Our Fabric of Values, Saint Raphael's 1990 Annual Report

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WE VALUE YOUR FRIENDSHIP

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Sincerely,

Sister Anne Virginie
Chief Executive Officer
Saint Raphael Healthcare System
Dear Friend of Saint Raphael's,

A handmade quilt becomes an heirloom because its fabrics reflect the lives and times of those who are warmed by it. Whether saturated by a generation of cold, winter nights, or displayed as a gracious piece of American folklore, a quilt demonstrates the simple power of synergy, proving that disparate parts, bound together, can achieve an effect greater than the sum of their individual efforts.

A quilt seemed an apt symbol to depict "Our Fabric of Values," the theme for this Annual Report to our community. Each piece of our quilt represents a unique yet essential part of that fabric; red roses for dignity, a heart for charity, a pillar for justice, books for stewardship, people for service, and a blue ribbon for excellence.

Individually, these values are meaningful. Each helps guide Saint Raphael's actions on behalf of its patients, their families, and the community we serve. But separately, they do not define who we are. Only when we take our values as a whole, linked in a cooperative purpose — a mission — do they identify us as Saint Raphael's.

Our commitment to serving others in the spirit of our values is more important than ever. The 1990's have ushered in the effects of AIDS, aging, substance abuse, infant mortality, economic hardship for many individuals, and inadequate funding for most health care institutions. These and other social challenges require our most creative responses, sought from the minds and hearts of more than 3,000 employees, 800 physicians, 600 volunteers and Auxiliaries, 150 members of our various boards, and thousands of generous benefactors.

On the pages that follow, we present some of the ways in which Saint Raphael's programs, services, and initiatives bring care and comfort to those in need. We also proudly introduce a few of the people who exemplify our mission. Together with them and the entire Saint Raphael family, we share with you our fabric of values.

Sincerely,

Sister Anne Virginie
Chief Executive Officer
Saint Raphael Healthcare System

Sister Anne Virginie
Chief Executive Officer
Saint Raphael Healthcare System

Daniel J. Rissing
President
Hospital of Saint Raphael
DIGNITY: The inherent worthiness of every person created by God in His image.

Among the values that make Saint Raphael's like a family quilt, one stands out as fundamental: dignity. The dignity of every person — not bestowed by others, but endowed by God — is the foundation of our mission and ministry. Because we value individual dignity, we act to preserve and protect it in every circumstance.

Unfortunately, some human experiences seem undignified indeed. Cancer is one of them. Still one of medicine's unrelenting adversaries, cancer requires treatment that often is physically grueling and emotionally draining. Yet even as we battle the disease, we must maintain the dignity of those who have it.

"Preserving dignity goes beyond protecting a patient's privacy," explains Sherrie Gruen, head nurse of Saint Raphael's in-patient medical oncology unit. "The more we know about a patient and his or her family, the more able we are to offer the kind of care and comfort each person wants and needs. We respect individual dignity when we recognize that every patient is unique."

Radiation oncologist Joseph Cardinale, M.D., agrees. "Patients deserve to understand their alternatives and know why we are recommending a particular course of treatment before it begins," Dr. Cardinale says. "Giving patients our time and building an atmosphere of trust are the best ways we show our regard for their dignity."

Such an atmosphere reminds people that the depth of their determination will prevail over the complexity of their cancers. Indeed, people facing cancer can be compelling witnesses to the power of individual dignity to inspire hope and healing. One such person is Connie Harris Fraser of Newtown, who was referred to Saint Raphael's Radiation Therapy Center after breast cancer surgery. "My doctor felt the staff at Saint Raphael's would provide the treatment I needed in a warm, caring environment," Connie recalls.

One day in October of 1989, as she waited in the patient lounge to begin seven weeks of radiation therapy, Connie also began designing a quilted wall hanging she hoped to complete by spring for a national quilting competition. As the weeks passed, while she and the staff forged a bond of support and friendship, Connie created an intricate piece of fabric art.

"In March of 1990, Dr. Cardinale declared I was back to health," Connie said. "That night I took the last stitch on the binding of my quilt. The piece had been a joy to create. The project restored my energy, my enthusiasm and my optimism."

The piece, entitled "Quilting Makes the Heart Sing," was a national finalist. And for Connie, the quilt is a reminder that healing comes from the heart, where dignity resides.

"Getting help for a chemical dependency problem restores a person's sense of dignity," says Sean Hart, director of Saint Raphael's Evening Program for rehabilitation. "Our job is to support patients on their roads to recovery."

Saint Raphael's 1990 Annual Report
CHARITY:
Any act of human kindness inspired by respect for the dignity of others.

Giving people what they need: Charity

When the Sisters of Charity undertook their healing ministry in New Haven in 1907, they funded the Hospital of Saint Raphael with a loan secured by the Community’s Superior, Mother Mary Xavier Mehigan. As collateral, Mother Xavier put up the Sisters’ New Jersey headquarters and home. Though the financial risk was great, it paled next to the Sisters’ commitment to the value of charity.

“At the heart of charity is a willingness to offer our neighbors anything they need — from our time and talents to our financial assistance,” says Sister Ann Stango, assistant to the president for Mission Effectiveness for the Saint Raphael Healthcare System. “While charity is rightly extended to everyone God places on our path, we are called especially to serve the poor and to recognize that many people, through shame, conceal their need. Caring for the poor and underserved of Greater New Haven is not an option for us. It’s part of what we stand for.”

Applying the value of charity to life in New Haven includes caring for poor pregnant teens, whose unborn babies are at risk from improper diet and lack of prenatal care. Approximately 50 young women are monitored each year by the staff of Saint Raphael’s Teen Clinic, headed by Carol Lambie-Parise, R.N., an obstetric nurse practitioner. “Working with these young women is very gratifying,” Carol says. “The girls feel respected and nurtured because we don’t judge them, we help them. Over time, they open up and accept our friendship.”

Carol knows the prenatal experience often determines whether the teens will continue seeking appropriate health care for themselves and their babies. “It’s important to encourage their emerging adult behavior,” she says. In addition to visits with Carol, pregnant teens met regularly with Sue Smith, M.S.W., a social worker who ensures they get financial and emotional support.

Patients of the Teen Clinic and other families suffering economic difficulties receive nutritional counseling and free food coupons through W.I.C., which stands for Women, Infants and Children. Saint Raphael’s subsidizes its federally funded W.I.C. office, which assists 2,000 clients monthly, more than half of whom are children between the ages of one and five. “The benefits allow families to receive certain foods such as milk, baby formula, cheese, eggs, fruit juices and dry beans,” explains program director Mary Cheverud, R.D. “Yet equally important is the education we provide. Poor families need to know how to get the most nutrition from their limited incomes.”

“In definition, charity requires that we give of ourselves — our essence, not just our excess,” explains Sister Ann. “That’s why the symbol for charity and for the Sisters of Charity is the pelican feeding her young from her breast. Charity really means giving our life to the service of others.”

SAINT RAPHAEL’S 1990 ANNUAL REPORT

Financial counselors work with patients to ensure they get the care they need regardless of their ability to pay. In 1990, the hospital initiated the Saint Raphael Assistance Program to help needy and uninsured patients.

“Our Outreach Committee is working more closely than ever with community agencies to care for the poor,” says Sister Ann Stango, a committee member. “We’re responding to the shortage of shelters for the homeless by maintaining an overflow facility in an unoccupied space on our campus. You have to have a place to put these people.”

“The clinic patient Keisha Kirby and Carol Lambie-Parise, R.N.
Suddenly, news of the declining health of America's underprivileged.

Taking health care to the streets

It seems not a day passes without news of the declining health of America's underprivileged. Headlines chronicle the plight of the poor with startling detachment: "Medical cutbacks expected." "Minors at greater risk of heart disease." "Depression among elderly on the rise." "Infant mortality at record levels." At no time in our 84-year history has Saint Raphael's faced such overwhelming odds against fulfilling our mission to care for our community. But as this challenge has grown, so has our commitment to the value of justice.

"Justice requires us to seek out and serve those whose health is at risk simply because they can't afford to pay the bill or find transportation to a clinic," says Daniel J. Rising, president of the Hospital of Saint Raphael. "Even the most basic services are inaccessible to many."

Saint Raphael's has always provided care regardless of a patient's ability to pay, yet until now, we have relied on the poor of our community to come to us when they are sick. "Being ready and waiting to serve the poor no longer suits a society in which the truly needy also suffer from a sense of alienation. Simply put, the sick poor don't feel the hospital belongs to them," President Rising says.

Enter Wilfred Reguero, M.D., a street-smart physician from the South Bronx who joined Saint Raphael's in 1988 as Chief of Obstetrics and Gynecology. Dr. Reguero was astonished by New Haven's infant mortality rate. "More than 18 children of every 1,000 are dying. Not only is that higher than New York City, but in some areas of New Haven the rate is higher than central Harlem."

Dr. Reguero envisioned a program to bring appropriate prenatal care out of the hospital's clinics and into neighborhoods plagued with poverty, drug abuse and apathy. Armed with an idea and the tenacity to see it through, Dr. Reguero rallied the troops. From hospital departments to city officials, he assembled forces to give New Haven's poorest and sickest citizens a fighting chance.

"Project MotherCare," which took to the streets in November of 1990. The mobile clinic is a 48-foot tractor trailer, custom-converted for use as a full-service, traveling, prenatal care center. The result: Saint Raphael's Neighborhood Mobile Clinic and "Project MotherCare," which took to the streets in November of 1990. The mobile clinic is a 48-foot tractor trailer, custom-converted for use as a full-service, traveling, prenatal care center.

"Project MotherCare" is just the beginning," says President Rising. "The Neighborhood Mobile Clinic has enormous potential to target and treat specific health problems among the poor, the elderly and the homeless. Now, Saint Raphael's opens its doors to the poor on Chapel Street, and on Church Street South, and East Ramrod, and Dixwell, and Hamilton Street, and Grand Avenue."

Providing sophisticated, high-tech care to the elderly is expensive because older patients tend to have a wide variety of physical problems. Saint Raphael's offers the highest quality of care, even though Medicare and Medicaid fail to adequately reimburse the hospital for the actual cost of the services it provides.

Saint Raphael's started a Domestic Violence Committee in 1990 to build awareness among staff members and the community about abuse against women, children and the elderly. "Our goal is to educate people so they can identify and refer cases of abuse for follow-up by appropriate agencies," says Elybl Lytle, A.C.S.W., C.G.S.W., a hospital social worker and chairperson of the committee. Members of the committee are physicians, emergency department nurses, social workers, an outreach coordinator and a representative from Saint Regis Health Center.
SERVICE:
Extending ourselves to heal our community.

The difference service makes
Service may be the most intrinsic of our values because the Saint Raphael Healthcare System is, by its very nature, a service organization. Whenever we promote healing, we are serving God and others. Yet healing may take place in a single person, or within the hearts and homes of our community. So our obligation to serve extends beyond our patients to the neighbors just outside our doors.

When we put ourselves in the service of others, we send an important message — that we hold them in high esteem. Children especially need this message because their self-esteem may be damaged by the effects of broken homes, substance abuse, learning disabilities and poverty. "We decided to find a way to bring children from our neighborhood into the hospital to show them what we do," explains Lynelle Abel, director of Saint Raphael's Volunteer Services. "At the same time, we saw a way to give youngsters a chance to feel good about themselves."

That's how the Troup Middle School project began. Together with teachers from Troup, a New Haven public school just one block from the hospital, Lynelle organized a program for 16 eighth-graders. "We assembled professionals from throughout Saint Raphael's to teach the students about nutrition, drug abuse, health careers, aging, and staying physically fit," she said. In addition to weekly educational sessions, the program included two field trips.

But the most meaningful part of the program was the part of the program called for the students to commit three hours of volunteer service each week to Saint Raphael's. "They chose volunteer assignments reflecting their dreams for the future," Lynelle said. "We gave them role models to recall after the program ended, as well as recognition for their service to us." Assignments ranged from discharging patients, delivering flowers, and answering 81112 calls, to assisting the hospital's photographer and even nurses on the floors. In all, the students contributed 100 hours of time and talent during the three-month program.

"Most of the participants are from lower-income homes, so they tend to be on the receiving end of community service," Lynelle said. "It was exciting to see their joy in projects like wrapping Christmas gifts for the elderly and delivering them to our nursing home, Saint Regis Health Center."

Through their relationship with Saint Raphael's, a small group of students learned one of life's most beautiful lessons: that their service to others made them proud of themselves. That's the value of service.

-- Lynelle Abel, director of Volunteer Services (standing far left) and Mary Ellen Collins, Troup Middle School teacher, (standing far right) with a group of enthusiastic eighth-grade volunteers. Their trophies recognize their service to Saint Raphael's.

Screening is an important tool in community health promotion, but resources to provide such services are scarce. CareCard, Saint Raphael's senior membership program, sponsors blood pressure screenings at senior centers and shopping malls — staffed by employee-volunteers and CareCard participants.

Gary Price, M.D., a plastic surgeon, heads to South America each year to perform two weeks of volunteer pediatric plastic surgery. "Without Saint Raphael's support, I wouldn't have the equipment and supplies to take along," Dr. Price says. In 1990, Dr. Price helped ensure a seven-year-old would get appropriate care for third-degree burns by bringing her back to New Haven for a series of surgical procedures. "She has a way to go," says Dr. Price, "but we're making progress."
STEWARDSHIP:
Preserving for the future the gifts we receive today.

Those who can, teach

"All our resources are God's gifts to us," says Sister Anne Virginie, President of the Saint Raphael Healthcare System. "He asks nothing in return but our thanks and our stewardship, the value that ensures we will fulfill our mission for generations to come. As stewards of a growing Healthcare System, we are responsible to make provisions for a future we cannot predict or control, but, most certainly, which will demand all the wisdom of our collective experience.

Yet how can we act as stewards of our own experience, harnessing our knowledge and skill, our perceptions and intuition? How can we lead a future we cannot now envision? What is the mandate for those who value stewardship? There is one simple answer: Stewardship obliges us to teach what we have learned.

"From Board members to volunteers, employees to Auxiliaries, we all play a crucial role in Saint Raphael's healing ministry," Sister Anne Virginie says. "For the sake of those who will need care in the next decade and beyond, we must pass on our wisdom to those who will carry on our work. In this capacity, we all are teachers."

In fact, teaching is part of our identity. Saint Raphael's is a community teaching hospital, where young physicians are trained to practice in a variety of specialties from internal medicine to oral surgery. Through Graduate Medical Education programs affiliated with the Yale University School of Medicine, up to 120 interns and residents serve as our "house staff" throughout their training.

Saint Raphael's medical faculty comprises attending physicians whose experience and skill qualify them for professorships. They teach by communicating their passion for their work and their compassion for their patients. "Just as we train young doctors to exhibit technical excellence, we also expose them to our values," says Donald Dock, M.D., director of Saint Raphael's Coronary Care Unit and a Clinical Professor of Medicine. "The opportunity to affect their philosophical approach to the practice of medicine is especially gratifying."

"Young physicians need role models to emulate," adds Ernest Moritz, M.D., associate chairman of the hospital's Department of Medicine and program director for medical residents. "I attempt to influence interns and residents by demonstrating the spiritual side of medicine in addition to the traditional aspects of the profession."

Still, Drs. Dock and Moritz believe it is easier for them to teach young physicians whose enthusiasm and skill qualify them for professorships. "The persons we mentor are so knowledgeable in the cutting edge," says Dr. Dock. "Our interplay with them challenges us to maintain exceptional standards of medical and technical sophistication."

Fortunately for our community, these same standards enhance the quality of care we provide our patients. Teaching is the act of stewardship that ensures such quality to the patients we will never know.
EXCELLENCE:
The only standard of care for those endowed with dignity.

Excellence is just enough
Visit any bookstore and you’ll find shelves after shelf of advice on how to achieve excellence. Academicians, business executives and “motivational experts” label anything “excellent” that meets a certain measurable standard of performance. At Saint Raphael’s, excellence is not academic; nor does it imply a “success rate.” Rather, it is a value – a pledge we make to those who entrust themselves to our care.

“Excellence for its own sake is not what we’re about,” says Charles E. Riordan, M.D., vice president for Medical Services. “Though Saint Raphael’s has distinguished itself by achieving a host of medical and regional firsts, we have not done so for recognition. Whenever we accomplish something important, it’s because our patients’ health requires it.

That is how Saint Raphael’s became known for excellence in the care of heart patients. More than 30 years ago, the late Dr. Max G. Carter pioneered open heart surgery, making Saint Raphael’s one of the first in New England to offer it. The hospital later opened the first Coronary Care Unit in the state. More recently, Saint Raphael’s became one of the first in the region to acquire a portable heart-lung machine.

In 1990, Saint Raphael’s capacity to care for heart patients grew once more with the addition of nine beds in our Cardiothoracic Intensive Care Unit, known as the CTRU, bringing the total number of beds to 16. “The unit is one of the largest in New England and the most extensive in Connecticut,” says Dr. Vasant Khachane, chief of Cardiothoracic Surgery. “In technology and staff, we can offer the most sophisticated care available to an increasing number of patients.”

Dr. Khachane’s commitment to his patients keeps him in the operating room and CTRU nearly every day. “You get accustomed to keeping up a high level of physical and mental energy, but this is the only way to maintain excellence as your standard of care,” Dr. Khachane says.

Together, excellence and advanced technology create endless possibilities for healing. Last year, Dr. Khachane and a cardiac surgery team employed the heart-lung machine, normally used during open heart surgery, to save a hypothermic victim whose body temperature dropped to deadly 80 degrees. Thanks to technology and the teamwork of professionals, the patient is alive,” Dr. Khachane said.

“This patient and thousands like him surely would attest to Saint Raphael’s standard of excellence. And we think it’s just what they deserve.”

Vasant Khachane, M.D., standing left; Randy Pash, perfusionist; and OR nurses Colleen Scerbo, R.N. (standing), and Judith Costi, R.N., with Saint Raphael’s portable heart-lung machine.
LEADERSHIP

The Saint Raphael Healthcare System and its entities are directed by a corps of volunteer leaders whose ideas and expertise help us accomplish our mission. Through their gift of time and talent, members of the board demonstrate their personal commitment to the values that make Saint Raphael's mission of caring for. For their dedicated service, we say - thank you.

SAINT RAPHAEL HEALTHCARE SYSTEM
BOARD OF TRUSTEES 1990

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Generosity

Valued Friends

During 1990, a host of generous supporters demonstrated how much they value Saint Raphael's by contributing to the Saint Raphael Foundation, the fund-raising affiliate of the Saint Raphael Healthcare System. Gifts from individuals, organizations, and corporations ranged from modest donations, given out of sacrifice, to major contributions from those eager to share their good fortune.

This past year, the foundation created a special program to recognize high-level donors for their cumulative gifts in a calendar year. The President's Circle honors contributors of $1,000 per year or more in a select membership, designating their donations as Bronze, Silver, Gold, and Platinum. The Saint Raphael Foundation also began a recognition program to acknowledge lifetime gifts of $20,000 and more. Members of the Saint Raphael Society were inducted in 1990, and those individuals, along with members of the Presidents' Circle, were honored at a gala ball in December. Listed below are Presidents' Circle members for the 1990 fiscal year and the current membership of the Saint Raphael Society, whose names are printed with our deepest thanks.

The Saint Raphael Foundation directs its efforts toward our important priorities: acquisition of medical equipment for the hospital, raising capital for a new Comprehensive Cancer Center, funding for Project MotherCare, and support for the Saint Regis Health Center. We look forward to the continued friendship of those listed here and encourage others to join them in 1991.

President's Circle

Platinum ($5,000 and over)

- Individuals
  - Fred A. Macdonald
  - Adele Joseph
  - Philip J. Brazzle
  - Fred Apuzzo
  - G&O Manufacturing Company

- Corporations
  - Brown & Company
  - Echlin, Inc.
  - Connecticut General Life Insurance Company

Gold ($1,000 - $4,999)

- Individuals
  - Dr. & Mrs. Anthony P. Esposito
  - Fr. & Mrs. James R. Funston
  - John M. Avrilla, M.D.

- Corporations
  - Southern Connecticut Gas Company
  - The New Haven Electric Light Company

Silver ($250 - $499)

- Individuals
  - Dr. & Mrs. Joseph J. Tobin
  - Dr. & Mrs. Richard J. Tonacchi

- Corporations
  - Connecticut General Life Insurance Company

Bronze ($50 - $99)

- Individuals
  - Dr. & Mrs. Anthony P. Esposito
  - Fr. & Mrs. James R. Funston

- Corporations
  - Southern Connecticut Gas Company
  - The New Haven Electric Light Company

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Mr. & Mrs. Robert Arthur H. Knowlton, M.D. +
Mr. & Mrs. Romeo Vidone, Presidents' Circle and Saint Raphael Society members.

Mr. & Mrs. Frederic Manschetti were joined at the Ball by the many Carespell and the generous people of the Sisters of Charity of Saint Elizabeth. The Catholic Committee on Vincentian Service provides a variety of services for the neuter of Saint Raphael.

Also attending the Ball were Dr. & Mrs. Brown's, Presidential Circle, and Saint Raphael Society members.

Mr. & Mrs. Rudolph H. Gifford, M.D. +
Mr. & Mrs. John H. Gifford +
Paul C. Gifford, M.D. +
George H. Hearst, M.D. +
Mr. & Mrs. Neller H. Borton +
Mr. & Mrs. Frank B. Coe +
Mr. & Mrs. Richard D. Kneif +
Arthur H. Knowlton, M.D. +
Mr. & Mrs. Romeo Vidone, Presidents' Circle, and Saint Raphael Society members.

Mr. & Mrs. Robert Arthur H. Knowlton, M.D. +
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## Hospital of Saint Raphael 1990 Financial Performance

### Operating highlights (Thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>1990</th>
<th>1989</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dollars</td>
</tr>
<tr>
<td>Net patient revenues</td>
<td>$179,378</td>
<td>$157,340</td>
<td>$22,038</td>
</tr>
<tr>
<td>Other operating revenues</td>
<td>4,617</td>
<td>4,509</td>
<td>108</td>
</tr>
<tr>
<td>Total operating revenues</td>
<td>181,995</td>
<td>166,849</td>
<td>15,146</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>182,779</td>
<td>159,494</td>
<td>22,785</td>
</tr>
<tr>
<td>Income from operations</td>
<td>1,716</td>
<td>1,355</td>
<td>361</td>
</tr>
<tr>
<td>Non-operating revenues</td>
<td>1,595</td>
<td>1,184</td>
<td>411</td>
</tr>
<tr>
<td>Funds available for new technology and capital expenditures</td>
<td>$3,311</td>
<td>$2,738</td>
<td>573</td>
</tr>
</tbody>
</table>

### Operating statistics and ratios

<table>
<thead>
<tr>
<th></th>
<th>1990</th>
<th>1989</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Units</td>
</tr>
<tr>
<td>Patient days excluding newborns</td>
<td>166,528</td>
<td>153,445</td>
<td>6,083</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>9.0</td>
<td>8.7</td>
<td>3</td>
</tr>
<tr>
<td>Percentage occupancy</td>
<td>92.8</td>
<td>97.6</td>
<td>(4.8)</td>
</tr>
<tr>
<td>Patient discharges:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare adult</td>
<td>7,575</td>
<td>7,082</td>
<td>493</td>
</tr>
<tr>
<td>Non-Medicare adult</td>
<td>10,249</td>
<td>10,533</td>
<td>(284)</td>
</tr>
<tr>
<td>Total adult</td>
<td>17,824</td>
<td>17,615</td>
<td>209</td>
</tr>
<tr>
<td>Newborns</td>
<td>1,809</td>
<td>1,501</td>
<td>308</td>
</tr>
<tr>
<td>Total discharges</td>
<td>19,633</td>
<td>19,116</td>
<td>517</td>
</tr>
<tr>
<td>Emergency Department visits</td>
<td>41,626</td>
<td>38,834</td>
<td>2,792</td>
</tr>
<tr>
<td>Ancillary services:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating room (Cases)</td>
<td>7,499</td>
<td>7,500</td>
<td>(17)</td>
</tr>
<tr>
<td>Short-term surgery (Cases)</td>
<td>6,681</td>
<td>5,932</td>
<td>749</td>
</tr>
<tr>
<td>Laboratory (Tests)</td>
<td>1,521,035</td>
<td>1,375,667</td>
<td>145,368</td>
</tr>
<tr>
<td>Full-time equivalent employees</td>
<td>2,851</td>
<td>2,241</td>
<td>610</td>
</tr>
<tr>
<td>Operating Margin</td>
<td>1.0</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>
## Operating Statistics and Ratios

### Patient days excluding newborns
- Average length of stay
- Percentage occupancy

### Patient discharges:
- Medicare adult
- Non-Medicare adult
- Total adult
- Newborns
- Total discharges

### Emergency Department visits

<table>
<thead>
<tr>
<th>Category</th>
<th>Visits</th>
<th>Discharges</th>
<th>Length of Stay</th>
<th>Occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating room (Cases)</strong></td>
<td>7,409</td>
<td>7,580</td>
<td>(171)</td>
<td>(2)</td>
</tr>
<tr>
<td><strong>Short term surgery (Cases)</strong></td>
<td>6,681</td>
<td>5,932</td>
<td>749</td>
<td>13</td>
</tr>
<tr>
<td><strong>Laboratory (Tests)</strong></td>
<td>1,521,015</td>
<td>1,375,667</td>
<td>146,166</td>
<td>11</td>
</tr>
<tr>
<td><strong>Full-time equivalent employees</strong></td>
<td>2,151</td>
<td>2,241</td>
<td>210</td>
<td>9</td>
</tr>
<tr>
<td><strong>Operating Mergans</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Full-time equivalent employees
- 2,451
- 2,241
- 210
- 9

### Operating Margin
- 1.0
- -0.2
- 25