2014 Annual Report

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This was a momentous year, as The Hospital of Central Connecticut and MidState Medical Center came together to form a single Hartford HealthCare entity now known as the Central Region. Becoming a unified region was vital to the future of both hospitals. It enhances our ability to adapt to the demanding new healthcare environment while continuing to meet the health needs of the people in our communities.

Our regional structure has created new opportunities for both of these outstanding hospitals. We are now better able to learn from each other, share best practices, build on respective strengths and deliver our superb health care more efficiently and cost-effectively. Together, we can continue to grow. We can provide more services and programs for our communities, attract and retain high-caliber physicians and uphold our commitment to offering patients the most up-to-date technologies and treatments. As a region, we can also adapt more successfully to the changing health care landscape by emphasizing wellness, expanding outpatient care and offering more services closer to home.

Our restructuring has brought about many changes, and change is challenging. However, just as we are stronger together, we are also more adaptable. We will make steady progress and weather these changes successfully for the good of our communities and our hospitals.

In this publication, you’ll read about some of the exciting things that took place at The Hospital of Central Connecticut this year. They include receiving national recognition for our programs in hip and knee replacement, stroke and cardiology; making good progress on construction of our new cancer center and — in collaboration with MidState Medical Center — opening the new Southington Surgery Center for orthopedic ambulatory surgery.

We hope you enjoy this report, and we welcome your comments.
Message from the Chief of Medical Staff

Integrating The Hospital of Central Connecticut (HOCC) and MidState Medical Center has meant changes at both institutions. However, members of our medical staff understand that these changes will help HOCC adapt to the new healthcare environment, become financially stronger and be even better prepared to provide our community with outstanding care. We look forward to establishing strong professional relationships with our colleagues at MidState.

The transition to a Central Region has already led to some changes in the way care is organized. Both HOCC and MidState are working collaboratively to streamline varied service lines and certain aspects of inpatient care. One example is a more centralized bariatric program that, while now based at MidState, integrates specialists from each hospital. As you’ll read in this report, we also worked with physicians and MidState to recently open Hartford HealthCare’s new outpatient orthopedic Southington Surgery Center at our Bradley Memorial campus. Additional collaborations are likely, as we build upon our respective strengths.

HOCC continues to excel in orthopedics, cardiology and cancer care. Our Knee and Hip Replacement Program won The Joint Commission’s Gold Seal of Approval. Our cardiology and stroke programs received national recognition. In spring 2015, we will open our new cancer center. We are now officially part of the Memorial Sloan Kettering Cancer Alliance, which will enable residents of our communities to receive the newest treatments right here in our region.

Other HOCC highlights from the year include the enhancement of our robotic surgery and vascular programs and the addition to our medical staff of numerous young, talented physicians.

Certainly the year brought many changes, but I believe they represent growth and progress that will benefit our patients and the hospital. We are proud to be part of the changes and innovations in Hartford HealthCare.

Akella Sarma, M.D.
The Hospital of Central Connecticut (HOCC) this year received several awards related to its stroke and cardiology programs. The hospital received the Get With The Guidelines® - Stroke Gold-Plus Quality Achievement Award and its Heart Failure Bronze Quality Achievement Award after implementing key quality improvement measures outlined by the American Heart Association (AHA)/American Stroke Association and American Heart Association/American College of Cardiology Foundation, respectively.

The hospital also received the American Heart Association’s Mission: Lifeline® Bronze Plus Receiving Quality Achievement Award for implementing quality improvement measures to treat ST-elevation myocardial infarction (STEMI) heart attacks, an especially serious type of heart attack caused by a long period of blocked blood supply.

The AHA/American Stroke Association also named HOCC to the Target: Stroke Honor Roll for achieving quality measures aimed at reducing time between a stroke patient’s arrival at the hospital and treatment with the clot-dissolving medication tPA.

Get With The Guidelines® is the American Heart Association/American Stroke Association’s hospital-based quality improvement program that provides hospitals with the latest research-based guidelines.
Cancer Center Nears Completion

New facility expected to open in spring 2015.

The Hospital of Central Connecticut’s new cancer center, the Hartford HealthCare Cancer Institute at The Hospital of Central Connecticut, clearly visible from Interstate 84 on the Plainville-New Britain town line, is an example of how HOCC is growing to meet the needs of area residents. Construction of the 75,000-square-foot, state-of-the-art center began in late 2012 and is progressing as planned. Estimates call for a spring 2015 opening.

HOCC’s cancer center is part of the Hartford HealthCare Cancer Institute, the charter member of the Memorial Sloan Kettering Cancer Alliance. The new HOCC facility will bring world-class cancer specialists and outpatient cancer services together in one convenient location to better serve the community. Services will range from prevention and detection to treatment, research and ongoing support. Patients will have easy access to diagnostic services such as MRI and PET-CT scans, as well as the most advanced forms of treatment, including chemotherapy, radiation therapy and radiosurgery. Genetic counseling and testing will be available on site, and patients will have the opportunity to participate in clinical trials. To add to the convenience, physician offices will be part of the complex.

Patients who want to take advantage of complementary therapies, such as massage, will find them at the new center, along with support and educational services and special programs for cancer survivors.

The center is being created with keen sensitivity to the emotional and spiritual needs of patients and their families. The facility will have quiet, calming interior spaces infused with natural beauty and light to create a peaceful, nurturing and healing environment. The surrounding landscape will feature a healing garden, an outdoor courtyard, walking trails and places just to sit and relax or talk.

HOCC is conducting a multi-million dollar fundraising campaign to help cover construction and related costs. The new facility will serve as the hub of HOCC’s outpatient cancer care in Greater New Britain for decades to come.
An auto mechanic since age 16, Dale Cavanaugh knows cars.

He knows how they’re built, how they run and how to fix them if something is wrong. He’s an expert.

And when he started having trouble swallowing last spring, he turned to experts at The Hospital of Central Connecticut (HOCC).

“I couldn’t eat,” says Cavanaugh, now 70. “The only thing I could get down was liquid.”

With a history of Barrett’s esophagus, a condition affecting the esophageal lining, Cavanaugh saw his primary care physician, Dr. Joseph Babiarz, a Hospital of Central Connecticut medical staff member. Suspecting a mass, Babiarz sent Cavanaugh to HOCC surgical oncologist Dr. James Flaherty, FACS, who performed a biopsy at HOCC the very next day. Diagnosis: adenocarcinoma of the esophagus.

This is the most common type of cancer affecting the esophagus, a muscular, valve-like structure that brings solids and liquids to the stomach; it accounts for about 60 percent of esophageal cancers. Cavanaugh’s primary risk factor was Barrett’s esophagus, triggered by acid reflux. Other risk factors for the cancer include increased age, being male, being overweight, tobacco, alcohol, and dietary aspects.

“I didn’t get too upset,” with the diagnosis, says Cavanaugh. “I just accepted it.”

He then saw oncologist Dr. Peter Byeff, medical director of the cancer program at HOCC, who developed Cavanaugh’s five-week treatment plan for concurrent radiation therapy and chemotherapy to shrink the tumor before surgery. Byeff talked with him about the cancer, possible outcomes, “the good and the bad,” Cavanaugh says. “Everything he told me was the honest truth and most of the bad didn’t happen. I was very fortunate.”

Toward treatment plan coordination, cancer cases, including Cavanaugh’s, are often presented as part of weekly HOCC tumor conference meetings, which afford a multidisciplinary perspective via input from oncologists, surgeons, registered nurses, nurse navigators, genetic counselor, radiation oncologists. Systemwide, the Hartford HealthCare Cancer Institute holds tumor conferences for genitourinary, gynecologic and thoracic cancers. In addition, HOCC, like other cancer programs within the Hartford HealthCare Cancer Institute, provides nurse navigators who often help coordinate patient care while offering patient education, clinical expertise and compassion. HOCC provides nurse navigation services for breast and thoracic (chest cavity) cancers.

Cavanaugh had 29 days of radiation therapy at HOCC’s American Savings Foundation Radiation Oncology Treatment Center. During this time, he also had two cycles of chemotherapy, having received an intravenous line at HOCC to initiate treatments at Byeff’s office that, through a portable pump worn on a strap around his shoulder, enabled him to have ongoing chemotherapy at home, with each cycle 96 hours (four days). Treatments were complete by early September and Flaherty performed minimally invasive surgery on Cavanaugh Oct. 30, 2013.

“By the time I had the operation I had been eating normally,” Cavanaugh says. “They pinpointed it perfect.”
Knee And Hip Replacement Program Earns Gold Seal

The prestigious award attests to the program’s quality.

The Hospital of Central Connecticut’s Knee and Hip Replacement Program has received the Gold Seal of Approval from The Joint Commission, a nationally recognized nonprofit organization that accredits and certifies healthcare institutions and programs across the United States. The prestigious designation recognizes HOCC’s dedication to continuous compliance with The Joint Commission’s national standards for healthcare quality and safety.

The award followed a rigorous on-site review by a Joint Commission expert in May 2014. The official evaluated HOCC for compliance with standards of care related to patients’ and families’ needs in areas such as infection prevention and control, leadership and medication management. The visit included an extensive review of the Knee and Hip Replacement Program’s processes, improvement measures, staff competency and care coordination.

“This award confirms our Joint Center’s dedication to providing the best care to our patients having joint replacement surgery,” says HOCC Joint Center Medical Director and orthopedic surgeon Dr. Robert Carangel. “This is facilitated by a team approach in which the patient is guided through the system effortlessly with proper preoperative education, excellent hospital care and appropriate rehabilitation after surgery.”

HOCC offers the latest techniques in hip and knee replacements, extensive patient education, and comprehensive post-surgical care and rehabilitation. Carangelo adds the center also uses “robust research tools for collecting outcome data on all our patients so that care can be constantly updated and improved.”

The HOCC Joint Center’s initiatives have included an emphasis on best practices. These include arranging for joint replacement patients to go home with home care services after surgery instead of to a rehabilitation facility and implementing a baseball-themed patient pathway designed to help joint replacement patients achieve progressive goals—bases—starting on the day of surgery.

Auto mechanic goes in for expert repair

Surgicales for esophageal and thoracic cancers are among the highly specialized and technologically advanced oncologic surgeries offered at HOCC. Flaherty is board-certified in general surgery and fellowship trained in both esophageal and cancer surgery.

Byeff says esophageal cancer is typically found before it has spread to the liver or lungs or elsewhere because a primary symptom is difficulty swallowing.

“Everything worked the way they hoped it would,” says Cavanaugh, who enjoys going to “cruise nights” with his 1978 Chevy El Camino that he refinished. “They gave me excellent care. I couldn’t ask for better care, really.”

His advice for other patients: “You got to go there with an open mind. The doctors know what they’re doing.”
Patient Satisfaction High At Bradley Memorial Campus ED

The state-of-the-art facility provides comprehensive care close to home.

The Emergency Department (ED) at The Hospital of Central Connecticut’s Bradley Memorial campus achieved Press Ganey patient satisfaction scores exceeding 95th percentile for their peer group and all EDs during FY 2014.

High levels of performance are also demonstrated by Centers for Medicare and Medicaid Services benchmarks for time from arrival to provider, treatment time, and time to admission decision, all significantly exceeding 90th percentile performance.

“We believe in providing the highest quality in patient care,” says Dr. Eric Hobert, medical director.

The ED also excels in timeliness of care. In 2014 the median time from arrival to being seen by a provider is 9.5 minutes and 89 percent of patients are seen in under 30 minutes.

Bradley Memorial campus survey results are measured against scores for EDs with annual volume under 20,000. The ED at that campus averages 50 patients daily, 18,000 patients annually. It is staffed by a board-certified physician 24/7 and is capable of evaluating and managing any emergency.

We’re Officially ‘Baby-Friendly’!

International award recognizes excellence in breast-feeding support.

Expectant parents who want to give birth at a hospital that supports breast-feeding can count on The Hospital of Central Connecticut (HOCC). The hospital was recently recognized as a Baby-Friendly birth facility by Baby-Friendly USA, Inc. The distinction is awarded to hospitals that demonstrate they offer an optimal level of care for breastfeeding mothers and their babies. The award places HOCC among only 211 facilities in the country that have earned the Baby-Friendly designation. Two other Hartford HealthCare partners, Hartford Hospital and MidState Medical Center, also hold the honor.

The international award, based on the Ten Steps to Successful Breastfeeding, recognizes birthing facilities that offer mothers the information, confidence and skills needed to successfully initiate and continue breast-feeding their babies. The Baby-Friendly Hospital Initiative is a global program sponsored by the World Health Organization and the United Nations Children’s Fund. Baby-Friendly USA Inc. is the U.S. authority for program implementation.

“All of our mothers and babies benefit from the Baby Friendly Hospital Initiative regardless of how moms choose to feed their babies,” says Dr. Annmarie Golioto, HOCC chief of Pediatrics. “The initiative emphasizes early and uninterrupted bonding between mom and baby and education for both staff members and patients regarding optimal feeding for infants.”

For more information on Baby-Friendly USA Inc. and the Ten Steps to Successful Breastfeeding, visit www.babyfriendlyusa.org.
A National Leader In Electronic Health Records

HOCC is among less than 2 percent of hospitals meeting federal criteria.

The electronic health record is the future of medicine, and it’s already operational at The Hospital of Central Connecticut (HOCC). This summer, HOCC became one of only 78 hospitals in the country to achieve “Stage 2 meaningful use,” a standard set by the federal Centers for Medicare & Medicaid Services. To demonstrate it has met Stage 2 criteria, a hospital must meet 19 objectives.

Achieving Stage 2 is “a huge step toward making the electronic health record a very helpful tool to improve patient care, patient safety and the quality of care The Hospital of Central Connecticut provides to its patients,” says Dr. Fadi Hammami, HOCC chief medical information officer.

HOCC’s steps toward meaningful use included implementing a computerized physician order entry program, a bar code scanning safety system to ensure the correct medication is given to the right patient at the right dose and time, and a secure online patient portal. Current and former patients can register for the portal, known as MyHOCC!, to view their discharge summaries, lab reports, radiology reports, allergies and medication list.

One challenge at any hospital is getting patients to register for the portal. To address this, Hammami says, “We established a workflow where almost every patient is asked on admission if they want to access their information online. We are streamlining the process to make it easier for patients to register.” The extra effort has made a difference. The percentage of HOCC patients viewing their records electronically is well above the national average and what is required by the federal guidelines.

Family Health Center Opens

HOCC celebrated the opening of its Family Health Center at 22 Pine St., Bristol. The 15,000 square feet center includes a primary care and walk-in medical office, an outpatient lab, a radiology center, and the HOCC Wound Care Center. The center is leasing offices for private physicians.

Diabetes Prevention

HOCC completed requirements for the Centers for Disease Control and Prevention’s Diabetes Prevention Recognition Program. To be part of the program, hospitals must meet the program’s standards for curriculum, duration, intensity, and reporting requirements of diabetes lifestyle education programs.

High Marks for Wound Care

Press Ganey survey results show that 90 percent of patients express satisfaction with care received at HOCC’s Wound Care Center.

Centering Pregnancy™ Promotes Wellness

HOCC is one of only a few hospitals in the state to offer Centering Pregnancy™, a March of Dimes program that arranges for expectant mothers being seen in the hospital’s clinic to receive their prenatal care and education in groups. The approach helps women get to know others at the same point in pregnancy and helps promote healthy pregnancies and births.
**We’re Among The ‘Most Wired’**

HOCC has been named one of the Most Wired hospitals in the nation by **Hospitals & Health Networks**, the journal of the American Hospital Association. To be named among the Most Wired, hospitals must meet a set of rigorous criteria and have made significant gains by using information technology to better connect care providers and reduce the likelihood of medical errors.

**Hospital Awarded Certification for Knee, Hip Replacement Program**

HOCC earned The Joint Commission’s Gold Seal of Approval for its Knee and Hip Replacement Program, having demonstrated compliance with The Joint Commission’s national standards for healthcare quality and safety in disease-specific care. (See story, page 8.)

**Advocating for Breast Health**

Research by Dr. Jean Weigert, an HOCC radiologist and director of its Breast Imaging program, contributed to the enactment of a state law capping insurance co-payments for breast health ultrasound screenings to no more than $20. Public Act 14-97 was passed by the legislature and signed into law by Gov. Dannel Malloy on June 6, 2014. The law takes effect Jan. 1, 2015.

**New Imaging Software Assesses Breast Density**

HOCC became the first hospital in the state to use breast density imaging software called VolparaDensity™ that more objectively and consistently assesses breast density levels as part of mammogram studies.

**Research Studies Under Way**

HOCC is taking part in two major, national research studies under the leadership of Chief of Cardiology Dr. Justin Lundbye. The Cardiovascular Inflammation Reduction Trial, or CIRT, is a long-term study examining whether a drug called methotrexate can improve outcomes in patients who have had heart attacks or have coronary artery disease. The CIRT study is being conducted at 300 sites in the U.S. and Canada. HOCC is one of only two Connecticut sites and the only one in the Greater Hartford area. A pilot study known as Cool-Arrest is being conducted at 20 centers in the U.S. It is testing a device used in providing therapeutic hypothermia treatment for patients who have had cardiac arrest.

**Cancer Center Campaign Advances Toward Goal**

The campaign to raise $10 million to support HOCC’s new Cancer Center is making steady progress, with nearly $7 million raised since the campaign was launched in late 2012. This is the largest fundraising campaign in the hospital’s history and requires tremendous support. Funds raised to date include generous donations from area foundations, businesses and local families, as well as HOCC’s board of directors, medical staff members, volunteers and employees.

**Helping Our Neighbors Keep the Power On**

This spring, HOCC hosted a “Keep the Power on Clinic.” The event is designed to offer advice to help families avoid utility termination.

**We’re on the Quality Map**

HOCC was scheduled to be shown on a map as an award-winning hospital in an American Heart Association advertisement in US News & World Report’s Best Hospitals edition and at Scientific Sessions in November 2014 for its STEMI (ST segment elevation myocardial infarction) care.

**Awards for Stroke and Heart Programs**

HOCC’s stroke and heart programs received three awards from the American Heart Association/American Stroke Association, the American Heart Association/American College of Cardiology Foundation and the American Heart Association. (See story, p. 5.)
Cancer Program Earns Special Accreditation
The Commission on Cancer of the American College of Surgeons has awarded a three-year, gold-level accreditation to HOCC’s cancer program, with special commendation for clinical trials accrual, cancer registrar education, public reporting of outcomes, adherence to College of American Pathologists protocols, nursing care, data quality and data accuracy.

HOCC Recognized as Baby-Friendly
Baby-Friendly USA, Inc. has designated The Hospital of Central Connecticut as a Baby-Friendly birth facility for its support of breastfeeding. (See story, p. 9.)

Award for Family BirthPlace
The Hospital of Central Connecticut was recognized for excellence in lactation care, receiving the IBCLC (International Board Certified Lactation Consultant®) Care Award. The award recognizes the hospital having International Board Certified Lactation Consultants on staff and for activities that demonstrate breast-feeding promotion, protection and support. It was given to the hospital by the International Board of Lactation Consultant Examiners® and International Lactation Consultant Association®.

Increasing Mental Health Awareness
In January 2014, HOCC’s Department of Psychiatry and Behavioral Health and the Hartford HealthCare Behavioral Health Network sponsored an event aimed at raising awareness of mental health issues and breaking down barriers to care. The program, which featured talks by several psychiatrists, was part of the National Dialogue on Mental Health Series.


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<thead>
<tr>
<th>Responsiveness of staff</th>
<th>Communication with doctors</th>
<th>Doctors treat you with courtesy and respect</th>
<th>Doctors listen carefully to you</th>
<th>Communication with nurses</th>
<th>Nurses treat you with courtesy and respect</th>
<th>Nurses listen carefully to you</th>
<th>Cleanliness of hospital environment</th>
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Clinical Quality Measures
Data as reported on Hospital Compare Quarter 4/2012 to Quarter 3/2013 (Calendar Year)

Aspirin at discharge
Heart attack patients receiving angioplasty within 90 minutes
Heart failure patients receiving appropriate function evaluation
Stroke patients that received proper education
Clot preventing therapy hospital - Day 2
Patient assessed for needed rehab
Percent of ICU patients that received treatment to prevent blood clots
Percent of surgical patients that had antibiotics stopped according to national standards
Percent of surgical patients that received treatment to prevent blood clots
Flu vaccine given
Pneumonia vaccine given
Average time patients spent in Emergency Department before discharge
Percent of patients that left Emergency Department without being seen
Financial Overview

The Hospital of Central Connecticut ended the year with a solid operating surplus of $15.3 million (or 4.2 percent of net revenue). The hospital’s inpatient volumes decreased 9.7 percent over the previous year; outpatient volumes increased by 2.1 percent for the same period. Additionally, visits to the Emergency Department decreased by 12.1 percent this year.

FY2014 marks eight of the last nine years of an operating surplus for the hospital. This is quite an achievement in this industry, marked by declining reimbursement. Operating surpluses allow The Hospital of Central Connecticut to reinvest in new facilities and new technology for our communities.

Statement of Revenue and Expense  Year Ending September 30

<table>
<thead>
<tr>
<th>Revenues</th>
<th>2014 Unaudited</th>
<th>2013</th>
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<tbody>
<tr>
<td>Patient Service Revenues</td>
<td></td>
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<tr>
<td>Inpatient</td>
<td>$370,675,620</td>
<td>$410,328,218</td>
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<td>Outpatient</td>
<td>$483,755,858</td>
<td>$473,587,183</td>
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<td>Professional Service Revenue</td>
<td>$10,177,899</td>
<td>$10,645,868</td>
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<td>Total Patient Service Revenues</td>
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<td>Less Deductions from Revenue:</td>
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<tr>
<td>Government and Private Payer Contractual Allowances</td>
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<td>$489,212,305</td>
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<tr>
<td>Charity Care and Other Uncompensated Care</td>
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<td>$24,000,230</td>
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<tr>
<td>Other Allowances and Revenue Deductions</td>
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<td>$9,441,243</td>
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<tr>
<td>Total Deductions from Revenue</td>
<td>$502,897,410</td>
<td>$522,653,778</td>
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<td>Collectible Patient Service Revenue</td>
<td>$361,711,967</td>
<td>$371,907,491</td>
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<tr>
<td>Add Other Operating Revenue:</td>
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<tr>
<td>Improvement in investment in Captive Insurance Company</td>
<td>–</td>
<td>–</td>
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<tr>
<td>Grants, Cafeteria, Rental and Other Revenue</td>
<td>$12,375,913</td>
<td>$14,154,372</td>
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<tr>
<td>Total Operating Revenue</td>
<td>$374,087,880</td>
<td>$386,061,863</td>
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</table>

| Expenses                                       |                |                  |
| Salaries and Wages                            | $147,937,318   | $168,706,840     |
| Benefits for Employees                        | $45,122,344    | $51,728,525      |
| Medical Supplies, Drugs and Other Expenses    | $142,532,098   | $132,175,898     |
| Malpractice Insurance Premiums                | $3,957,824     | $929,273         |
| Depreciation Cost of Building and Equipment   | $18,225,335    | $19,479,333      |
| Interest on Borrowed Money                    | $1,050,265     | $1,249,857       |
| Total Expenses                                | $358,825,184   | $374,269,726     |
| Operating Income                              | $15,262,696    | $11,792,137      |
| Loss on Early Extinguishment of Debt          | –              | –               |

Non-Operating Income

| From Gifts, Interest and Other Sources         | $9,562,103     | $8,675,997       |
| Change in Market Value of Investments         | –              | $2,962,485       |

Excess of Revenue Over Expense

$24,824,799 $23,430,619

Note: These amounts do not include the activity of subsidiaries
Patient Statistics

Year Ending September 30

<table>
<thead>
<tr>
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<th>Unaudited 2014</th>
<th>2013</th>
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<tbody>
<tr>
<td>Inpatient Discharges (Including Newborn)</td>
<td>15,642</td>
<td>17,907</td>
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<tr>
<td>Inpatient Days (Including Newborn)</td>
<td>69,265</td>
<td>75,467</td>
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<tr>
<td>Average Length of Stay</td>
<td>4.43</td>
<td>4.21</td>
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<tr>
<td>Inpatient Surgical Procedures</td>
<td>3,247</td>
<td>3,534</td>
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<tr>
<td>Total Surgical Procedures</td>
<td>10,278</td>
<td>10,853</td>
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<tr>
<td>Births (Deliveries)</td>
<td>1,587</td>
<td>1,567</td>
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<tr>
<td>Emergency Department Visits (Including admits)</td>
<td>105,304</td>
<td>119,772</td>
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<tr>
<td>Walk-in Medical Visits (Mediquick)</td>
<td>n/a</td>
<td>n/a</td>
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</table>

Hospital Expenses

- Malpractice Insurance Premiums: 1.1%
- Medical supplies, drugs and other: 39.7%
- Salaries and Benefits: 53.8%
- Depreciation: 5.1%
- Interest: 0.3%
Hartford HealthCare
Central Region Leadership

Our leadership takes great pride in The Hospital of Central Connecticut: pride in the facilities our patients and their families visit every day...pride in the technology and outcomes our physicians are able to provide to those in need...and pride in the level of care our colleagues provide to the community every day.

Corporate Officers

Lucille A. Janatka
Hartford HealthCare Senior Vice President and Central Region President

Carolyn Freiheit
Vice President, Finance

Steven Hanks, M.D.
Vice President, Medical Affairs

Nancy Kroeber
Vice President, Operations - The Hospital of Central Connecticut

Mary Morgan
Vice President, Human Resources

Cindy L. Russo
Vice President, Operations - MidState Medical Center

Catherine W. Stevens
Vice President, Patient Care Services

Maryanne M. Volkringer
Vice President, Business Development
Board of Directors: Officers

John E. Dillaway
Chairman

Joseph Voelker
Vice Chairman

Lucille Janatka
President

William W. Weber
Secretary

Carolyn Freiheit
Treasurer

Board of Directors: Directors

John W. Andreoli Jr., M.D., Ph.D.

Letterio Asciuto, M.D.

Marie S. Gustin, Ph.D.

Joseph Harrison, M.D.

Jason Howey

Elliot Joseph

Denise McNair

Frank R. Miller

Akella Sarma, M.D.

George C. Springer Jr.

Lindsley Wellman
<table>
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<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Chief of Staff</td>
<td>Akella Sarma, M.D.</td>
<td>Morgan S. Werner, M.D.</td>
<td>Letterio Asciuto, M.D.</td>
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<tr>
<td>Associate Chief of Staff (NBG</td>
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<td>Chief of Anesthesia</td>
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<td>Associate Chief of Anesthesia</td>
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<tr>
<td>Chief of Emergency Medicine</td>
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Department of Medicine
Cardiology
Endocrinology
Gastroenterology
General Medicine/Geriatrics
Hematology/Oncology
Hospitalists
Infectious Diseases
Nephrology
Neurology
Pulmonary Medicine/ICU

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Gynecologic Oncology
Maternal/Fetal Medicine

Department of Pediatrics
Neonatology

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