ST. FRANCIS HOSPITAL strives to be a regional leader in the prevention, diagnosis and treatment of heart disease while making the health care of tomorrow better through research and education. The Hospital seeks to provide an environment in which excellence in its totality is emphasized, incorporating the scientific, technical, psychosocial and spiritual components of health care. It offers high quality cardiac care and noncardiac services to the community regardless of race, creed, ethnic origin, or ability to pay. As a Catholic health facility, St. Francis Hospital embraces the tradition, values and charism of its founders, the Franciscan Missionaries of Mary, emphasizing respect for the dignity of individuals and compassionate treatment for all.
The committee did an excellent job. The revised mission statement is simple, clear, and direct:

Catholic Health Services, as a ministry of the Catholic Church, continues Christ’s healing mission, promotes excellence in care and commits itself to those in need. CHSLI affirms the sanctity of life, advocates for the poor and underserved, and serves the common good. It conducts its healthcare practice, business, education, and innovation with justice, integrity and respect for the dignity of each person.

Above all else, the new statement captures what makes us special and unique. We have much in common with secular healthcare institutions, such as our quest for medical excellence and outstanding patient care. However, what sets us apart is that all of our work is animated by Christ's mission of healing and love that dates back over 2,000 years, and which the Church, through its ministry of healing, has carried into the present.

One of the hallmarks of this ministry is a profound respect for the dignity of the individual and an approach to healing that considers the whole person, body, mind, and spirit. For example, when patients enter one of our hospitals, they are treated by highly trained medical professionals who offer the best that modern medical science can provide. At the same time, a chaplain also visits them from the pastoral care department, bringing comfort, conversation, the opportunity to pray in any faith, and the message that “you are not alone.”

Christ’s healing ministry is also embodied by the women religious, who lead by example and are a constant source of inspiration. It was the Sisters who were instrumental in the origins and evolution of our healthcare institutions, caring for those without access to medical treatment while remaining nurturing and sensitive to each patient, regardless of their religious beliefs. The Sisters have left an indelible mark on our institutions and today they continue to carry on the spiritual legacy of the Church in healthcare.

In the end, our new mission statement will not just be words on paper, it will be our compass, our touchstone now and in the future. It will remind us that our goal will be to continue to achieve trusting relationships with our patients, their families, those in our communities, and with each other. We will strive to remain a system of healers that promotes wellness and dignified care for all.

I would like to thank Bishop William Murphy, for his relentless dedication to the people of Long Island and for his insightful spiritual direction that has guided CHS for the last six years. I would also like to express my gratitude to the Sisters—Daughters of Wisdom, the Congregation of the Infant Jesus, Franciscan Missionaries of Mary, and Dominicans of Amityville—for their inspiring example.

To our patients and the community, I thank you for allowing us to live our mission day in and day out by providing you with service, faith and commitment, in the name of the church and Christ.
Over the past year, the hardworking members of the St. Francis Hospital community delivered high-quality patient care and enhanced our reputation as a top-ranked cardiac center. We continued to perform more cardiac surgical and interventional procedures than any other hospital in the Northeast and more cardiac arrhythmia procedures than any other hospital in the nation. Moreover, although we are the busiest heart center in the region, patients are treated with personalized, compassionate care.

Of all of our achievements last year, I am most proud of our Magnet designation for nursing excellence and our extraordinary patient satisfaction ratings. The Magnet Award is one of the highest honors a hospital and its nursing staff can receive. We are one of only 200 hospitals nationwide and the only hospital in Nassau County to have earned this distinction. St. Francis has also continued its tradition of near-perfect patient satisfaction ratings, garnering a 99 percent overall rating, the highest of any hospital on Long Island. The Hospital was also surveyed by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in 2006 and earned a new, three-year accreditation. Remarkably, our staff measured up against over 500 standards without a major requirement for improvement.

Yet, even as the St. Francis community is focused on the day-to-day details of patient care, we have also had our eye on the future. The theme of this report, “Building the Next Generation of Patient Care,” attempts to capture this forward-looking aspect of our work. In a sense, it refers most directly to our Master Facilities Plan, which is the largest construction project in St. Francis Hospital history.

With the goal of securing our leadership in cardiac care and a range of other specialties well into the 21st century, the plan calls for a 40 percent increase in clinical space. Highlights include a new patient care building and expanded cardiac catheterization, Emergency Department, and non-cardiac surgical facilities. Already we have made significant progress: A new underground parking garage has opened and a new Casey Pavilion entrance and plaza have recently been completed. The remainder of the project is scheduled to be completed in the spring of next year.

Our theme signals the future in another important way, calling to mind the dynamic clinical and research leadership at St. Francis Hospital. In nearly every area—from urological and orthopedic surgery to interventional cardiology and cardiac surgery—“the future is truly now” as physicians pioneer new treatments and
technologies that promise to be tomorrow’s standard protocols. You will find a host of examples in this report, from an innovative heart valve device that helps patients avoid open-heart surgery, to the use of carotid artery stents to help many patients who are at risk of stroke.

Of course, in its most fundamental sense, our theme refers to the resources that need to be built to create and maintain excellence in research and patient care. Most hospitals are facing the stress of steep increases in operating costs and declining Medicare reimbursements and state funding, and St. Francis is no exception. Fortunately, we remain on sound footing, but this fact can never be taken for granted.

This year, the friends and benefactors of St. Francis Hospital stepped forward in unprecedented fashion to offer their vote of confidence in the Hospital’s future. At our Challenge Gala last fall, we proudly announced that the Campaign for St. Francis Hospital had raised more than $40 million toward a goal of $50 million, all in support of the Hospital’s expansion project. These gifts are acts of vision, leadership, and extraordinary generosity for which we will remain forever grateful.

I would like to express my deepest gratitude to our Trustees and current and former Board Chairs, Daniel J. Denihan and Eugene P. Souther, for their remarkable leadership and support through our building project and capital campaign, as well as setting the strategic framework for realizing a bright future. I would like to specially thank the Sisters of the Franciscan Missionaries of Mary and our Bishop, the Most Reverend William F. Murphy, who together form the bedrock of inspiration and example for our institution. I am also extremely grateful to James Harden, President and CEO of Catholic Health Services of Long Island, who has done so much to bring the healing ministry of the church to all the residents of Long Island.
Roy Tucker, is the beneficiary of a life-saving investigational treatment that will help him avoid open-heart surgery.  

(story on pp.10-11)
At St. Francis Hospital today, the signs of change are everywhere. With one year to go on a three-year, $190 million expansion project, the main campus has been transformed and the hospital of the future is taking shape. And even as construction progresses outside, physicians and staff are working within the institution not only to provide patients with life-saving treatments, but to define the very future of cardiovascular medicine and a range of other specialties.

The members of the St. Francis Hospital community are the proud stewards of a tradition of leadership and excellence, and the Hospital’s performance last year was no exception. In addition to positive clinical and financial outcomes, the Hospital earned significant recognition for its accomplishments:

- St. Francis Hospital remained the number one hospital in New York State in terms of cardiac interventional and surgical caseload, according to the latest reports from the New York State Department of Health. St. Francis also performed the highest volume of procedures to treat cardiac arrhythmias. Medical research demonstrates conclusively that patients fare better at hospitals that perform large volumes of procedures.
- In *New York Magazine*’s inaugural “Best Hospitals” issue, St. Francis was ranked number one on Long Island for cardiac care.
- St. Francis also has more “Best Doctors” for cardiac care than any other hospital on Long Island, according to *New York Magazine*.
- In 2006, St. Francis Hospital won the Magnet Award for excellence in nursing services, one of only 200 hospitals in the nation to have earned this prestigious distinction.
- St. Francis also achieved a 99 percent overall patient satisfaction rating on the objective Press Ganey Survey, the highest of any hospital on Long Island.

In individual areas of the Hospital, staff posted important milestones of progress, both in the treatment of current patients, and in preparation for the future.

**The Region’s Most Experienced Cardiac Surgical Team.** St. Francis Hospital is home to the busiest cardiac surgical program in the region. In the past three years alone, our cardiothoracic surgeons have per-
On the Right Track: Retired MTA subway motorman, Roy Tucker, remembers not being able to walk without being out of breath. Because of a leaky mitral valve, he could not lie down and had to sleep sitting up. But thanks to an experimental procedure performed at St. Francis Hospital by formed 5,000 open-heart surgeries and are experts in all types of heart surgery. It is noteworthy that while most programs in the United States experienced a steady decline, the volume of cardiac surgery at St. Francis Hospital increased in 2006.

The types of procedures regularly performed by the Hospital's 10 cardiothoracic surgeons range from conventional, open-heart bypass to off-pump coronary artery bypass (OPCAB) surgery, which is performed without stopping the heart or placing the patient on a heart lung machine, to the newest, minimally invasive valve procedures, including surgical techniques designed to treat certain arrhythmias or irregular heart rhythms.

“Our surgeons have a track record of providing patients with among the highest success rates for cardiac surgery, and this is the benchmark of our specialty,” says Paul Damus, M.D., Director of Cardiothoracic Surgery. “The types of cardiac surgery performed most frequently at St. Francis, such as coronary artery bypass and valve surgery, are proven treatments that have stood the test of time and remain important life-saving procedures.”
Andrew Berke M.D. (above, right), the former train operator is back on track. Through a minimally invasive procedure that uses a device known as a MitraClip (below), Tucker was able to avoid open-heart surgery. Now he says he feels 200 percent better and can finally get a good night’s rest.

Two of our cardiac surgeons were responsible for one of the most important innovations of 2006: exploring the use of robotic surgery for mitral valve repairs. Newell B. Robinson, M.D., and Harold A. Fernandez, M.D., are seeking to provide this minimally invasive procedure to patients, offering them an alternative to traditional open-heart surgery. The procedure, performed by making a few small incisions in the chest, promises to offer patients dramatically less discomfort and stress and far quicker recovery times.

**Interventional Cardiology: Matters of the Heart.** St. Francis Hospital continues to make significant investments in its cardiac catheterization program, building upon decades of expertise in the non-surgical approach to diagnosing and treating blockages of the coronary arteries and repairing congenital heart defects.

Currently, the Hospital has six state-of-the-art cardiac catheterization labs, with some of the most up-to-date technology in the United States. Led by its Chief, Richard A. Shlofmitz, M.D., the labs perform coronary angioplasties and stenting, as well as carotid and vascular work with the same equipment.
In 2006, the Hospital continued to have an extraordinarily high success rate, with a low complication rate. St. Francis cardiac services have dedicated surgeons and anesthesiologists available around the clock, with labs open seven days a week, 24 hours a day. Since St. Francis does not have residents or fellows in the cardiac catheterization lab, only the most experienced doctors perform angiograms and various procedures on their patients. The Hospital is also part of the national effort, Door-to-Balloon program, aimed at getting heart attack patients’ arteries opened in 90 minutes or less.

Also in 2006, St. Francis Hospital performed 81 transcatheter closures of atrial septal defects (ASD), holes in the wall separating the upper chambers of the heart, and patent foramen ovales (PFO), naturally occurring openings in the wall separating the upper chambers of the heart, the highest volume on Long Island. “Once again, St. Francis demonstrated that we have no side effects and no adverse events from these procedures,” says Sean Levchuck, M.D., Chief of the Pediatric Catheterization Lab, and the region’s leading expert in treating PFO. “And our hospital stay and fluoroscopy after these two procedures is about a quarter of the national average.”

St. Francis will begin giving the CHOICE clinical trial, which will allow patients with severe carotid artery disease to be treated with the Abbott Xact carotid stent or the Guidant Acculink stent. Both high-risk asymptomatic and symptomatic patients with carotid disease are eligible.

The Hospital is also just beginning the ACT I randomized clinical trial comparing carotid stenting with carotid surgery in low-risk patients.

“I believe that over the next five years the role of carotid stenting will expand in the population,” predicts interventional cardiologist George Petrossian, M.D. “It will become the predominant method of treating carotid disease, replacing carotid surgery.”

Also, with stents evolving as quickly as they are, Dr. Shlofmitz says in the near future doctors will see special stents for patients who have bifurcating lesions (blockage in both branches). Physicians are also likely to see the introduction of dissolvable stents, a viable alternative for patients who would normally receive drug-coated stents. These stents would offer the benefit of allowing patients to stop taking blood thinners.
MYRA GERARDI received a new lease on life after undergoing heart surgery and the placement of a carotid artery stent. St. Francis was the first hospital on Long Island to offer this state-of-the-art stent treatment.
One evening last spring, Myra Gerardi, a lifelong chain-smoker, had trouble breathing. She was rushed to a local hospital and then to St. Francis after losing consciousness. As it turned out, she had triple bypass surgery, and afterwards St. Francis cardiologist, George Petrossian, M.D. (right), inserted a carotid stent. “I am not the easiest person to deal with,” Myra, who owns a travel agency, admits. “But just about every nurse at St. Francis was really good and patient with me. Plus, Dr. Petrossian was always honest with me. I felt very comfortable in his care.” Today, Myra is healthy and smoke-free. “I’m being good!” she says.

As St. Francis Hospital prepares for the future, it remains one of the major investigators in EValve Inc.’s EVEREST II, a prospective, randomized, multi-center phase II IDE clinical study to evaluate its percutaneous mitral valve repair system in the treatment of patients with moderate to severe or severe mitral regurgitation. This condition occurs when the leaflets of the heart’s mitral valve do not close properly. The repair takes place in the cardiac catheterization lab and enables patients to avoid open heart surgery.

The Arrhythmia & Pacemaker Center. As a recognized leader in treating all types cardiac arrhythmias, the St. Francis Hospital Arrhythmia & Pacemaker Center has received both national and international attention for its expertise. In 2006, more than 4,400 procedures were performed at the Center, including diagnostic electrophysiology studies, cardiac ablations, and pacemaker and defibrillator implants.
The Center has nearly three decades of experience in treating irregular heart rhythms using a range of effective approaches that help patients improve their quality of life. It continues to maintain the highest volumes and lowest complication rates on Long Island for these procedures.

Led by Joseph H. Levine, M.D., the Center is not only considered a leader in clinical practice, but also in research. This vital combination enables its expert physicians to provide their patients with the latest breakthroughs in technology, while providing them with the best care. One recent example is the special pacemaker used in biventricular resynchronization, which offers a promising treatment for patients with congestive heart failure.

**Diagnostic Imaging: Preparing for the Future.** Diagnostic imaging is a traditional strength at St. Francis Hospital, both in cardiac and non-cardiac applications. Cutting-edge technological advances in radiology and the expertise of our radiologists come together to deliver excellence in patient care.

Two years ago, St. Francis Hospital became the first in the region to offer a revolutionary new 64-slice CT scanner for clinical and research purposes. In 2006, the Hospital installed a second 64-slice scanner in the emergency department to provide more prompt, detailed diagnostic results that can lead to faster treatment and better outcomes. Also in 2006, St. Francis installed the hospital-wide PACS (Picture Archiving and Communication System) so that images can be seen anywhere in the hospital, including the operating rooms. The system will also be extended to the new DeMatteis Pavilion, once construction is completed in 2008.

In the area of interventional radiology, the uterine fibroid program continues to grow. The procedure, a non-surgical treatment for uterine fibroid tumors, is a minimally invasive alternative to myomectomy and hysterectomy. It offers less risk, less pain and a much quicker recovery for the patient.

The Women’s Center of St. Francis Hospital is enjoying its recent expansion and renovation, as it pursues its objective of providing patients with the highest level of imaging services. With its expanded technological capabilities, such as digital mammography with computer-aided direction, breast MR and MRI-guided breast biopsy, the Center continues to evolve and treat patients in the most comfortable, reassuring setting.

Breast MR is very helpful in patients with a strong family history of breast cancer, patients in
THE THREE OILL BROTHERS, Christopher, Matthew and Kevin (l. to r.), have all been diagnosed with a disorder of the heart's electrical system known as long QT syndrome. The genetic predisposition causes fast, irregular heartbeats that may lead to fainting or in some cases, cardiac arrest and possible sudden death. The boys are now in the care of Joseph H. Levine, M.D., Director of the Arrhythmia and Pacemaker Center at St. Francis Hospital.
whom mammography is difficult to interpret, and those with multiple findings on their ultrasound. Breast MR also is frequently used to screen for recurrence in breast cancer survivors, as well as to monitor therapeutic response.

For the future, St. Francis Hospital is working on expanding its CT capabilities. The Hospital plans to acquire an additional CT scanner and a replacement MR, which will enhance its ability to perform more cardiac MRs. In 2007, the main hospital will be acquiring its own MRI scanner that will be able to duplicate the advanced cardiac testing that is done at the DeMatteis Center. The MRI scanner will better detect and determine the extent of damage from a heart attack.

**Advances in Non-Cardiac Care.** While providing first rate cardiac care continues to remain a central focus of St. Francis Hospital, plans for a new operating suite will afford general surgeons an even greater opportunity for applying their expertise in a wide array of non-cardiac services.

“The biggest milestone of 2006 was seeing the new building go up. Once complete, it will account for a tremendous increase in the volume of non-cardiac surgical procedures,” says Angelo Procaccino, M.D., Chief of Service for General Surgery. “This will be the most state-of-the-art operating suite on Long Island with video capabilities that will be unsurpassed.”

As one of the first hospitals on Long Island to use the da Vinci Robotic Surgical System to treat prostate cancer, St. Francis continues to make strides in refining the use of this minimally invasive surgery. Felix Badillo, M.D., Chief of Urology at St. Francis Hospital, has performed more of these procedures, called robotic radical nerve sparing prostatectomies, than any other surgeon in the area. Through a series of tiny incisions performed laparoscopically, the procedure offers patients quicker and easier recoveries than traditional open surgeries, with less blood loss and minimal internal scarring. Other typical side effects of conventional surgery, such as incontinence and loss of sexual function, are no longer issues for most patients.

St. Francis Hospital’s sports medicine subspecialty has increased its volume, with nearly all procedures being performed via arthroscopy and all patients being seen as outpatients. Outpatients can receive rotator cuff repairs, labrum repairs, and all ligament surgeries of the knee.

In 2006, the Hospital increased its Spine Division, adding several spine surgeons who bring the latest techniques in spine surgery, including kyphoplasty, and new fixation procedures. The Hospital is also seeking to develop a neurosurgery program starting with spinal surgery and expanding from there.

*BUILDING THE NEXT GENERATION OF PATIENT CARE*

*THE NEXT NEXT THING*

“The future is bright for electrophysiology as new procedures for atrial fibrillation continue to evolve and as new methodologies and applications for Implantable Devices continue to expand to include treatment of heart failure while providing protection from sudden cardiac death.”

—Joseph H. Levine M.D., Chief, Electrophysiology
Four days before his 19th birthday, Kevin Oill went into cardiac arrest while attending college upstate. Luckily, two of his fraternity brothers, who were EMTs, knew how to use an Automatic External Defibrillator (AED) and were able to “shock” Kevin back to life. At the University of Rochester Medical Center, Kevin was diagnosed with long QT syndrome, a genetically based cardiac arrhythmia. The doctors implanted an internal defibrillator and then referred Kevin and his younger twin brothers, Matthew and Christopher, to Joseph H. Levine, M.D., Director of the Arrhythmia and Pacemaker Center at St. Francis Hospital. Kevin and his brothers are now in Dr. Levine’s care, and he is currently charting the path to treatment for the younger brothers.

The orthopedic surgeons at St. Francis Hospital perform more than 1,000 orthopedic procedures annually, including total knee and hip replacements, hand surgery, and surgery to rebuild limbs.

St. Francis Hospital recently formed the “Total Joint Initiative,” an effort to update and streamline the care of total joint (hip and knee) patients. The Hospital’s goal is to increase the volume of total joint patients, but make their stay as effortless as possible.

According to Richard D’Agostino, M.D., Chief of Orthopedics, who has performed more articular cartilage injury (ACI) procedures than any surgeon on Long Island, an important part of the future of orthopedic surgery lies in the management of ACI and repair. New techniques have allowed St. Francis physicians to repair damaged cartilage by growing the patient’s own cartilage cells and transplanting them back into the damaged area. This allows a patient to avoid total knee replacement surgery and prolong the life of a
damaged knee. As the baby boomer generation ages, this will be an important advance in medicine.

The Hospital’s Otolaryngology Department utilizes the latest in sinus surgery technology, including Brain Lab (3-D image guidance) and balloon sinuplasty. St. Francis is one of the first hospitals on Long Island to use this new device, which has a catheter-based technology specifically designed to navigate the tortuous sinus anatomy and gently open blocked sinuses. At this time, only three otolaryngologists at St. Francis are trained in this technology: Philip W. Perlman, M.D., Michael Setzen, M.D., and Josh Werber, M.D.

“One of the hardest sinuses to operate on is the frontal sinus. Balloon sinuplasty gives us another approach in gaining access to this area and can be less invasive than traditional approaches to sinus surgery,” says Dr. Perlman, Chief of Otolaryngology. “For isolated sinus disease, using this alternative technology helps us avoid longer more complex procedures. It is used as an adjunct to the already well-established endoscopic surgery we currently perform.”

The expansion project will allow St. Francis to expand its pediatric department to include more pediatric surgical subspecialties, such as orthopedics, otolaryngology, and ophthalmology. A new Day-Op area in the renovated facility will provide a safe and quiet place for children to recover from their surgeries in a purely pediatric dedicated area. The Hospital plans to branch out to pediatric urology and general surgery in the future.

“The vision of the future for the non-cardiac departments is to strengthen the existing programs as well as to establish one or two new programs so that St. Francis will continue to be a center of excellence,” says Jack Soterakis, M.D., F.A.C.P., F.A.C.G., Vice President of Medical Affairs and the Hospital’s Medical Director.

Nursing: The Journey to Magnet. Anyone who has been a patient at St. Francis, or who has had a loved one who was a patient at the Hospital, knows firsthand about the excellence of its nursing staff. Receiving Magnet recognition from the American Nurses Credentialing Center in Washington D.C. in 2006 is an affirmation of that fact. St. Francis is the only hospital in Nassau County, and one of only 200 hospitals nationwide, to hold the coveted award for nursing excellence.

The philosophy of nursing at St. Francis Hospital stems from a commitment to excellence in patient care based on the principles of Christian charity, nursing theory, and scientific knowledge. It is at all
times patient-focused, concentrating on the individual needs of each patient and his or her family. Our nurses consistently receive near perfect patient satisfaction ratings—a tribute to the compassion, care, and professionalism they display on a daily basis.

Through an innovative mentoring program called Tomorrow's Nurses, St. Francis seeks to attract the best and brightest nursing prospects so it can continue its mission of providing excellent care for generations to come. Samantha Castagna, who will be entering her senior year at Kellenberg Memorial High School says, “I'm looking at colleges and I am interested in becoming a nurse. I'd like to find out if it's for me or not.” By shadowing a St. Francis Nurse for a day, the high school cheerleader hopes it will help her make the right career choice.

**Education and Outreach.** A cornerstone of the next generation of patient care will be programs designed to promote heart-healthy lifestyles and increase wellness. The DeMatteis Center for Cardiac Research and Education in Old Brookville offers ongoing programs, courses, and lectures aimed at improving public health through education. From free health seminars and screenings to its highly regarded cardiac fitness program, the center’s goal is to help people step up to better health. Outpatient physical therapy, nutritional counseling and cooking classes, and smoking cessation programs are just a few of the offerings at the center.

Our mission includes providing quality cardiac services and care to those who cannot afford cardiac screening and testing. The Hospital’s mobile outreach program traveled to several locations in Nassau County in 2006, including Freeport, Manorhaven and Hicksville, to identify individuals without health insurance or the financial resources to access care and help them meet their health care needs. We also continued to work with Rotocare to provide cardiac consultation and services to communities that are underserved, as well as with Rotary International's Gift of Life Program to provide life-saving cardiac care to children from around the world. We look forward to sharing our expertise as global leaders in the field of cardiac care for many years ahead.

The milestones of the past year demonstrate once again that St. Francis Hospital, The Heart Center remains the region's premier provider of cardiac care and a growing array of non-cardiac surgical specialties. And with the completion of the Hospital’s capital expansion and renovation project in the spring of 2008, an exciting future lies just around the corner.
Jie Jane Cao, M.D., the new Clinical Director of Cardiac CT and MRI Services at St. Francis Hospital.
In 2006, St. Francis Hospital began a research program using CT in conjunction with cardiac MRI, enabling the Hospital to look at the function of the coronary arteries non-invasively, and study the function of arteries in patients who would normally not go to the catheterization lab (particularly those patients with early disease who do not have narrowed or blocked arteries.)

In November of 2006, the research team presented papers at the American Heart Association meeting. Through the use of CT and cardiac MRI tests, the team demonstrated the effects of high blood pressure, high cholesterol and smoking on the function of arteries. Researchers also demonstrated the impact of local deposits, or plaque, in the arteries.

Also in 2006, St. Francis reported studies in patients who may be at risk for sudden death or life-threatening heart rhythm disturbances. They concluded that the admixture of the scar with normal heart muscle, which creates the environment where the abnormal heart rhythms develop, can be detected with cardiac MRI and can be used a very good indicator for who is at risk.

St. Francis continues to work with and conduct research on echocardiography (which uses ultrasounds to make pictures of the heart) and has become a world leader in the field. In 2006, the Hospital expanded its program in three-dimensional (3-D) echos. Normally, an echo shows only a particular section of the heart, but with new technology, it can show the entire heart in 3-D. Aasha Gopal, M.D., Director of Advanced Echo Technology at St. Francis Hospital, has developed ways of measuring the heart’s pumping function more reliably and has published papers and presented this information at research meetings.

Because of the large number of patients having an aortic valve replacement at St. Francis Hospital, Eddy Barasch, M.D., Co-Director of Echocardiography, has been able to look at the benefits of aortic valve replacement in populations...
Future Thoughts

“There are techniques using radioisotopes for imaging the heart that are used very widely with stress testing for identifying patients who have impaired blood supply to the heart. The techniques are very good, but they are not perfect. There is a better kind of cardiac nuclear testing called positron emission tomography (PET) and we are in the planning stages of introducing a cardiac PET program at SFH in the coming year. The program will be the only one on Long Island.”

—Nathaniel Reichek, M.D., Director of Research

where there is less certainty about the effectiveness of the procedure. He has made an important contribution to the debate about which treatment is right for those patients.

Going forward, the Research and Education department at St. Francis will continue to study the effects of treatment on the function of the coronary arteries. The department also plans to introduce an improved form of nuclear scanning for heart disease. “There are techniques using radioisotopes for imaging the heart that are used very widely with stress testing for identifying patients who have impaired blood supply to the heart,” says Dr. Reichek. “The techniques are very good, but they are not perfect. There is a better kind of cardiac nuclear testing called positron emission tomography (PET) and we’re in the planning stages of introducing a cardiac PET program at SFH in the coming year. The program will be the only one on Long Island.”

The Cardiac MRI Core Laboratory, which features state-of-the-art magnetic resonance imaging equipment, enables researchers to pursue new technologies and improve the diagnosis of disease. In 2006, the Core Lab oversaw networks of about 80 clinical trial sites in the United States and provided standardized, independent measurements of key data collected at the participating sites. MRI imaging techniques are now so advanced that a trial that would have enrolled 1,700 patients in the past now can be conducted with only 150 patients because the method is more accurate.

The large, world-class clinical programs in cardiology, electrophysiology and cardiovascular surgery at St. Francis allow extraordinary access to patient recruitment, creating optimal environment for conducting research.

In the past year, St. Francis Hospital researchers presented 37 original research papers at meetings of organizations such as the American Heart Association, the American College of Cardiology, the Society of Cardiovascular Magnetic Resonance, the American Society of Echocardiography and the American Society of Nuclear Cardiology. In addition, these researchers have published 16 full-length manuscripts in major journals such as the Journal of the American College of Cardiology and the Journal of the American Society of Echocardiography, and received external funding for nine different projects from the American Heart Association, New York State Department of Health, Novartis Pharmaceuticals and GlaxoSmithKline.
St. Francis Hospital's Master Facilities Plan is a major investment in the hospital's future, one that will pave the way to new options in healthcare, including advances in the early detection and prevention of heart disease.

Realizing the need to fund such a vital project, the community has joined St. Francis Hospital's leadership in supporting an ambitious capital campaign to raise $50 million by the Spring of 2008. St. Francis Hospital President & CEO Alan D. Guerci, M.D., formally announced The Capital Campaign for St. Francis Hospital at the Challenge Gala at Oheka Castle in November 2006, which celebrated the efforts of the Trustees, Medical Staff, and Major Gifts Committees in raising more than $40 million toward that goal.

This generous support has helped to launch important initiatives such as the construction of a new patient care pavilion and an expansion of the outpatient imaging and surgery center. It also has funded the purchase of new technology for non-invasive cardiac imaging and minimally invasive surgery in other surgical specialties such as urology.

As the campaign continues, the Hospital will seek the support of local corporations, foundations and members of the community in completing this transformational project. A successful effort will ensure that St. Francis Hospital remains a valuable community resource and is able to pursue innovative approaches in both cardiac and non-cardiac care for years to come.
VOLUNTEER ORGANIZATIONS
The Ultimate Gift of Sharing and Caring

Seven days a week, volunteers at St. Francis Hospital assist in staffing the information desk and gift shop, transporting patients within the Hospital, admitting and discharging patients, running various errands for the Hospital’s patients and staff, patient relations, and distributing room service meals, flowers and newspapers. They also help out in the emergency department, Day-Op area and the endoscopy unit, surgical waiting room, Pastoral Care and at the DeMatteis Center.

These dedicated, multi-talented men and women are part of the Hospital’s backbone and are essential to day-to-day clinical and support operations. In 2006, there were 368 volunteers at St. Francis, collectively contributing 60,432 hours of service. According to the U.S. Bureau of Statistics, the monetary value of the volunteers’ service is estimated at $1,118,080.

In 1941, several women volunteers established the Guild of St. Francis Hospital as the Hospital’s fundraising auxiliary. In 2006, the Guild hosted their annual Spring Luncheon and Fashion Show, A Day at the Races at Belmont Raceway, Heart to Heart Tea, and also participated in the esteemed Champions for Charity holiday shopping event at Americana Manhasset. Also in 2006, the Guild donated $200,000, of which $125,000 came from their fundraising efforts. The Guild has also pledged $1 million to the Hospital’s Master Facilities Plan for a new outpatient surgery facility. The fundraising goal will be completed over five years.

The Brave Hearts of St. Francis Hospital provide recovering heart surgery patients with information, support, and the camaraderie of others who have experienced cardiac surgery. Volunteers staff the Heartline, a telephone network that supports members after they have left the hospital, and distribute a monthly newsletter to inform members of activities and events at St. Francis. The newsletter also keeps members up-to-date on the latest health news and medical breakthroughs. In addition, monthly meeting and social activities such as an annual golf-outing, picnic, fishing trip and various day and overnight trips, offer its 3,400 dues paying members the benefit of shared experience. To show their gratitude to the Hospital’s physicians and staff, the Brave Hearts contributed $30,000, which was funded in part by the proceeds from a raffle they held at their annual dinner dance in October.

“We’re seeing more and more of the baby boomers coming out of the business world and wanting to volunteer,” says Barry Baretela, Director of Volunteer Services at St. Francis. “These dynamic people don’t want to just file papers, they want to do something productive. Our job is to keep them stimulated.”
### Catholic Health Services of Long Island – Corporate Members

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  - Vice President, Buildings and Grounds
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  - Vice President, Finance
- Jack Soterakis
  - Vice President, Medical Affairs
## HOSPITAL STATISTICS

### Heart Center

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Open Heart Surgery</td>
<td>1,685</td>
<td>1,642</td>
<td>1,907</td>
<td>2,108</td>
<td>2,331</td>
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<tr>
<td>Other Cardiothoracic Surgery</td>
<td>4,224</td>
<td>4,240</td>
<td>3,944</td>
<td>3,693</td>
<td>3,951</td>
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<tr>
<td>Cardiac Catheterization Patients</td>
<td>13,798</td>
<td>14,798</td>
<td>15,615</td>
<td>16,321</td>
<td>16,346</td>
</tr>
<tr>
<td>Inpatient Catheterizations</td>
<td>6,133</td>
<td>6,226</td>
<td>6,809</td>
<td>6,775</td>
<td>6,926</td>
</tr>
<tr>
<td>Outpatient Catheterizations</td>
<td>3,704</td>
<td>4,310</td>
<td>4,571</td>
<td>5,333</td>
<td>5,370</td>
</tr>
<tr>
<td>Coronary Angioplasty</td>
<td>3,961</td>
<td>4,262</td>
<td>4,235</td>
<td>4,213</td>
<td>4,050</td>
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<tr>
<td>Non-invasive Cardiac Lab Procedures</td>
<td>12,177</td>
<td>12,637</td>
<td>12,860</td>
<td>11,499</td>
<td>11,515</td>
</tr>
<tr>
<td>Cardiac Rehabilitation Visits</td>
<td>61,996</td>
<td>60,315</td>
<td>61,569</td>
<td>62,821</td>
<td>64,200</td>
</tr>
<tr>
<td>Cardiac Arrhythmia Procedures</td>
<td>4,427</td>
<td>4,425</td>
<td>4,835</td>
<td>4,238</td>
<td>——</td>
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### Patient Care

<p>| | | | | | |</p>
<table>
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</thead>
<tbody>
<tr>
<td>Number of Beds</td>
<td>279</td>
<td>279</td>
<td>279</td>
<td>279</td>
<td>279</td>
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<tr>
<td>Patient Admissions</td>
<td>17,902</td>
<td>17,882</td>
<td>18,641</td>
<td>18,596</td>
<td>18,593</td>
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<tr>
<td>Days of Patient Care</td>
<td>106,320</td>
<td>102,279</td>
<td>109,393</td>
<td>113,409</td>
<td>114,870</td>
</tr>
<tr>
<td>Average Patient Stay (days)</td>
<td>5.9</td>
<td>5.7</td>
<td>5.9</td>
<td>6.1</td>
<td>6.2</td>
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<tr>
<td>Bed Occupancy Rate</td>
<td>104%</td>
<td>100%</td>
<td>107%</td>
<td>111%</td>
<td>113%</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>18,396</td>
<td>18,512</td>
<td>18,487</td>
<td>18,117</td>
<td>18,010</td>
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### Services to Patients

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Operating Room Procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(including Cardiac Surgery)</td>
<td>16,861</td>
<td>16,852</td>
<td>17,604</td>
<td>16,971</td>
<td>18,283</td>
</tr>
<tr>
<td>General Surgery</td>
<td>3,435</td>
<td>3,406</td>
<td>4,493</td>
<td>4,466</td>
<td>4,398</td>
</tr>
<tr>
<td>Ambulatory Surgery</td>
<td>7,517</td>
<td>7,564</td>
<td>7,729</td>
<td>7,204</td>
<td>8,037</td>
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<tr>
<td>Laboratory Tests</td>
<td>2,038,108</td>
<td>1,996,519</td>
<td>2,086,800</td>
<td>2,105,165</td>
<td>2,048,762</td>
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<tr>
<td>Electrocardiograms</td>
<td>49,413</td>
<td>50,750</td>
<td>54,237</td>
<td>56,795</td>
<td>58,088</td>
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<tr>
<td>Radiology Exams &amp; Special Procedures</td>
<td>84,402</td>
<td>83,189</td>
<td>87,547</td>
<td>85,777</td>
<td>86,144</td>
</tr>
<tr>
<td>Pharmacy Prescriptions</td>
<td>2,049,184</td>
<td>1,999,056</td>
<td>2,059,361</td>
<td>2,056,496</td>
<td>1,923,467</td>
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<tr>
<td>Respiratory Therapy Procedures</td>
<td>219,132</td>
<td>222,799</td>
<td>217,675</td>
<td>225,573</td>
<td>203,698</td>
</tr>
<tr>
<td>Physical Therapy Procedures</td>
<td>20,434</td>
<td>18,865</td>
<td>19,834</td>
<td>19,669</td>
<td>18,842</td>
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<tr>
<td>Full-time Employees</td>
<td>1,628</td>
<td>1,596</td>
<td>1,602</td>
<td>1,550</td>
<td>1,535</td>
</tr>
<tr>
<td>Part-time Employees</td>
<td>836</td>
<td>837</td>
<td>864</td>
<td>874</td>
<td>758</td>
</tr>
<tr>
<td>Volunteer Members</td>
<td>368</td>
<td>375</td>
<td>449</td>
<td>383</td>
<td>345</td>
</tr>
<tr>
<td>Hours of Volunteer Service</td>
<td>60,432</td>
<td>59,600</td>
<td>69,184</td>
<td>62,362</td>
<td>65,854</td>
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</table>

### Year Ended December 31 (in thousands/audited)

<p>| | | | | | |</p>
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<tbody>
<tr>
<td>Patient Service Revenue</td>
<td>374,190</td>
<td>352,432</td>
<td>351,325</td>
<td>327,796</td>
<td>310,323</td>
</tr>
<tr>
<td>Less: Charity Care</td>
<td>17,588</td>
<td>12,380</td>
<td>11,001</td>
<td>10,292</td>
<td>9,520</td>
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<tr>
<td>Net Patient Service Revenue</td>
<td>356,602</td>
<td>340,052</td>
<td>340,324</td>
<td>317,504</td>
<td>300,803</td>
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<tr>
<td>Other Operating Revenue</td>
<td>13,347</td>
<td>13,776</td>
<td>16,614</td>
<td>15,698</td>
<td>16,903</td>
</tr>
<tr>
<td>Total Operating Revenue</td>
<td>$367,949</td>
<td>$353,828</td>
<td>$356,938</td>
<td>$333,202</td>
<td>$317,706</td>
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### Operating Expenses

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Wages</td>
<td>139,702</td>
<td>134,296</td>
<td>132,755</td>
<td>126,040</td>
<td>119,325</td>
</tr>
<tr>
<td>Supplies, Insurance and Utilities</td>
<td>178,935</td>
<td>174,735</td>
<td>168,507</td>
<td>156,290</td>
<td>156,930</td>
</tr>
<tr>
<td>Interest Expense</td>
<td>3,026</td>
<td>2,638</td>
<td>2,792</td>
<td>2,796</td>
<td>2,757</td>
</tr>
<tr>
<td>Depreciation</td>
<td>13,441</td>
<td>14,511</td>
<td>15,237</td>
<td>15,244</td>
<td>15,225</td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>335,077</td>
<td>326,180</td>
<td>319,291</td>
<td>300,370</td>
<td>294,237</td>
</tr>
<tr>
<td>Income from Operations</td>
<td>$32,872</td>
<td>$27,648</td>
<td>$37,647</td>
<td>$32,832</td>
<td>$23,469</td>
</tr>
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### SOURCES OF REVENUE 2006

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Inpatient Services</td>
<td>84%</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>13%</td>
</tr>
<tr>
<td>Other Operating Revenue</td>
<td>3%</td>
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### CONSUMPTION OF RESOURCES 2006

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of Plant Assets</td>
<td>15%</td>
</tr>
<tr>
<td>Interest and Depreciation</td>
<td>5%</td>
</tr>
<tr>
<td>Supplies and Services</td>
<td>29%</td>
</tr>
<tr>
<td>Salaries and Employee Benefits</td>
<td>51%</td>
</tr>
</tbody>
</table>
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