At Griffin Hospital, our roots are deep.  

A Message from Patrick A. Charmel, President and CEO

The close of our 2003 fiscal year completed one phase of the hospital’s growth and development and began a new one. Substantial effort during the year was focused on establishing a new strategic plan to guide our activity through 2006. The recently adopted strategic plan replaces the one that covered the three year period just ended – a dynamic period in which Griffin established itself as the hospital of choice among community residents, strengthened its financial position and improved its ability to deliver high quality clinical care and exceptional customer service.

In adopting a new strategic plan, our Board of Directors has challenged the organization to build on the strong foundation we have established, recognizing that further accomplishments and continued performance improvement are necessary to fulfill our mission and ensure continued success.

The key to that success is a well crafted plan that is responsive to the forces that impact our organization consisting of clearly articulated goals and objectives capable of harnessing the collective talent and energy of all members of the Griffin Family. I am grateful to our Board of Directors, management staff and medical staff leadership for their honest and insightful input during the plan development process and for their dedication to the achievement of the goals and objectives contained in our new strategic plan.

The 2003 – 2006 strategic plan extends our commitment to improving clinical and service quality, expanding our service offering and the base of community residents who chose Griffin for their care, enhancing our ability to recruit and retain highly skilled employees who share our values and embrace the Planetree philosophy of patient centered care, and improving our financial performance to provide adequate resources to invest in the hospital’s future.

While our long term goals have not changed, the strategy and tactics we will use to continue our record of accomplishment toward the achievement of these have changed. The change in approach will be more profound in some areas than others in recognition of the fact that the environment we operate in is different than it was three years ago creating new opportunities as well as threats – some greater than others.

A number of the environmental forces that will challenge the organization as we move forward developed or intensified during 2003. The demand for public disclosure of hospital clinical performance and patient safety data grew significantly. In response to initial performance data that was released, public health officials, legislators, and the general public called for more detailed disclosure and a stronger commitment to patient safety. The “Quality of Health Care” legislation passed in 2002 requires Connecticut hospitals to report, as of October, 2002 (the beginning of our 2003 fiscal year) to the Department of Public Health, all “adverse events” which are defined as “an injury that is caused by or associated with medical management and that results in death or measurable disability.” Under the Freedom of Information Act, the press gained access to and published adverse events reported by Connecticut’s 31 acute care hospitals. While fewer than initially anticipated, the fact that 100 adverse events per month have been reported thus far has undermined public confidence.

“We will never take for granted the individual contribution and tireless dedication of each and every member of the Griffin family to the fulfillment of our mission.”
trust in hospitals and fueled demand for greater public accountability, improved performance, and a greater commitment to patient safety. The call for greater accountability and public disclosure is not limited to our state. On the national level, the Medicare program is using its clout as the largest purchaser of health services in the country to encourage hospitals to disclose to the public their level of compliance with a number of care processes that have been proven to result in better patient care outcomes. Medicare’s leaders believe, as we do, that better information will result in better performance. We have already developed performance monitoring tools, adopted guidelines to ensure the consistent delivery of high quality care, strengthened our service orientation, acquired technology to improve patient safety, improved numerous care processes and systems, and invested in staff training and development. As a result, we expect our relative performance to be good. However, we know that the comparative data will identify opportunities for improved performance, and we will seize those opportunities with great enthusiasm. We cherish the reputation for quality and service that we now enjoy and the community’s trust that it represents.

A recently conducted survey indicates that community residents prefer Griffin over other area hospitals by a wide margin and that margin has grown considerably over the last four years. In addition, community residents rated Griffin the highest quality hospital in the region as they did in the previous survey conducted in 2001. We know that with the advent of public performance reporting, community residents will expand the criteria they use to judge us and other hospitals. We will work tirelessly to deliver superior performance and exceed the expectations of those that entrust us with their care. By doing so, we hope to preserve and strengthen our reputation.

Community confidence has allowed Griffin to expand its service offerings and increase its level of patient care activity. Continued growth and service expansion is our second long term goal. After rapid growth over the previous three years, Griffin’s inpatient volume declined slightly during 2003. The decline resulted from a number of factors – some planned and some unexpected. During the year, we closed our inpatient psychiatric unit for four months to conduct a much needed renovation. The renovation transformed what was an antiquated, cramped and very drab patient care facility into a standard-setting hospital patient environment that incorporates many of the design elements pioneered in the hospital’s North Wing. The temporary closure of the inpatient psychiatric unit resulted in unit admissions being down by 44% for the year. Medical/surgical admissions were also down for the year due in large part to a mild flu season and reduced general surgery admissions resulting from the departure of one of the hospital’s busiest general surgeons who relocated his practice to another Connecticut community.

Since reopening, the inpatient psychiatric unit has been operating near capacity. In addition, Dr. Iloren Ponnameraki, a general surgeon with subspecialty training in surgical oncology, joined the hospital’s medical staff late in the year, restoring general surgery capacity and positioning the hospital for renewed inpatient growth in 2004. Other exceptional physicians joined the active medical staff in 2003 and are noted in the report of Dr. Kenneth Schwartz, Vice President of Medical Affairs. We are grateful to these physicians for affiliating with Griffin Hospital and expect that they will be well received.

While inpatient volume plateaued, outpatient activity grew in a number of areas during the year. The Digestive Disorders Center experienced growth of more than 30%, and the number of patients treated in our Comprehensive Wound Healing Center and Sleep Wellness Center grew by more than 25%. Our outpatient laboratory and radiology services also experienced substantial growth. The Griffin Occupational Health Center, which opened at the beginning of fiscal 2003, grew rapidly during its first year of operation and has gained the confidence of more than 200 area companies who have chosen our center to provide for their occupational health needs. Continued growth is expected in 2004.

Growth of existing services and the addition of new services are expected in 2004. To accommodate increased levels of patient care activity, we are moving forward with plans to develop a new ambulatory care facility on the hospital’s campus. This 35,000 square foot free standing building will house new services including a comprehensive cancer treatment center and outpatient services relocated from the hospital’s main buildings to allow remaining services such as our Emergency Department, Surgical Suite and Radiology Department to expand. Our ability to respond to the community’s demand for a wider array of high quality patient care services delivered locally depends on the successful execution of this ambitious expansion plan.

The demands of business growth and service expansion and our commitment to the delivery of superior clinical and service quality prompted our third long term goal which is to improve our ability to attract and retain talented, enthusiastic and compassionate care givers. Despite severe labor shortages in a number of allied health professions, Griffin’s current vacancy rates are less than half the industry average.

Health care professionals have been drawn to Griffin because of our commitment to the personalization of, humanistic care in a healing environment, the mutual respect and support that Griffin employees demonstrate to each other, and the opportunity to make a meaningful contribution to the success of an innovative and highly respected organization that is influencing the way care is delivered around the country and around the world. We will never take for granted the individual contribution and tireless dedication of each and every member of the Griffin family to the fulfillment of our mission. Maintaining an exceptional working environment is our way of expressing our continuing gratitude. Our fourth and final long term goal is to improve our financial performance in order to generate sufficient capital to invest in service expansion, new medical technology and facility improvements. The revenue shortfall experienced in 2003 attributed to a decline in inpatient activity combined with the rapidly rising cost of malpractice insurance, employee benefits, blood products and drugs resulted in the hospital’s first operating loss since 1998. While disappointed in this result, I am confident that we will return to profitability in 2004. However, in order to achieve our goal of long term financial viability, we will have to overcome the economic challenges posed by unrelenting operating cost increases in addition to growing a uninsured population, insufficient Medicare and Medicaid reimbursement, and health plan design changes that are shifting more of the cost of care to the consumer who is often unable or unwilling to pay his or her share. Without a doubt, the challenges we face are formidable, but with the strong support and cooperation of our community, the effective governance of our Board of Directors, the skill and dedication of our managerial and medical staff and the enthusiasm and professionalism of our growing family of care givers, we are well equipped to overcome those challenges and to seize new opportunities. I look forward to the implementation of our new strategic plan and to the success it is designed to achieve.

Our new strategic plan will build on the vision of Griffin’s founders and the roots they planted almost a century ago to provide high quality acute and preventive care services locally that meet the needs of the community we serve. I think you will find as you review the information in this annual report that those roots are deep and our commitment to that vision remains strong.

In closing, I want to thank our outgoing Board Chairman, Gerald Weiner, for his leadership and tireless effort on behalf of our organization. His wise counsel which was always available to me and his collaboration with our new Board Chairman, John Zaprzalka, have been invaluable to our organization. His wise counsel which always guided our actions to a success it is designed to achieve.

Chairman, John Zaprzalka, who I have no doubt will continue the tradition of exceptional leadership by those who have served as Chairman.
A Message from Gerald Weiner, Griffin Health Systems Corporation Chair

This is my last message as Griffin Health Services Corporation Chairman since our by-laws provide for a term limit as Chair. My tenure as Chair has been exciting, interesting and personally rewarding.

The past four years have been ones of tremendous growth and progress for Griffin. We experienced a dramatic growth in patient admissions and outpatient services. Patient satisfaction with hospital services and personnel is among the highest of Connecticut hospitals. Revenues have shown strong increases over the past four years. While profitability is always a challenge in healthcare, this organization has achieved a solid financial base upon which to build for the future.

While our past successes have been impressive, your board and management recognize the need to move forward with innovative and well conceived new business plans. Accordingly, plans for a campus expansion and the creation of a Comprehensive Cancer Center that offers innovative and well conceived new business plans. Accordingly, plans for a campus expansion and the creation of a Comprehensive Cancer Center that offers radiation therapy is in the final stages and will be submitted to the Connecticut Office of Health Care Access for approval in the coming year. This is a truly exciting project that responds to an expressed community need.

The past year saw the opening of our newly renovated inpatient psychiatric unit which had an immediate positive impact on our community as well as the hospital's operating performance. Patients cared for on this unit will appreciate its warm, comfortable and inviting environment.

Griffin's accomplishments were recognized at the highest levels of the business community. We were recently notified that Fortune magazine chose Griffin for the fifth straight year to the list of the “100 Best Companies to Work for in America.” This year our ranking moved from 76th to 26th place, our highest position. The Fortune designation is covered by Corporate America and we were only one of two Connecticut companies chosen for the honor. The benefits of being on the Fortune list are numerous, not the least of which is the ability to attract dedicated employees and physicians to the Hospital, enhancing our ability to provide quality care to those it serves.

Griffin's innovative programs and services attracted national recognition and attention. During the past four years we have received millions of dollars in Federal and private grants to fund programs and services and to conduct research that is relevant to community and patient needs. These programs include the Center of Excellence in Women's Health, The Valley Women's Health Access Program, The HIV/AIDS Clinic and the Yale-Griffin Prevention Research Center. A year end report is not complete without discussing our Planetree subsidiary. For those unfamiliar with this integral part of the Griffin organization, Planetree is a wholly owned subsidiary of Griffin Health Services Corporation. It has spread its patient-centered approach across the United States and has recently begun discussions with various overseas hospitals in an effort to expand the Planetree Alliance internationally. Planetree has over 80 hospital affiliates (up from 18 just a few years ago) throughout the country who depend on Planetree's consulting expertise to improve their patient-centered approach to healthcare. Planetree is led by Susan Frampton, a distinguished national leader in the healthcare industry. Susan, CEO Pat Charmed and Planetree Alliance Director Laura Gilpin have published a cutting edge book, Putting Patients First, on the Planetree philosophy which has just been named the best healthcare book of the year by the American College of Healthcare Executives. My sincere congratulations to Susan, Pat, Laura and the entire Planetree staff for taking this organization to levels beyond the optimistic expectations of our hospital community and Board of Directors. We look forward to even greater success from Planetree in the years to come.

The Board of Directors takes great pride in Griffin's accomplishments the past four years. It has been a pleasure working with Pat Charmed and his talented team. It has been a great comfort to know that our hospital is led by an accomplished CEO who has become an important voice in healthcare. Griffin and Planetree are indeed changing the face of healthcare locally and across the country.

While this annual meeting marks the end of my term as Chairman, I am pleased to have the opportunity to continue my work in the newly created Board position of immediate past chairman. I look forward to working with the entire Griffin family, the Board, management team and dedicated employees. A special thank you to the Griffin officers who were always available when I needed their advice and support. Thank you Frank Osak, Alan Cribbins, John Zaprzalka, and Jack Bekkoski. It is reassuring to know that the Board will be under the able leadership of John Zaprzalka as Chairman and I wish him the best during his tenure.

It has been a great four years for Griffin and the future promises to be even better.

Our commitment is strong.

Philanthropy Supports Griffin's Commitment to the Community

Philanthropy has a rich tradition at Griffin Hospital. Over the years, Griffin has grown to meet the demands of the community. The gifts received from our generous donors have been essential to our ability to provide the latest medical technology and Planetree services that our community has come to expect. With an outlook of new initiatives and expansion on the horizon, we hope to continue the legacy of giving to Griffin.

The Griffin Hospital Development Fund continually engages six constituencies for support: corporations, foundations, major gift donors, planned giving donors, memorial contributions, and annual donors. To advance our mission, we build relationships with these individuals, corporations and foundations that have an interest in providing superior health care services to the people of the Valley.

Throughout the leadership of the Development Fund Committee and The Griffin Health Systems Board, the Griffin Development staff implements a comprehensive giving program which includes capital campaigns, annual giving, major gifts, planned giving, foundation grants, memorial gifts endowment gifts, and special capital initiatives.

During Fiscal Year 2003, funds generated through philanthropy totaled $3,285,000. The Development Fund's long term strategic goal is to sustain a level of giving of at least $2 million annually by 2008.

The many generous and creative ways that gifts come to Griffin:

- Griffin Hospital received their first charitable gift annuity in the amount of $80,000 from a long time friend and volunteer of the Hospital who has wished to remain anonymous.
- The 2003 Annual Golf Classic held at Great River Golf Club in Milford raised over $40,000.
- A new combination of Phone and Direct Mail solicitations for annual giving has raised over $300,000 in new donations and brought in over 1,000 new donors to Griffin.
- Griffin provides healthcare to any person who seeks care at the hospital regardless of their ability to pay for service. We provided $171,945 in free care in 2003.
- Griffin depends on donor gifts to meet our mission of providing healthcare to everyone in need.
- Griffin's innovative programs and services have spread to over 80 hospitals in the United States. The Planetree Alliance has a rich tradition.

This year's Griffin Hospital Development Fund major fundraiser, Autumn Elegance, drew more than 500 attendees and raised over $156,000 through corporate sponsorships, individual donations and hospital employee donations. Evening Among the Stars featured such celebrity impersonators as Sean Connery, Tom Jones, Joan Rivers and Chez.

Giving Source
Restricted Giving $157,000
Annual Giving $334,365
Special Events $343,301
Capital Campaign $104,000
Corporate & Foundation $342,820

2003 Giving to Griffin Hospital

• 5,761 Total Gifts were made to Griffin in FY 2003.
• $100,000 in new money was raised towards the Capital Campaign “Funding Innovation and Growth.”

For many of our community health programs, philanthropy is the sole sustaining resource. For example, the Valley Parish Nurse program and the Community Health Resource Van, a program that interacts with 12,000 parishioners and community members a year, is supported through philanthropy. Furthermore, Griffin provides healthcare to anyone who seeks care at the hospital regardless of their ability to pay for service. We provided $171,945 in free care in 2003.

Simple put: Griffin depends on donor gifts to meet our mission of providing healthcare to everyone in need.

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is best known for its remarkable, wrote: “Griffin Hospital…Their Day! – Employee Recognition…Griffin attracts the best people to employees who feel undervalued. Quality service rarely comes from that employees feel important. Significant because when customers almost fanatical customer service. It is significant because when customers feel important, it is a good indicator that employees feel important. Quality service rarely comes from employees who feel undervalued. Griffin attracts the best people to work there.”

Griffin Hospital celebrated its fifth year in a row on Fortune Magazine’s list of companies had made the list 5 times. As of 2003, only 24 companies had made the list five years in a row. It joins such nationally recognized companies such as Microsoft, Nordstrom, Four Seasons Hotels and the Mayo Clinic. Griffin has been the smallest hospital on the list in terms of revenue. As of 2003, only 25 companies had made the list 5 times.

More than half of our employees live in the Valley area, thus making us a hospital that truly serves the needs of the families that make up the community. At Griffin, our employees are encouraged to reach beyond their daily work and become active community members. Through our employees’ support, Griffin hosts several free events, trainings and lectures every year to increase the health awareness of the community.

Our Speakers Bureau Series is one of our ongoing public health lectures performed bimonthly by a different specialist to inform the public of practical health resources and advice. This year, we covered topics ranging from driving over age 55 to colon cancer screenings, to accessing free health resources for seniors. In November, we conducted the Second Annual Arialtute Lundgren Infectious Diseases Memorial Education Program, focused on the evolution of medical communications – from early day public outburst to the more recent SARS. Community emergency services representatives, municipal and health services organizational leadership, and Griffin physicians attended the program featuring New York Times science news reporter Dr. Lawrence K. Altman; Leonard Guercia, a corporate volunteer council; and a full range of pre and post-birth parenting classes. Beyond the hospital, our employees serve on many non-profit boards, promote the commerce of the valley, volunteer their time for civic duty, and provide donations to support the vitality of the community.

For the ninth consecutive year, Griffin promoted the Corporate Cup with the Valley United Way and the Valley YMCA. The Corporate Cup promotes a series of health, fitness and wellness activities among Valley businesses. In addition, through the Valley Corporate Volunteer Council, Griffin employees annually participate in community-wide projects benefiting underprivileged students and needy youngsters and adults.

This October, President Patrick Charmel addressed the Valley Chamber of Commerce membership on the growing economic demands of providing health care; and Daun Barrett, who coordinates the Valley Parish Nurse Program, was given a Chamber sponsored Gold Seal Award for her years of improving health care access in the community. Daun, who embodies the spirit of community engagement, also works extensively with the Ansonia Community Action Center to provide screening and health services to the African-American community. She is a member of the Advisory Committee of the Karlene Matthews Foundation, the Valley Women’s Health Access Program and Center for Excellence in Women’s Health committees. She is an American Heart Association certified CPR instructor/trainor, a school mentor and a board member of Aera Congregations Together, the local homeless shelter and food bank. In August 2003, Daun helped organize the Children’s Health Fair at the Boys and Girls Club of Lower Naugatuck Valley. The estimated attendance was between 1500 – 2000! We are proud to say we have several employees that serve in our military services. In November, we wished Jessica Santiago, a radiology technician, a safe and speedy return at a reception in her honor. Jessica and her newlywed husband were both enlisted with their National Guard service. In November, we wished Jessica Santiago, a radiology technician, a safe and speedy return at a reception in her honor. Jessica and her newlywed husband were both enlisted with their National Guard service.

Our employees reach out.

Cindy Ventrice In her book, Make Their Day! – Employee Recognition That Works, wrote: “Griffin Hospital is best known for its remarkable, almost fanatical customer service. It is significant because when customers feel important, it is a good indicator that employees feel important. Quality service rarely comes from employees who feel undervalued. Griffin attracts the best people to work there.”

Griffin Hospital celebrated its fifth year in a row on Fortune Magazine’s “100 Best Companies to Work for in America” list. Griffin was ranked 26th, its highest position yet. Griffin is the only hospital in the country named to the list five years in a row. It joins such nationally recognized companies as Microsoft, Nordstrom, Four Seasons Hotels and the Mayo Clinic. Griffin has been the smallest company on the list in terms of revenue. As of 2003, only 25 companies had made the list 5 times.
What motivates someone to give their time, energy and talent to help others? While the answer will vary from person to person, all of our volunteers contribute greatly to making Griffin a very special place and they each get high personal satisfaction from serving our patients, many of whom are their friends and neighbors. Without the commitment of the 300 men, women and teenagers who comprise the Griffin volunteer roster, Griffin would be unable to provide many of the Planetree amenity services that distinguish us from other hospitals. Last year, volunteers contributed more than 56,000 hours to Griffin, the equivalent of 27 full-time employees.

Volunteers are a crucial part of the Griffin family and help make Griffin a warm and friendly community hospital. From serving on the hospital’s governing board, to providing “extra” hands on patient care units and in support services, to staffing personal services designed to individualize the patient experience, volunteers assist in nearly every area of the hospital. Griffin volunteers greet and escort patients, provide hand and back rubs, bake, garden, and “handle” therapy dogs. Many volunteers also choose to work behind the scenes in clerical related functions assisting with filing, mailings and copying. In August, after an absence of more than 20 years, Candy Stripers returned to Griffin Hospital. Sixteen young men and women, investigating careers in healthcare, volunteered during the summer. Each one, wearing the signature red and white striped suit, performed a variety of tasks in different hospital departments and on patient care units.

Over this year, volunteers joined with Griffin employees to implement our latest Planetree initiative: The Vital Patient Stories program is a unique approach to story-sharing that engages patients, families and caregivers to enhance understanding, compassion and communication. Patients, who choose to participate, are interviewed by a trained story teller. The story teller transcribes the information and then presents a finished copy to the patient. A second copy is available to the staff during the patient’s stay. Through the story, the patient’s caregivers gain intimate insight into the patient’s personal life or illness. And in most cases, the patient’s opportunity to openly tell their story relieves stress and helps the patient self-reflect.

Some other key programs staffed by Griffin volunteers are:
- The “Ambassador” program in the Main Lobby, where volunteers greet patients and escort them to their destinations; and the Emergency Room, where volunteers assist patients and their families.
- The Baking program which provides fresh baked cookies and muffins to patients and scented aromas in the hallways.
- The Soft Touch program where volunteers are trained to give soothing hand and foot rubs to patients.
- The Patient Room Service program offering services similar to those found in your best hotels.
- The PA.W.S. (People and Animals Working in Spirit) program using more than 30 certified therapy dogs, from a toy poodle to several Greyhounds, a Golden Retriever, Dobberman, Rottweiller and a New Foundland, led by their handlers to visit and cheer patients and their families.

Along with being named Department of the Year, the Griffin Respiratory Care Department was awarded recognition as a quality care provider by the American Association for Respiratory Care (AARC). Hospitals that meet the AARC’s QCIR requirements provide a level of respiratory care consistent with national standards and are recommended for their commitment to ensuring patient safety.

Our volunteers give of themselves.

Putting Patients First, a book co-authored and edited by Griffin Hospital President Patrick Charmel; Susan Frankfort, President of Planetree and Laura Glipin, Director of the Planetree Alliance, explains the origins and uses of patient-centered care and successful strategies for implementing it in any healthcare organization. The book, published by Jossey Bass publishers, is an in-depth exploration of the Planetree Model of Care with case examples drawn from hospitals and health care organizations that have successfully implemented it.

Jeri Opuszynski, resident of Beacon Falls and physical therapy assistant at Griffin since 1999, was the 2003 recipient of the Wholeness of Life Award from the Health Care Chaplaincy, honored for her “sense of teamwork, recognition of the patient as a whole person and ability to listen…”

Faster, highly detailed images that help doctors more accurately diagnose patients is what the Lightspeed 16 CT scanner adds to Griffin Hospitals range of diagnostic services. Griffin is one of the first medical facilities in the region to acquire this state-of-the-art, innovative technology.

A Special Recognition Award from the Valley Council for Health and Human Services was accepted on behalf of the Valley Women’s Health Initiative Committee by co-chairs, Dr. Stephanie Moul and Kate Cosgrove. Cited for their work in “raising the level of awareness of breast cancer in the
Griffin’s extension into the community is widespread and diverse ranging from its participation on the Valley Council of Health and Human Service Organizations, a provider network that works collaboratively to plan and create services designed to improve the quality of life in the Valley community, to the Valley Parish Nurse Program, representing more than 30 parishes throughout the Valley community. Griffin is dedicated to expanding and improving access to our hospital-based services, like our inpatient and outpatient mental healthcare, that have a direct impact on the social health of the community as a whole. Griffin is the only corporate sponsor of the nationally recognized “Healthy Valley, Healthy Community” Project.

- The Yale-Griffin Prevention Research Center (YG-PRC) is committed to developing innovative public health interventions to measurably raise the standard of health and quality of life in the Lower Naugatuck Valley, and serve as a national model of comprehensive community-based disease prevention and health promotion. The YG-PRC was established in 1998 through a 5-year, $3 million grant from the Centers for Disease Control and Prevention. They have continued to experience tremendous growth leading up to and through 2003, with 22 active studies and a corresponding annual operating budget of nearly $2.4 million. The main focus of the Yale-Griffin PRC is studying behavioral risk factors associated with chronic disease, specifically tobacco use, dietary patterns and physical activity, while supporting the theme of “Meeting Community Needs Across the Prevention Spectrum.” In 2003, the YG-PRC’s interest in smoking cessation led to the development and implementation of a worksite smoking cessation program for employees of Griffin Hospital.

- The Griffin Hospital-Lower Naugatuck Valley Multicultural Health Initiative is a one-year, $55,000 grant to develop and implement a model policy designed to reduce racial and ethnic health disparities on a local, state and national level. The project includes a needs assessment of hospital performance and gaps in services designed to help identify and measure the effectiveness of culturally and linguistically appropriate services at Griffin Hospital.

- In spring 2003, the Griffin HOPE (HIV Outreach, Prevention & Education) Center opened the first clinic in the

Our services extend beyond our doors.
The Lower Naugatuck Valley. was established as part of a Ryan White Title III Capacity Building educator, and a clinic manager, the HOPE Center operates two M.D. who is an Infectious Disease HIV Specialist, nurse/health reported 27.65% of all AIDS cases in the Valley. Staffed by an care services as well as counseling, testing, outreach, and education. Valley dedicated to providing comprehensive HIV/AIDS primary care services as well as counseling, testing, outreach, and education. Particular emphasis was placed on the town of Ansonia, which has reported 27.65% of all AIDS cases in the Valley. Staffed by an M.D. who is an Infectious Disease HIV Specialist, nurse/health educator, and a clinic manager, the HOPE Center operates two days per week and is located across from the hospital. The Center was established as part of a Ryan White Title III Capacity Building Initiative that enabled Griffin Hospital to increase its capacity to provide high-quality comprehensive care for HIV/AIDS patients in the Lower Naugatuck Valley.

• Under the strong leadership of Dr. Ramin Ahmadi, the Griffin Center for Health and Human Rights continues to promote global health and human rights practices and policies, and develops new and effective strategies for dealing with complex humanitarian crises and silent emergencies. In 2003, the Griffin Center success- fully coordinated international research projects and clinical work in both Nicaragua and Uganda, studying medical leadership and the treatment of HIV patients in developing countries. The Griffin Center also welcomed a medical student from the island nation of East Timor, Telma De Oliveira, who will be the first Timorese to complete a medical education in the United States.

• Last year, the Valley Parish Nurse Program Mobile Health Resource Center provided on-site services to over 8,000 community residents in neighborhoods and at busi- nesses, senior centers, shopping centers and community events and fairs. The mobile services include cholesterol, blood pressure and diabetes screenings, health educa- tion, and referrals to other community health services.

• Planetree and Griffin, in conjunction with United Methodist Homes, has begun the development of an innovative model of senior living services. The model focuses on the relationships among residents, family members, staff, and the community that support independence, dignity, and well-being. The development of this senior living model will initially focus on Wesley Village, a senior community in Shelton, operated by United Methodist Homes. The senior living model will incorporate those elements of the Planetree program that are appropriate for long-term care as distinct from acute hospital care. To guide the development of this senior living model, the Wesley Village Planetree Advisory Council was established.

• The Valley Women's Health Access Program (VWHAP) makes patient referrals to health and social service providers through a access to a network of health and human service providers. Free for Valley residents over age 16, VWHAP determines eligibility for insurance and schedules medical appointments.
The power of one to create a health care revolution

Some things take a while to catch on, and some never do. The 25 years it took for Planetree to grow from a 13-bed unit in California to 80 Planetree affiliates across the U.S. and Canada makes Angelica Thieriot “proud and excited.” This article contains excerpts of Thieriot’s story as presented at this year’s Planetree Annual Conference.

Planetree was founded in 1978 by a patient, Angelica Thieriot, after a traumatic hospital experience. For more than a year following her discharge from the hospital, Thieriot tried to get help from those who shared her vision of a new type of hospital where patients get support and healing and can learn more about healthcare and medicine in order to become active participants in their own care and well-being. She talked to more than 500 people and slowly but surely gathered a group of about 12 people who comprised the original Board. The concept was labeled Planetree, symbolic of the natural environment in which Hippocrates taught his first students. In 1985, Planetree was formally created. A 13-bed medical/surgical unit in a large San Francisco medical center became the first Planetree unit in the country.

“It was a long time ago,” said Thieriot. “I was hospitalized with a mystery virus and found myself suddenly… in a completely alien and inhuman environment where nobody seemed to care about me. I remember the admission where I thought I was going to die right there in the waiting room… That was the feeling I had. And then I was taken to a room where there were no recognizable human furnishings. It was all machinery. I had a window that looked onto a cement wall and I then was convinced I was going to die. Everything had changed so abruptly and so horrifically, and there was so little human warmth or healing energy. I never saw the same nurse twice in a row. Nobody answered my questions. People talked about me as if I wasn’t there… It wasn’t until two nurses came in, three days into my hospitalization, and started talking to me, saying ‘come on, we’ve got to get you to rally here’… that things turned around. It was those two nurses, I think, that saved me. It was those nurses who comprised the original Board. The concept was labeled Planetree, symbolic of the natural environment in which Hippocrates taught his first students. In 1985, Planetree was formally created. A 13-bed medical/surgical unit in a large San Francisco medical center became the first Planetree unit in the country.

“Around that same time,” Thieriot continued, “my father-in-law was dying. He was a very dignified man and had been a very powerful executive. There was nothing wrong with his mind; he just had lymphoma. But when I went to see him, he was being treated and talked to like a baby. And I could just see how that affected him. It was just the ultimate humiliation for him. And I think those two experiences, more than any other, affected me and motivated me to do something.”


Currently, there are more than 80 Planetree Affiliates across the United States and the Alliance plans further growth. New York Presbyterian Hospital, one of the largest not-for-profit health care systems in the nation with a total of almost 10,000 beds and over $6.5 billion in annual net patient revenue, is its newest and largest member.

A “model program… with an outcome that has evaded many others across the country faced with similar challenges,” is how David Lloyd described the planned merger between Birmingham Group Health Services and Griffin Hospitals Outpatient Mental Health Services. Lloyd is an experienced national consultant who, for more than 30 years, has worked in behavioral health care settings. For most of 2003, he worked together with Griffin and Birmingham to ensure the merger resulted in enhancing the delivery of mental health services. The collaboration will result in improved access to mental health services while still allowing our patients to retain their same doctor, and eliminate the expense of redundancy in services.

In June, Griffin Hospital was pleased to announce the expansion of the Planetree model of patient-centered care into its newly renovated Inpatient Psychiatric Unit. The new psychiatric unit completes the integration of the Planetree philosophy of patient centered care throughout the hospital. The new facility at Griffin is a $2 million, 14-bed acute care psychiatric unit. The mission of the unit is to provide effective psychiatric care in a safe, peaceful environment that incorporates the Planetree programmatic elements. Traditional therapeutic approaches that include individual and group therapy are enhanced with complementary services such as patient education, aroma therapy, arts and entertainment and journaling. The new unit offers private and semi-private rooms, a residential style kitchen and dining room, an inviting entertainment lounge, and a large salt water aquarium.
A Message from Kenneth V. Schwartz, M.D., Medical Director

Dr. Ken Specter, Department of Medicine, Division of Cardiology, joined Cardiology Associates of Derby, P.C. as an Interventional Cardiologist. After obtaining a Ph.D in chemistry, Dr. Specter graduated from St. Louis University School of Medicine, and trained at St. Elisabeth Hospital in Bolton, SUNY at Stony Brook in New York, and Hartford Hospital. Dr. Specter’s expertise is in angioptasty and stents, and he also provides other cardiology services.

Dr. Ihor Ponomarenko, Department of Surgery, Division of General Surgery, joined Dr. Guy Nicastro in the practice of general and oncologic (cancer) surgery. Dr. Ponomarenko graduated from Jefferson Medical College in Philadelphia, and trained at SUNY in Brooklyn for general surgery and Roger Williams Medical Center in Rhode Island for surgical oncology. He brings a special expertise in cancer surgery to our community.

Dr. Dwayne Livigni, Department of Anesthesiology, previously worked at Day Kimball Hospital, and joined Griffin. He brings a special expertise in anesthesia to our community.

Dr. John Reilly, Department of Surgery, Division of Plastic Surgery, opened a solo practice in Derby. He attended Ross Medical School, and trained in general surgery at the Hospital of St. Raphael. He then went on for specialized training in plastic surgery at Nassau University Medical Center in East Meadow, NY. He is well known to the Griffin community, having done part of his training in surgery at Griffin, as part of the St. Raphael’s rotation.

Dr. Ken Spector, Department of Medicine, Division of Cardiology, joined the Griffin Volunteer Network. Designed by area physicians over the past year, the Valley Project Access Program was created to coordinate charity care and link Lower Naugatuck Valley residents who lack health insurance to high quality, free specialty care services; necessary ancillary and diagnostic procedures; affordable prescription drugs; and available insurance and state assistance programs.

Dr. John Reilly, Department of Surgery, Division of Plastic Surgery, and he also provides other cardiology services. Dr. Spector’s expertise is in angioptasty and stents, and he also provides other cardiology services.

On the national front, Dr. David L. Katz, Associate Clinical Professor of Public Health & Medicine at the Yale School of Medicine and Director of the Yale-Guffman Prevention Research Center, spoke about nutrition and obesity at the “Steps to a Healthier US Summit” convened in Baltimore in April by Secretary of Health Tommy Thompson. Dr. Katz was also recognized for professional excellence in two specialty areas, internal medicine and preventive medicine. He is board certified in both areas and was recently elected a Fellow of the American College of Physicians (ACP), the professional association of internists.

The year 2003 represented another period of growth for the Medical Staff, which now boasts 135 active staff members and a total of 271 members in all categories. Sadly, the Medical Staff of Griffin and the community suffered a great loss this year with the death of Dr. Richard Strivala at age 47. Dr. Strivala joined the Griffin staff in 1990, where he served our community as a well respected and popular obstetrician and gynecologist until his untimely death in June. He will be sorely missed by his loyal patients, the hospital staff, and his wife Mary and their children.

Griffin physicians continued to support new advances in clinical quality and service excellence. The addition of an advanced Computed Tomography (CT) Scanner allows doctors in our Radiology Department to simultaneously capture multiple wide-chain images of a patient’s anatomy within seconds, providing vastly improved image quality and new applications such as CT cardiac angiography, CT colonography and an overall enhanced diagnostic confidence on all studies.

Griffin’s latest equipment investment, the Stealth surgery system, allows Dr. Patrick Mastromarino, a neurorogue at Griffin, to perform spinal surgery utilizing state of the art technology that performs minimally invasive incisions with pinpoint accuracy. As a result, patients are able to recover faster due to smaller incisions, less blood loss and shorter operating time during the surgery. We look forward to maximizing our new talent and technology in 2004.

Our physicians are dedicated to their patients.

Dr. Dorthe Wild, Department of Medicine, Division of General Internal Medicine, and Department of Preventive Medicine, graduated from the University of Witten/Herdecke in Germany, and trained at Griffin Hospital in the combined Internal Medicine/Preventive Medicine program. A Griffin Hospitalist and full-time faculty in the Internal Medicine and Preventive Medicine teaching programs, Dr. Wild also serves as Associate Program Director of the Preventive Medicine program.

Doctors Timothy M. Marioni, Thoracic and Vascular Surgery; Patricia E. Witten, Internal Medicine/Infectious Disease; and Yael Chren, O.D. Emergency Services, received appointments in December.
Griffin Hospital Medical Staff

2003 OFFICERS
Medical Director
Kenneth V. Schwartz, M.D.
President
Paul B. Nausbaum, M.D.
Vice President
Stephen J. Moses, M.D.
Secretary/Treasurer
Marcia Bradway, M.D.

MEDICAL EXECUTIVE COMMITTEE
Kenneth V. Schwartz, M.D., Medical Director
Patrick A. Charmel, President and CEO, Griffin Health Services
Gregory Boris, D.O., Chair, Department of Emergency Services
Marcia Bradway, M.D., Secretary/Treasurer, Medical Staff
Domenic Cavallaro, M.D., Chief, Family Practice
Kenneth J. Dobuler, M.D., Chair, Department of Medicine
James F. Jekel, M.D., Chair, Department of Preventive Medicine
Gordon I. Kauter, M.D., Chair, Department of Psychiatry
Laurie R. Margolies, M.D., Chair, Department of Radiology
Stephen J. Moses, M.D., Vice President, Medical Staff
Guy R. Nicart, M.D., Chair, Department of Surgery
Paul B. Nausbaum, M.D., President, Medical Staff
Michael R. O’Reilly, M.D., Chair, Department of Obstetrics/Gynecology
Ira G. Rock, M.D., Chair, Department of Anesthesiology
Anthony G. Wayne, M.D., Chair, Department of Pediatrics

Griffin Physicians By Specialty
Adolescent Medicine
Anthony G. Wayne, M.D.

Alleya Allocco, M.D.

Anesthesia
Wilfredo E. Cadaval, M.D.

Anthony G. Wayne, M.D.

Cardiology
Anthony W. D’Souza, M.D.

Cardiovascular
Myung W. Choi, M.D.

Dentistry
Michael R. O'Reilly, M.D.

Dermatology
Isaac Doversoky, M.D.

Emergency Medicine
Gregory Boris, D.O.

Endocrinology
Jens Schiott, M.D.

Family Medicine
Jeanne Kedis, M.D.

Family Practice
Domenic Cavallaro, M.D.

Family Practice, Division of Pain Management
Mark A. Thiminescu, M.D.

Family Practice, Department of Medicine
Mark S. Grogan, M.D.

Gastroenterology
Myung W. Choi, M.D.

Gynecology
Jens Schiott, M.D.

Internal Medicine
Gerard Adolfo, DO

Interventional Radiology
Paul B. Nausbaum, M.D.

Investigator, Family Practice
Mark S. Grogan, M.D.

Neurology
Patrick M. Turchinski, M.D.

Neurology, Division of Neurosurgery
Patrick M. Turchinski, M.D.

Neurosurgery
Kanaga Sena, M.D.

Obstetrics/Gynecology
Joseph A. Brenes, M.D.

Ophthalmology
Scott H. Gersten, M.D.

Otolaryngology
Mark A. Thiminescu, M.D.

Pathology
James E. Haswell, M.D.

Pediatrics
Kathryn Cambi, M.D.

Pediatrics, Department of Pediatrics
Antonio Lopez, M.D.

Physical Medicine & Rehabilitation
Kirstyn A. Potorska, M.D.

Plastic Surgery
Paul D. Fisher, M.D.

Podiatry
Robert P. Matusa, D.P.M.

Preventive Medicine
Brian B. Kline, M.D.

Proctology
Scott H. Gersten, M.D.

Psychiatry
John E. Toth, M.D.

Psychiatry, Department of Psychiatry
Julienne Dudzis, D.P.M.

Psychiatry, Department of Psychiatry
Julienne Dudzis, D.P.M.

Pulmonary
Kenneth J. Dobuler, M.D.

Radiology
Noberino A. Bellera, M.D.

Radiology, Department of Radiology
Patrick M. Turchinski, M.D.

Rheumatology
Stephen J. Moses, M.D.

Surgery
Marcela Bradway, M.D.

Urology
Dilmer L. Diaz, M.D.

Urology
Mark A. Thiminescu, M.D.

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Our Leaders strengthen our endeavor.

The Department of Preventive Medicine received a $300,000 training grant from the American Cancer Society (ACS) to create a Cancer Prevention and Control Track (CPCCT) geared toward training internal medicine, and preventive medicine board eligible residents who are likely to pursue future careers related to cancer prevention & control. Established as part of Griffin’s combined internal medicine-preventive medicine residency track, the curriculum will emphasize and provide broad experience in cancer epidemiology, control, prevention and screening for those contemplating public health and government, academic or research careers.

Harold Hebb, a long-time Griffin Hospital employee and resident of Naugatuck, received an interim appointment to serve on the Connecticut Medical Examining Board, a branch of the Connecticut Department of Public Health responsible for protecting the health and safety of the people of Connecticut. Hebb’s appointment will be officially approved this spring by the State Legislature.

The Sleep Wellness Center at Griffin Hospital has again expanded, adding a fourth bed to keep pace with demand. Expansion of the Center, which is open seven days a week, was needed to eliminate delays in patient bookings.

was the first in Connecticut to offer a medicine residency track, the
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**Where the Money Came From**

<table>
<thead>
<tr>
<th>Source</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>26.4%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Managed Care</td>
<td>34.3%</td>
<td>30%</td>
</tr>
<tr>
<td>Medicare</td>
<td>30.6%</td>
<td>33%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>26.4%</td>
<td>15%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Where the Money Went**

<table>
<thead>
<tr>
<th>Expense</th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food, Supplies &amp; Other</td>
<td>30.6%</td>
<td>33%</td>
</tr>
<tr>
<td>Personnel Cost</td>
<td>33%</td>
<td>40%</td>
</tr>
<tr>
<td>Interest</td>
<td>2.1%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Depreciation</td>
<td>4.4%</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**The Combined Financial Report for The Griffin Hospital and The Griffin Hospital Development Fund**

**Financial Highlights**

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>We Billed For Services To Our Inpatients</td>
<td>$106,593,645</td>
<td>$110,007,410</td>
</tr>
<tr>
<td>We Billed For Services To Our Outpatients</td>
<td>$93,921,831</td>
<td>$90,358,282</td>
</tr>
<tr>
<td>Received From Sources Such As Grants, Fund Raising, Cafeteria, Etc.</td>
<td>$1,807,384</td>
<td>$1,960,892</td>
</tr>
<tr>
<td>Earned On Investments</td>
<td>$580,519</td>
<td>$314,999</td>
</tr>
<tr>
<td>Total</td>
<td>$202,903,379</td>
<td>$202,641,583</td>
</tr>
</tbody>
</table>

**We Billed And Did Not Receive**

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Medicare For Services Provided Because Payments Are Limited To A Fixed Amount</td>
<td>($47,238,064)</td>
<td>($45,410,501)</td>
</tr>
<tr>
<td>From Medicaid For Services Provided Because Payments Are Limited To A Fixed Amount</td>
<td>($14,130,520)</td>
<td>($13,969,879)</td>
</tr>
<tr>
<td>From Patients Who Were Unwilling Or Unable To Pay</td>
<td>($57,507,955)</td>
<td>($59,378,917)</td>
</tr>
<tr>
<td>Total We Billed And Did Not Receive</td>
<td>($123,426,406)</td>
<td>($123,755,091)</td>
</tr>
</tbody>
</table>

Therefore, We Received Revenue From Patient Care, Other Services, And Investments Of $79,476,973 $78,886,492

**Our Expenses Included Amounts**

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
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<tbody>
<tr>
<td>For Employee Compensation</td>
<td>$37,569,098</td>
<td>$35,385,935</td>
</tr>
<tr>
<td>For Employee Benefits</td>
<td>$11,437,530</td>
<td>$9,752,844</td>
</tr>
<tr>
<td>For Supplies And Services</td>
<td>$26,734,556</td>
<td>$27,022,678</td>
</tr>
<tr>
<td>For Depreciation Cost Of Buildings And Equipment</td>
<td>$3,545,338</td>
<td>$3,220,837</td>
</tr>
<tr>
<td>For Interest On Borrowed Money</td>
<td>$17,007,739</td>
<td>$18,551,178</td>
</tr>
<tr>
<td>Total Expenses For Patient Care And Other Services Were</td>
<td>$80,987,261</td>
<td>$77,237,472</td>
</tr>
</tbody>
</table>

Therefore, Resulting In A Net Gain (Loss) Of ($1,510,288) $1,649,020

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**GRIFFIN HEALTH SERVICES CORPORATION**

**22**

**Where the Money Came From**

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</tr>
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**GRIFFIN HOSPITAL**

**23**

**Griffin Hospital** is a not-for-profit, tax-exempt subsidiary of the Griffin Health Services Corporation. A 160-bed acute care community hospital, Griffin has more than 250 active and courtesy physicians who have admitting privileges. Griffin Hospital has received national recognition for creating a facility and approach to patient care that is responsive to the needs of patients. Many health care facilities around the world continue to visit and incorporate Griffin’s concepts into their healthcare models.

**G. H. Ventures**

This for-profit, taxable subsidiary of the Griffin Health Services Corporation is responsible for development and operation of business ventures that further the mission of Griffin Health Services Corporation and Griffin Hospital.

**Griffin Hospital Development Fund**

**23**

**Griffin Hospital Development Fund** is a not-for-profit, tax-exempt subsidiary of Griffin Health Services Corporation. The Fund’s primary mission is to develop new and additional capital resources through philanthropy. The Fund is also charged with increasing awareness of and support for Griffin Hospital within the community.

---

**Planetree**

A not-for-profit organization dedicated to personalizing, humanizing, and demystifying the health care experience for patients and their families. Founded in 1978 by Angelica Theiriot, the Planetree Alliance now has more than 80 hospitals and health centers, as well as 13 community health resource centers dedicated to our patient-focused model of care, which supports and nurtures healing on all levels. Planetree was acquired by Griffin Health Services in 1998.

---

**GHS Insurance Company, Ltd.**

is an off-shore insurance captive created to offer Griffin Health Services Corporation, Griffin Hospital and other subsidiary organizations professional, malpractice and general liability insurance coverage.

---

**Griffin Health Services Corporation Subsidiaries**

- **Griffin Health Services Corporation Subsidiaries**
  - **G. H. Ventures**
  - **Griffin Hospital Development Fund**
  - **Griffin Hospital**
  - **Planetree**
  - **GHS Insurance Company, Ltd.**
<table>
<thead>
<tr>
<th></th>
<th>FY2003</th>
<th>FY2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed beds</td>
<td>160</td>
<td>160</td>
</tr>
<tr>
<td>Bassinets</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Discharges (including newborns)</td>
<td>7,218</td>
<td>7,466</td>
</tr>
<tr>
<td>Patient days</td>
<td>28,759</td>
<td>30,590</td>
</tr>
<tr>
<td>Outpatient visits</td>
<td>153,977</td>
<td>150,445</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>4.0 days</td>
<td>4.1 days</td>
</tr>
<tr>
<td>Newborns</td>
<td>719</td>
<td>729</td>
</tr>
<tr>
<td>Emergency department visits</td>
<td>36,084</td>
<td>36,740</td>
</tr>
<tr>
<td>Laboratory procedures</td>
<td>603,040</td>
<td>575,424</td>
</tr>
<tr>
<td>Psychiatric visits</td>
<td>16,621</td>
<td>16,171</td>
</tr>
<tr>
<td>Radiology procedures (total)</td>
<td>60,421</td>
<td>57,943</td>
</tr>
<tr>
<td>Sleep Lab visits</td>
<td>683</td>
<td>533</td>
</tr>
<tr>
<td>Wound healing RUVs</td>
<td>3,931</td>
<td>3,155</td>
</tr>
<tr>
<td>GI cases (total)</td>
<td>3,763</td>
<td>3,411</td>
</tr>
<tr>
<td>Contribution to Derby in lieu of taxes</td>
<td>$863,296</td>
<td>$171,943</td>
</tr>
<tr>
<td>Cost of free care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Griffin at a Glance, 2002-2003**

<table>
<thead>
<tr>
<th>Griffin Hospital Staff Statistics</th>
<th>FY2003</th>
<th>FY2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees</td>
<td>1,191</td>
<td>1,194</td>
</tr>
<tr>
<td>Active medical staff</td>
<td>135</td>
<td>132</td>
</tr>
<tr>
<td>Courtesy medical staff</td>
<td>109</td>
<td>94</td>
</tr>
<tr>
<td>Visiting/consulting staff</td>
<td>27</td>
<td>29</td>
</tr>
<tr>
<td>Nurses</td>
<td>237</td>
<td>271</td>
</tr>
<tr>
<td>Residents in training</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>Volunteers</td>
<td>330</td>
<td>306</td>
</tr>
<tr>
<td>Volunteer Hours</td>
<td>56,731</td>
<td>65,361</td>
</tr>
</tbody>
</table>
Griffin Health Services Corporation
130 Division Street, Derby, Connecticut 06418

To learn more about our programs and services, call InfoSource at (203) 732-7211.

www.griffinhealth.org