizons," the Foundation's newsletter.

Endowment Funds

Donors wishing to perpetuate their charitable giving to Saint Raphael's may direct donations of any size to the Saint Raphael Foundation Endowment. In addition, they may establish named funds with a gift of \$5,000 or more for the general purposes of the Saint Raphael Foundation or to support specific areas of interest. Donors wishing to consider the establishment of named funds should contact the Foundation at 789-3242.

Named Endowment Funds

Florence & Biagio Anthony Abbatello Fund: Established in 1992 for the benefit of children who are patients of the Hospital, by a \$20,000 bequest of Florence Abbatello.

Clinical Pastoral Care Fund: Established in 1978 for the Hospital's pastoral care training program, with gifts of \$5,330 from various donors.

Employees Tuberculosis Relief Association of New Haven, Connecticut, Inc. Fund: Established in 1979 for the purchase of equipment to treat pulmonary disease and for pulmonary research and education, with a \$116,000 gift.

First Union Bank Sponsorship Fund: Established in 1995 to support the philanthropic commitments of the Foundation to the not-for-profit entities of the Saint Raphael Healthcare System, with \$109,190 in funds raised through special event sponsorship.

Hendrick Charitable Trust: Established in 1978 for coronary care, respiratory care, and alcohol treatment, by a \$2,965 bequest of Hobert and Mary Hendrick.

Irving Orthopedic Fund: Established in 1991 to improve operating conditions for orthopedic surgery at the Hospital, with a \$5,000 gift from Dr. John F. Irving.

Mrs. C. T. Lee Fund: Established in 1989 for education to encourage a better understanding of the healing ministry of Christ, with a \$25,000 gift from Dr. Keat-jin Lee in memory of his mother.

Catherine Casagrande Peterson Fund: Established in 1995 to support education to further the skills of the Registered Nursing staff at the Hospital, with gifts and pledge of \$5,000 from Thomas Michael Peterson and other family members.

Santa Maria Assunta Fund: Established in 1983 for the unrestricted purposes of the Foundation, with a \$40,000 gift from the Santa Maria Assunta Society of Woodbridge, Inc.

Joseph A. Weibel Fund: Established in 1978 for the general purpose of the Hospital, by a \$25,000 bequest of Joseph A. Weibel.

Clarence & Lillian Westerberg Fund: Established in 1990 for indigent care, by a \$100,000 bequest of Clarence Westerberg.

Sharon White Memorial Fund: Established in 1985 for pediatric cardiac care, with a gift of \$5,000 from the Sharon White Foundation.

Our Commitment to the Community

'Saint Raphael's has a mission to improve the health status of our community.'

The mission of the Saint Raphael Healthcare System is to "improve the health status of our community," to maintain "our vision for better health for each individual," and to serve "the underserved, the poor and the elderly." Each year, we develop new programs, donate services and staff time, and provide financial resources in support of our mission.

Our commitment to mission effectiveness and community benefit programming is shared by all members of the Saint Raphael Healthcare System, and exemplified by the Hospital of Saint Raphael and Saint Regis Health Center. We quantify these efforts, termed "Social Accountability," using a protocol produced by the Catholic Health Association. According to our documentation, the Saint Raphael Healthcare System provided \$18,639,548 of equivalent dollars of charity care and community benefit programs

to the Greater New Haven community in 1995. This amount equals about 7 percent of the Hospital's and Saint Regis' combined operating expenses of \$266 million.

It is our responsibility to provide our community with: a staffed, open emergency room in which the Hospital treats and admits patients regardless of their ability to pay; charity care to income-eligible patients; and programs for the community's benefit.

The Emergency Department, and charity care versus bad debt

Almost 47,000 patients were seen in the Hospital of Saint Raphael's Emergency Department in 1995. The cost for treating some of these patients, about \$1,277,000, was classified as "charity care," meaning the Hospital did not receive reimbursement for services or other resources provided. This, however, should not be con-

fused with "bad debt." Saint Raphael's uses the Healthcare Financial Management Association's definitions for these two concepts: *bad debt* is the result of the patient's unwillingness to pay for services provided, while *charity care* is defined as a patient's demonstrated inability to pay. Throughout the Hospital, including the Emergency Department, \$8,257,720 in charity care was provided in 1995.

Working with shortfalls

In addition to bad debt and charity care, Saint Raphael's must also work with shortfalls. A shortfall is defined as the difference between a payer's reimbursement and the institution's costs for providing care. The Hospital of Saint Raphael and Saint Regis experienced a combined shortfall of \$3,709,000 in 1995. Shortfalls are especially prevalent with Medicare and Medicaid reimbursements.

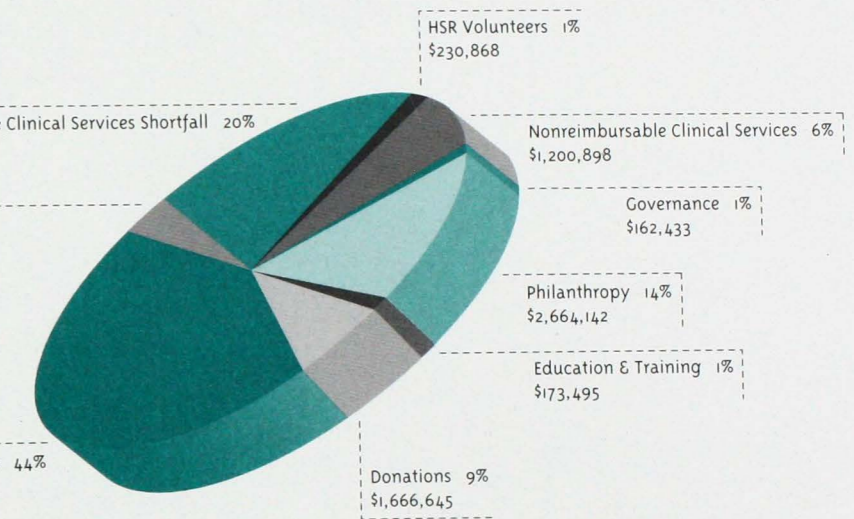
Non-reimbursable community benefit programs

Saint Raphael's provides community programs and our staff volunteers with local agencies and at community events to encourage health and wellness. This year, Saint Raphael employees donated over 2,900 hours of service just during the week of the Special Olympic World Games, including helping with athletic events and staffing first aid stations. In addition, Saint Raphael managers reported \$10,381,828 of equivalent dollars spent donating time and resources to many other community programs and services. *Equivalent dollars* are the sum of cash, donations and in-kind services provided throughout the year.

Commitment to education

Saint Raphael's has an ongoing commitment to our medical education program as well as training other healthcare professionals and providing scholarships

each year. Saint Raphael's medical education expense in fiscal year 1995 was \$14,089,000. In addition to about 125 medical residents who work here each year, 1,605 students from 45 different healthcare programs and 34 area schools also received training at Saint Raphael's. And scholarships were provided to minority nursing students, students studying for healthcare careers, and to neighborhood students.



1995 Social Accountability Activities
Equivalent to \$18,639,548

Saint Raphael's staff is known for its compassion, generosity of spirit and dedication to patients. Through their efforts, the Saint Raphael Healthcare System provided \$38.83 equivalent dollars in non-reimbursable services, programs and charity care for every \$1 of potential federal tax obligation. We are proud of our contributions of time and

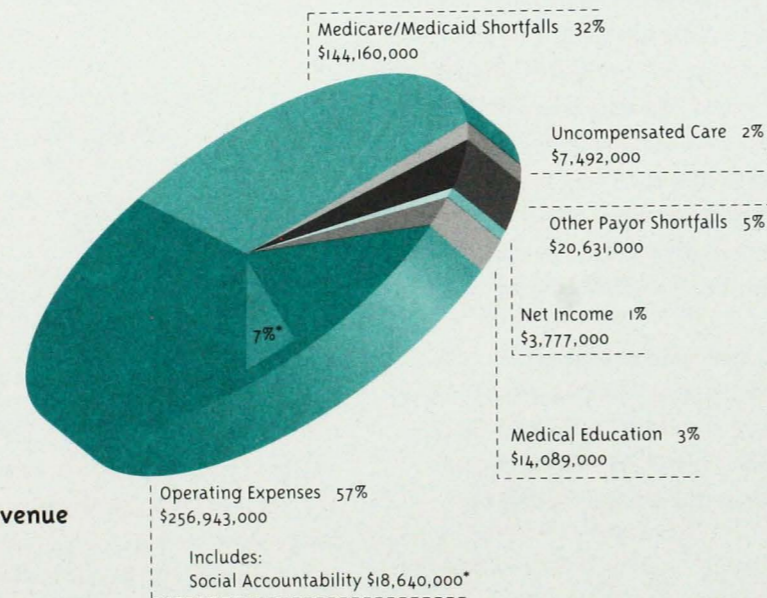
resources to Greater New Haven. We will continue to provide for our friends and neighbors, and remain committed to a healthy community.

For a detailed copy of Saint Raphael's 1995 Social Accountability Report, call the Department of Community Health and Outreach, (203) 789-3533.

Financial Performance for the Saint Raphael Healthcare System, Inc.

1995 Operating Highlights

	Net Revenues	Net Expenses	Net Income (loss)
Hospital	\$ 260,323,000	\$ 258,674,000	\$ 1,649,000
Saint Regis	7,158,000	7,259,000	(101,000)
Foundation	1,465,000	291,000	1,174,000
Seton Real Estate	3,109,000	2,829,000	280,000
Xavier Services	1,783,000	1,851,000	(68,000)
DePaul Health Services	619,000	108,000	511,000
Others	352,000	20,000	332,000
1995 Total	\$ 274,809,000	\$ 271,032,000	\$ 3,777,000
1994 Total	\$ 271,309,000	\$ 263,060,000	\$ 8,249,000



Thank You

The Saint Raphael Foundation wishes to extend its sincere thanks to all who contributed so generously to Saint Raphael's this year.

Should you wish to perpetuate your support through a bequest or planned gift, we would be pleased to discuss various ways to help you meet your objectives while also providing future financial support for our institution.

Saint Raphael Foundation
 1450 Chapel Street
 New Haven, Connecticut 06511
 (203) 789-3242

The Saint Raphael Healthcare System 1995 Annual Report is produced by the Saint Raphael Public Relations Division. For additional copies, call (203) 789-3309.



**Saint Raphael
Healthcare System**

659 George Street
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