

In 2004, Griffin ranked 12th in the nation on 18 performance indicators related to heart attack, heart failure and pneumonia care reported to the Centers for Medicare & Medicaid Services.



Clinical Excellence  
creating exceptional outcomes



# Griffin at a Glance

## FY2005 FY2004

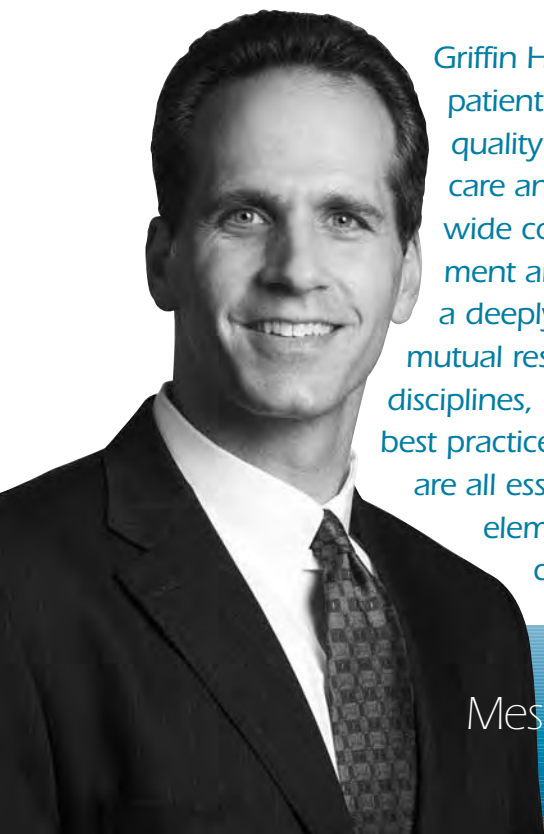
Licensed beds	160	160
Bassinetts	20	20
Discharges (including newborns)	7,226	7,349
Patient days	31,474	32,464
Outpatient visits	164,640	160,427
Average length of stay	4.36	4.42 days
Newborns	678	709
Emergency department visits	36,788	35,833
Laboratory procedures	682,406	672,759
Psychiatric visits	14,485	16,416
Radiology procedures	69,961	66,679
Sleep Lab visits	929	1,040
Wound healing visits	4,639	4,494
GI cases	3,423	3,664
Cost of free care	\$2,094,321	\$439,800

## STAFF STATISTICS

### FY2005 FY2004

Employees	1288	1,217
Active medical staff	144	142
Courtesy medical staff	128	119
Visiting/consulting staff	22	23
Nurses	279	251
Residents in training	33	33
Volunteers	365	352
Volunteer Hours	65,500	59,800





Griffin Hospital's ability to deliver on its promise of an exceptional patient experience characterized by superior clinical and service quality and active engagement of the patient as partner in their care and treatment depends on many factors. An organization wide commitment to continuous learning, performance improvement and innovation, highly skilled and dedicated care givers, a deeply held patient centered care philosophy, a culture of mutual respect and support that promotes collaboration between disciplines, the ability to create and maintain a healing environment, best practice procedures and systems, and leading edge technology are all essential elements. Our efforts to enhance each of these elements and the success we have achieved have been chronicled in previous annual reports.

## Message from Patrick A. Charmel

Griffin Hospital President and CEO

While health care consumers focused primarily on the customer service aspects of the patient experience in the past due to a lack of readily available and understandable information that describes and compares the level of clinical quality that hospitals deliver, the advent of mandatory public reporting of various indicators of hospital clinical performance has shifted the consumer's focus to clinical quality. Increasingly, hospitals will be judged on their ability to provide error free care that minimizes the risk of complication and produces a favorable clinical outcome. Our ability to produce favorable clinical outcomes depends in large part on the talent and skill of the more than 200 physicians that are members of the hospital's medical staff, the collaborative working relationship that they have with each other and the hospital's technical, professional and support staff, and their commitment to clinical excellence.

This year's annual report titled *Clinical Excellence: Creating Exceptional Outcomes* focuses on our medical staff. Whether engaged in teaching, research or clinical practice, Griffin physicians have distinguished themselves as innovators and leaders that are setting the standard of performance that others strive to meet. In the pages that follow you will be introduced to a number of these remarkable individuals, the capabilities they bring to our hospital and the exceptional care and treatment that they provide to our patients.

Griffin's medical staff continues to expand. Over the last year, we welcomed Dr. Sid Bogardus, a gastroenterologist with impressive academic credentials. Before coming to Griffin, Dr. Bogardus served as faculty in the Yale University School of Medicine. Other additions to the medical staff include Dr. Arnold

Rivera, a urologist trained in minimally invasive laparoscopic surgery and the latest surgical techniques for the treatment of female incontinence; Dr. VanderVennet, an experienced obstetrician gynecologist that relocated his practice from Bridgeport; Dr. Ami Acharya, who is also an obstetrician gynecologist and has established her practice as part of the hospital's Women's Health Center, which was designated a national Community Center of Excellence (CCOE) in women's health; Dr. Marya Chaisson, a pulmonologist and intensivist with specialty training in Sleep Medicine who serves as the Medical Director of the hospital's Sleep Wellness Center; Dr. Lee Soto, a general surgeon trained in advanced laparoscopic surgery; Dr. Marc Nespoli, a Yale trained psychiatrist who serves as the Director of our psychiatric and substance abuse day treatment

programs; Dr. Taras Kucher, a fellowship trained vascular surgeon who has joined southern Connecticut's premier vascular surgery practice; and Drs. Marie Livigni, Leor Zedek and Suja Georgie, who are board certified primary care physicians that have established practices in Shelton and Derby, helping to fill the primary care deficit that exists in the hospital's service area. These fine physicians have been well received by their colleagues and their patients and have helped to raise the level of medical care practiced in our community.

Rapidly increasing medical malpractice insurance rates over the last four to five years have placed a huge financial burden on physicians practicing in Connecticut, forcing some physicians to close their practice, and have created an impediment to the recruitment of physicians to meet identified community need for physician services. Griffin Hospital along with other Connecticut hospitals and the Connecticut State Medical Society advocated for medical malpractice reform during last year. With the support of our local legislators a package of medical malpractice liability reforms was passed in July 2005. The reforms and other market forces appear to have stabilized malpractice insurance rates for the time being. During the debate about the need for medical malpractice liability reform, provider owned captive insurance companies were identified as an alternative to the commercial medical malpractice insurance market that might offer some relief to Connecticut's physicians. Through the effort of State Senator Joe Crisco, a State grant program was established to fund the expansion of existing

hospital owned captive insurance companies to take in additional hospital partners and to begin writing medical malpractice insurance for non employed members of the hospital's medical staff.

Griffin Health Services Corporation established a captive insurance company more than a decade ago to provide malpractice and general liability insurance coverage to the hospital and its employed physicians. The captive insurance company has proven to be an effective vehicle to stabilize the hospital's cost of liability insurance and to focus the hospital's effort to increase patient safety and reduce risk of liability exposure. Given the captive's success, and the need to address the threat to the viability of OB/GYN, neurosurgery and general surgery practices in our community, our captive insurance company, which was renamed Healthcare Alliance Insurance Company, LTD (HAIC), was expanded to include Milford Hospital as a partner and to begin offering professional liability insurance to non employed physician members of the Griffin Hospital and Milford Hospital Medical staffs. To fund the expansion effort, we applied for and received a captive expansion grant of \$750,000. Healthcare Alliance Insurance Company ended 2005 with 21 insured physicians who are working closely with HAIC and its parent hospitals to improve their performance and reduce their claims experience in order to permanently stabilize their cost of insurance and secure the future of their practice.

Griffin Hospital demonstrated its commitment to quality improvement

and patient safety during the past year by enrolling in the Institute for Healthcare Improvement's *100K Lives Campaign*—a voluntary national initiative with a goal of saving 100,000 lives among patients in hospitals through improvements in the safety and effectiveness of care. Again, Griffin physicians embraced the opportunity to improve the care they provide.

The campaign includes a series of interventions including the deployment of rapid response teams to provide immediate multidisciplinary care to patients at risk of cardiac arrest, efforts to standardize the treatment of acute myocardial infarction, and efforts to prevent adverse drug events, intravascular catheter infections, surgical site infections and ventilator-associated pneumonia. This important initiative is being spearheaded at Griffin by Drs. Kenneth Schwartz, Gregory Boris, Glendo Tangarorang, Howard Quentzel and Marya Chaisson and by our Infection Control Coordinator Gale Jaccobacci. We are grateful to these individuals for their leadership and the positive results they have achieved.

The hospital's commitment to quality improvement and patient safety extends throughout the organization but emanates from the hospital's governing body. The Griffin Hospital Board of Trustees established a Quality Committee of the Board in late 2004 that became fully operational during fiscal year 2005. Under the leadership of Vice Chairman of the Board Allan Cribbins, the Quality Committee of the Board is responsible for recommending to the full board policies, plans and goals

that maintain and seek to continuously improve the quality of care, patient safety and customer service we provide. The committee also reviews and evaluates organization-wide performance against established targets. The Quality Committee of the Board has proven to be highly effective.

We continue to invest in medical and information technology that enhances the hospital's diagnostic and treatment capabilities and improves efficiency and patient safety. Late in 2005, Griffin converted many of its diagnostic radiology studies to a digital format. Diagnostic images are now captured digitally, which has eliminated the use of traditional x-ray film. Moving to a "filmless" environment has reduced the number of repeat studies performed due to poor film image quality, has eliminated the problem of lost or misplaced film, has eliminated film processing, thereby dramatically reducing the time between study completion and results reporting, and has enabled the instant transmission of study images throughout the hospital and to remote physician offices improving access to valuable diagnostic information.

Access to capital is critical to Griffin's ability to continue its investment in facilities improvement, medical technology acquisition, and service expansion. Maintaining a profitable hospital operation generates capital for investment and demonstrates to donors and lenders, which are two important sources of investment capital, that we are responsible stewards of our resources. To reduce the interest expense on the hospital's long term debt that was acquired in 1993

when the North Wing was constructed, we completed a debt refinancing in 2005 to take advantage of lower prevailing interest rates. With the help of the Connecticut Health and Education Facilities Authority (CHEFA) we issued new tax exempt bonds and used the proceeds to refund the outstanding higher interest rate bonds that we previously issued. The refinancing will result in interest savings over the life of our debt of \$2,542,000. The transaction resulted in a write down of the unamortized financing costs associated with the issuance of the bonds that were refunded. This loss has no cash impact on the hospital's operation, but is reflected in our fiscal year 2005 financial results that appear in this annual report.

As described by Griffin Health Services Corporation Board Chairman John Zaprzalka in his accompanying message, Griffin is about to embark on its most ambitious service and facilities expansion since the North Wing construction and renovation project was completed in 1995. The project, which will include construction of a new ambulatory care building that will house a community Cancer Center and allow for much needed expansion of our Emergency Department and future expansion of our Surgical Suite and Radiology Department, will enable us to accommodate growing community demand for our services and position us for the future. Active community support is vital to the success of this project; therefore, we will be sharing the details of our developing project plans with area residents in a series of

informational forums to be held in the coming months.

We are pleased to be recognized again by *Fortune* Magazine as one of the 100 Best Companies to Work For. In addition to moving up to number 4 in the overall ranking we were named the number 1 small company. We are proud of our organizational culture which differentiates us from other workplaces—a culture that promotes honest and open communication, that values and recognizes the contribution of every employee, that encourages strong relationships between co-workers based on mutual respect and support, and that inspires passion for the delivery of exceptional patient care and customer service.

I am extremely grateful to our more than 1,000 employees for their dedication to maintaining a positive working environment and to delivering on our promise of exceptional patient care.

During 2006, we will engage in a process through which we will develop a new three year strategic plan that will determine our course for the period 2007 through 2009—the last three years of Griffin Hospital's first 100 years of operation. I look forward to this dynamic process, which will challenge our organization to reach for higher levels of performance and achievement and to overcome the many obstacles that will impede our effort. By remaining true to our values and dedicated to our Planetree patient-centered care philosophy, we will move into our second century as a strong, vibrant organization well equipped to meet the healthcare needs of those we serve.



The theme of this year's Annual Report is "Clinical Excellence – Creating Exceptional Outcomes." While Griffin continues to receive national recognition for its Planetree patient-centered care model, service excellence, and as one of the nation's best companies to work for, Griffin's achievements in clinical areas should also be appreciated and heralded. I believe you will be favorably impressed as you read about the many clinical innovations and the experience and talents of Griffin's medical staff.

## A Message from **John J. Zaprzalka** Griffin Health Services Corporation Chair

**Griffin will not rest on its laurels... and has ambitious plans for the future. Our commitment is to respond to the needs of those we serve and to ensure that needed services are provided locally.**

As an example, Total Benchmark Solutions, one of the nation's leading providers of benchmarking and consulting services for healthcare organizations, has named Griffin as one of the recipients of its Top 100 Quality Awards for 2004. The award is based on data related to heart attack, heart failure and pneumonia care provided to the Centers for Medicare & Medicaid Services (CMS) by U.S. hospitals. Griffin Hospital ranked an impressive 12th nationwide.

Griffin will not rest on its laurels, though, and has ambitious plans for the future. Our commitment is to respond to the needs of those we serve and to ensure that needed services are provided locally. After an exhaustive process that engaged the internationally recognized architectural firm of Pelli, Clarke, Pelli and included board members and management that looked at facility and service needs for the next generation, a campus master plan was developed. Griffin's main hospital building is at capacity, which prevents the expansion of existing services or the introduction of new services. The campus master plan provides for the construction of a new, free-standing

ambulatory care building. Early this year, Griffin will seek approval from the state's regulatory body, the Office of Health Care Access, to build a 40,000 square foot ambulatory care building that will house a Community Cancer Center. The Cancer Center will include radiation therapy services and the practices of physicians that provide diagnostic and treatment services to cancer patients. Radiation therapy has been the service most requested by those we serve. Currently, community residents must travel to hospitals in the cities that surround us for daily treatments over a 4-6 week period. Other services will be relocated from the main building to the ambulatory care building which will allow for the expansion of Griffin's Emergency Department (currently 50 percent under-sized) and the Operating Suite.

The hospital has acquired seven parcels of commercially zoned property that total approximately three acres that we are calling Griffin's West Campus. The proposed ambulatory care building, estimated to cost about \$20 million (including furniture and medical equipment), will be built on the West campus. It will increase the assessed



value of Griffin's property and as a result increase revenue from the state to the City of Derby under the PILOT (Payment in Lieu of Taxes) Program.

It is an exciting project that will respond to the needs of those we serve and benefit the City of Derby and its residents. We look forward to working with city and state officials to obtain the necessary approvals and expedite the project.

I congratulate the entire Griffin team on the remarkable achievement of being again named by Fortune magazine as one of the "100 Best Companies to Work For." Griffin is the only hospital in the country to be named to this prestigious list seven years in a row and in 2006 achieved the ranking of fourth, the highest ever by a hospital.

With sadness, I note the passing of Board member Michael Adanti this past year in a tragedy that touched us all. Michael's knowledge and experience was an asset to the Board and his contributions were appreciated. Our thoughts continue to go out to his family.

I extend my thanks to my colleagues on the Griffin Board of Directors. Their energy, expertise and commitment benefit all who choose Griffin for their care and make my job as Chairman enjoyable and rewarding. I add special appreciation to past Board Chairman Gerry Weiner for his guidance and wisdom during my first term.



**Dr. Marie P. LiVigni, an internist, joined Griffin Faculty Practice and the Women's Health Coordination Center in 2005**

The network of Planetree member hospitals continued to grow in FY2005 and today, there are more than 100 Planetree facilities. As institutions considered joining the Planetree community and members continued challenging themselves to best meet the needs of patients, caregivers and families, many turned to Griffin Hospital to see the Planetree philosophy in practice.



## A Message from **Susan Frampton, Ph.D.** Planetree President

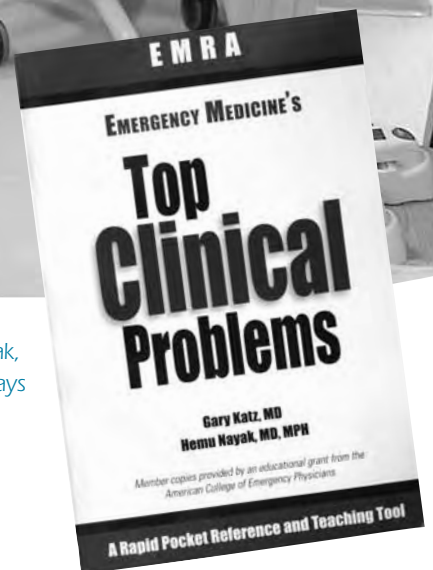
This remarkable growth is just one indication that patients' demands for a different kind of healthcare experience are being heard – and answered. The media, academics and policy makers have also taken note, inviting Planetree to participate in important dialogues that will help chart the future of our industry. The concern for quality healthcare that recognizes patients' humanity is a universal one. Accordingly, global interest in patient-centered care is spreading, with hospitals from around the world turning to Planetree. In FY05, Planetree welcomed its first Canadian hospital, and worked with healthcare professionals in Portugal, Iceland and the Netherlands. The growth of

the Planetree community was reflected at the 2005 Annual Conference. Held in Chantilly, Virginia, the conference provided more than 600 attendees from around the world with information and inspiration to sustain them on their journeys of creating healing healthcare environments. As Planetree grows, we always return to the voice of the patient. In 2005, we conducted over 100 focus groups with patients and families. It was the voice of a patient that set Planetree on this course 28 years ago, and it will be the voices of patients that continue to drive Planetree's vision of patient-centered care.

# Emergency Care




Gregory Boris, D.O., chairman of emergency services, consults with Hemu Nayak, M.D., M.P.H., in Griffin's emergency services department (ED). The monitor displays the status of each patient being treated in the ED.





When it comes to life-saving medical procedures, one of Griffin Hospital's physicians wrote the book on emergency care – literally. Hemu Nayak, M.D., M.P.H., is the author of **Emergency Medicine's Top Clinical Problems**, the handbook published by the American College of Emergency Physicians that's given to every doctor in the United States assigned to training in emergency medicine.



In-depth, authoritative medical knowledge is only one way in which Griffin's Emergency Services Department leads the way in critical care.

Another important component is quick and efficient attention to emergencies, resulting in the shortest possible waiting time for patients and their families.

"There are basically two tracks," explains Gregory Boris, D.O.

"One is for major emergencies, including trauma and complex medical cases.

The other we call Convenient Care; that's for less critical symptoms or injuries, and in those cases we aim for a turnaround time of about an hour." Dr. Boris is chairman of emergency services and one of nine emergency physicians at Griffin; he also contributed a chapter to Dr. Nayak's book.

Often, one of the most frustrating aspects of a visit to an emergency department is not knowing the time until a healthcare professional will treat you. At Griffin, that

problem will soon be alleviated by the use of patient-care monitors in the waiting room, similar to arrival and departure displays at airports. Patients will be given timely information on when they will be seen, and in between those notices the monitors will provide educational health and safety tips.

There are about 37,000 patient visits to Griffin's Emergency Services Department each year. Despite that, says Dr. Nayak, the personal touch is evident. "The volume is high, but it doesn't feel that way," he says. "And the nursing is excellent – better than any other place I've worked."

All of Griffin's emergency physicians are board-certified; some are double-certified in emergency care and another specialty. Several of the doctors are advanced cardiac care life support instructors. The latest medical technology is used, such as state-of-the-art instruments to clear blocked breathing passages.

But at Griffin, such high-tech tools are only a means to an end: providing the best emergency care in as short a time as possible.

"Technology is wonderful," says Dr. Boris, "but it is never going to be more important than caring, quality physicians and staff."

# Critical Care

When a patient is critically ill, excellent ongoing communication among medical professionals is vitally important. That's where Griffin Hospital's Critical Care team stands out.

"We use a multidisciplinary approach," explains Kenneth Dobuler, M.D., Medical Director of Griffin's Critical Care Unit. "On the team there are not just physicians, but respiratory therapists, critical care nurses, nutritionists, and others – the whole array of subspecialists." The team meets every day to discuss every CRCU patient's progress.

In-depth, broad-based patient monitoring is only one of the ways in which Griffin's critical care excels. "Critically ill patients need not look elsewhere for the very best care," Dr. Dobuler points out.

At Griffin's CRCU, specialists are available any time of the day or night. "Griffin has five board-certified critical care practitioners," notes Marya Chaisson, M.D., an internal medicine, pulmonary, and critical care doctor, "and the Critical Care Unit is physician-staffed 24 hours a day. We can offer the most advanced care."

Dr. Chaisson is also the Director of Griffin's Sleep Wellness Center, an outpatient unit that studies, diagnoses, and treats sleep-disordered breathing, otherwise known as sleep apnea. "It has recently been discovered that there's a relationship between sleep apnea and hypertension, heart disease, and stroke," she says. "Treating this condition

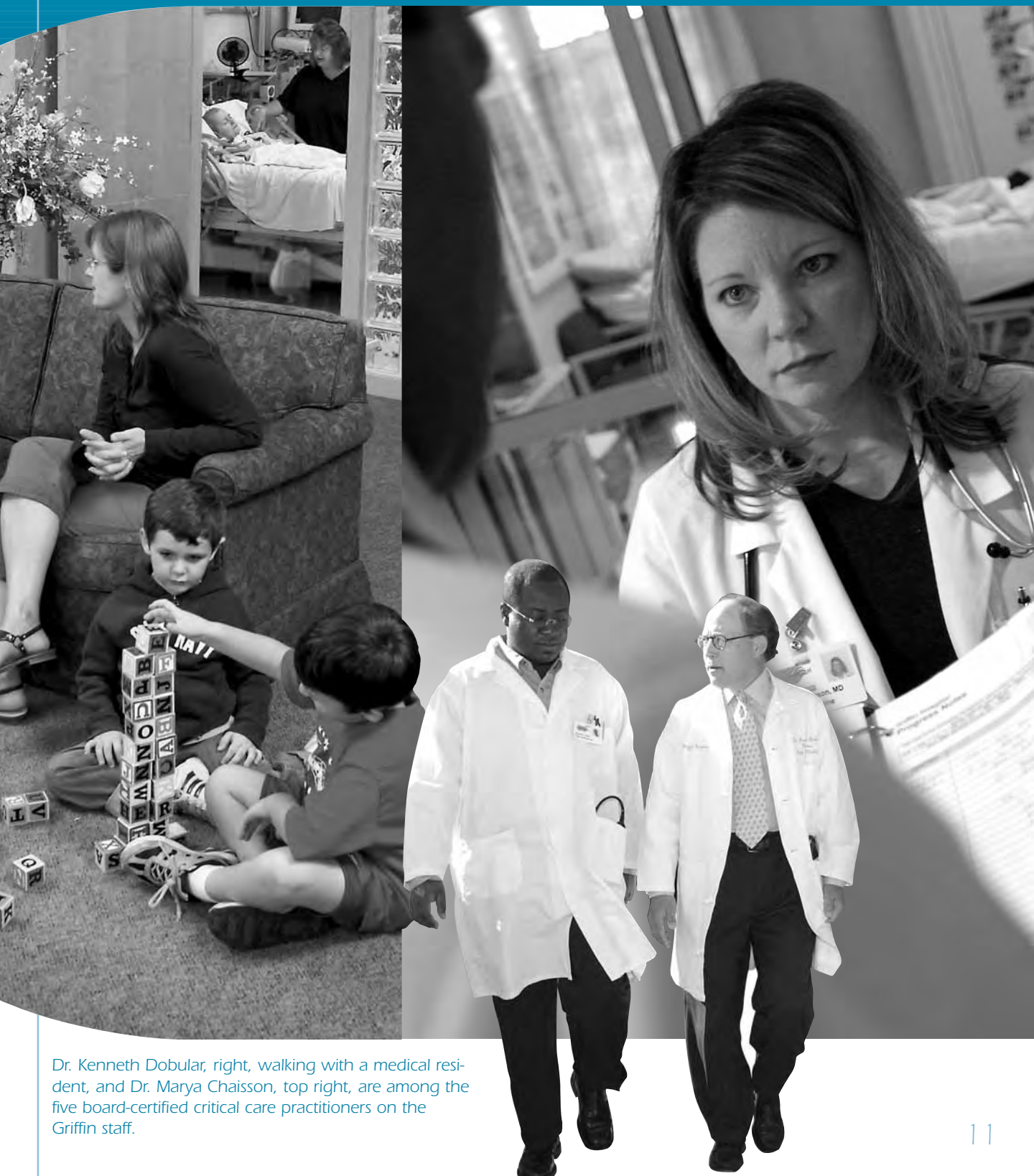
may prevent other, even more serious, medical problems. The importance of sleep apnea treatment is being understood by more and more physicians nationwide."

Griffin also has a hyperbaric chamber – one of only three in the state – for treating severe carbon monoxide poisoning or patients with difficult-to-heal wounds.

The Critical Care Unit, like all other departments at Griffin, follows the Planetree philosophy of patient-focused care. This means, among other things, virtually unlimited access by family members to those being treated. "Social support is as important to the health of the critically ill patient as it is to anyone else," Dr. Dobuler says. "We provide unparalleled care for the sickest of patients in an atmosphere that is both medically excellent and able to maintain a sense of connection to others."



As debate rages nationally about increasing visiting hours in critical care units, Griffin encourages 24-hour visitation by the patient's family.



Dr. Kenneth Dobular, right, walking with a medical resident, and Dr. Marya Chaisson, top right, are among the five board-certified critical care practitioners on the Griffin staff.



# Innovation in Phy

About half the hospitals in Connecticut have active teaching programs, but few of them have the reach of Griffin's – from the Naugatuck Valley literally to the other side of the world.

"The best way of teaching residents to be humanistic, to put the patient first, is to send them on missions to developing countries," explains Dorothea Wild, M.D., M.P.H., Associate Program Director of Griffin's Combined Internal Medicine and Preventive Medicine Residency Program. Each year, several Griffin resident physicians are encouraged to complete a rotation in third-world countries such as Sri Lanka, Uganda, or East Timor, where they focus on basic health issues.

But most of the teaching happens right at Griffin, where the more than 25 residents work with five full-time faculty, all of whom are affiliated with the Yale School of Medicine or the Yale School of Public Health. Many teach at Yale as well as at Griffin. "The teaching and learning happen in several settings," Dr. Wild says. "One-on-one, in small groups, in seminars."

What sets medical education at Griffin apart, notes Ramin Ahmadi, M.D., is the intensity of the teaching. "Right from the first month of training, we teach the residents how to conduct research and how to think about medical literature," he says. "It's very comprehensive."

Dr. Ahmadi is Co-Director of the combined Internal/Preventive Medicine Residency Program. He points out that in most

hospital settings, residents study internal and preventive medicine, and then follow those studies with a course in public health; the sequence can take six or seven years to complete. At Griffin, the disciplines are integrated, so a residency is completed in just four years.

The level of communication is also important, says Seema D'Souza, M.D., Associate Director of Griffin's Internal Medicine Residency Program. "The ratio works out to one faculty member for every five residents, which is much more favorable than at most other hospitals," she explains. "The level of supervision, the role modeling, the evaluation – all those make ours a very unusual program. I think it leads to an ideal medical education."

The overseas residencies are performed in connection with the Griffin Center for Health and Human Rights, which promotes global health and human rights practices and policies. "The link between health and human rights is a vital one," Dr. Wild says. "So many important health issues are not purely medical, but involve basic rights such as access to healthcare. We make sure that our residents understand and appreciate that connection."



# sician Training



Internal/Preventive Medicine residents receive intensive teaching in several settings, above with Associate Program Director Dorothea Wild, M.D., M.P.H., and at right with Ramin Ahmadi, M.D., co-director of the program.



Griffin's combined Internal/Preventive Medicine Residency Program is one of several in the country where residents complete their medical training and receive a master's degree in public health from Yale.

# Cancer Prevention

Griffin's emphasis on colon cancer prevention didn't happen by accident. The Naugatuck Valley has an unusually high rate of colorectal cancer – about one and a half times the state average. Patients present themselves with cancer symptoms later than the state average, often with more advanced tumors. According to Marcella Bradway, M.D., F.A.C.S., "part of that may be a lack of awareness of how to prevent this cancer."

"Many types of cancer can be treated," says Dr. Bradway, "but only one type can actually be prevented – and that's colon cancer."

Griffin Hospital has been a State leader in promoting cancer awareness. Griffin's nurses and physicians visit senior centers to discuss the importance of screening for colon cancer; the hospital sponsors free community lectures; and there are frequent public tours of Griffin's Gastrointestinal Unit. "We're doing everything we can think of to get the word out that this is a preventable disease," Dr. Bradway says. Local physicians have cooperated by referring more of their patients for complete colonoscopies, rather than performing less advanced screening procedures.

When patients do need cancer surgery, Griffin is often the hospital of choice. "We have physicians who are skilled at minimally invasive colon surgery using laparoscopic techniques," Dr. Bradway says. "This involves a much smaller incision, which leads to faster recovery and less pain following surgery."

Breast cancer surgery can also be performed with minimally invasive techniques, says Guy Nicastri, M.D., F.A.C.S., also on the

Griffin team, who has performed hundreds of laparoscopic operations. With breast cancer, the emphasis is on early detection and treatment.

"Our goal is to get patients appropriately screened, which often means a mammogram starting at age 40," he says. "We provide the most up-to-date diagnostics, including breast ultrasounds and minimally invasive needle biopsy. At Griffin, we also offer patients sentinel lymph node sampling, to reduce the incidence of extensive surgery of the axilla [armpit] in patients with breast cancer."

Dr. Bradway notes that a large number of hospitals in the United States do not have the capacity to provide advanced laparoscopic surgery: "Griffin," she says, "is quite special in that way."





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This year, Griffin will seek State approval to build an ambulatory care building that will include a community cancer center offering radiation therapy.



Guy Nicastrì, M.D., F.A.C.S. and an OR nurse (above) review an xray film before surgery. Marcella Bradway, M.D., F.A.C.S. (left) is one of only a few board certified colorectal surgeons in Connecticut.

# Obstetrics and Gy

Ami Acharya, M. D., M.P.H., has been practicing in the Women's Health Coordination Center at Griffin Hospital only a few months, but she is very clear about what attracted her here. "For female patients, Griffin is a comprehensive, one-stop center for all women's health concerns," she says. "Whether it's gynecologic care, pregnancy, patient education, surgery, or other issues, Griffin has it all."

The United States Department of Health and Human Services apparently agrees. In 2002, it named the Women's Health Coordination Center at Griffin Hospital a National Community Center of Excellence in Women's Health (CCOE), one of only 14 CCOE centers in the country. The CCOE program provides both recognition and resources for community-based healthcare in six specific categories, including preventive services and public education.

Among the programs offered by the CCOE at Griffin are *The Healthy Divas*, a network of women helping each other make healthy lifestyle choices, and *Living Well*, a support group for women with chronic diseases.

"For women in the Naugatuck Valley, Griffin's Women's Health Coordination Center is not just a place to come when you're sick," Dr. Acharya says. "It is that, but it's so much more. It's really fully integrated, seamless, community-based care, dealing with the wellness issues of women of all ages."

Another obstetrician-gynecologist who recently became associated with Griffin is Scott Vander Vennet, M.D. For him, the comfortable size of the hospital was an important consideration. "Overall, the patients here seem to have a much better experience than at the larger hospitals I

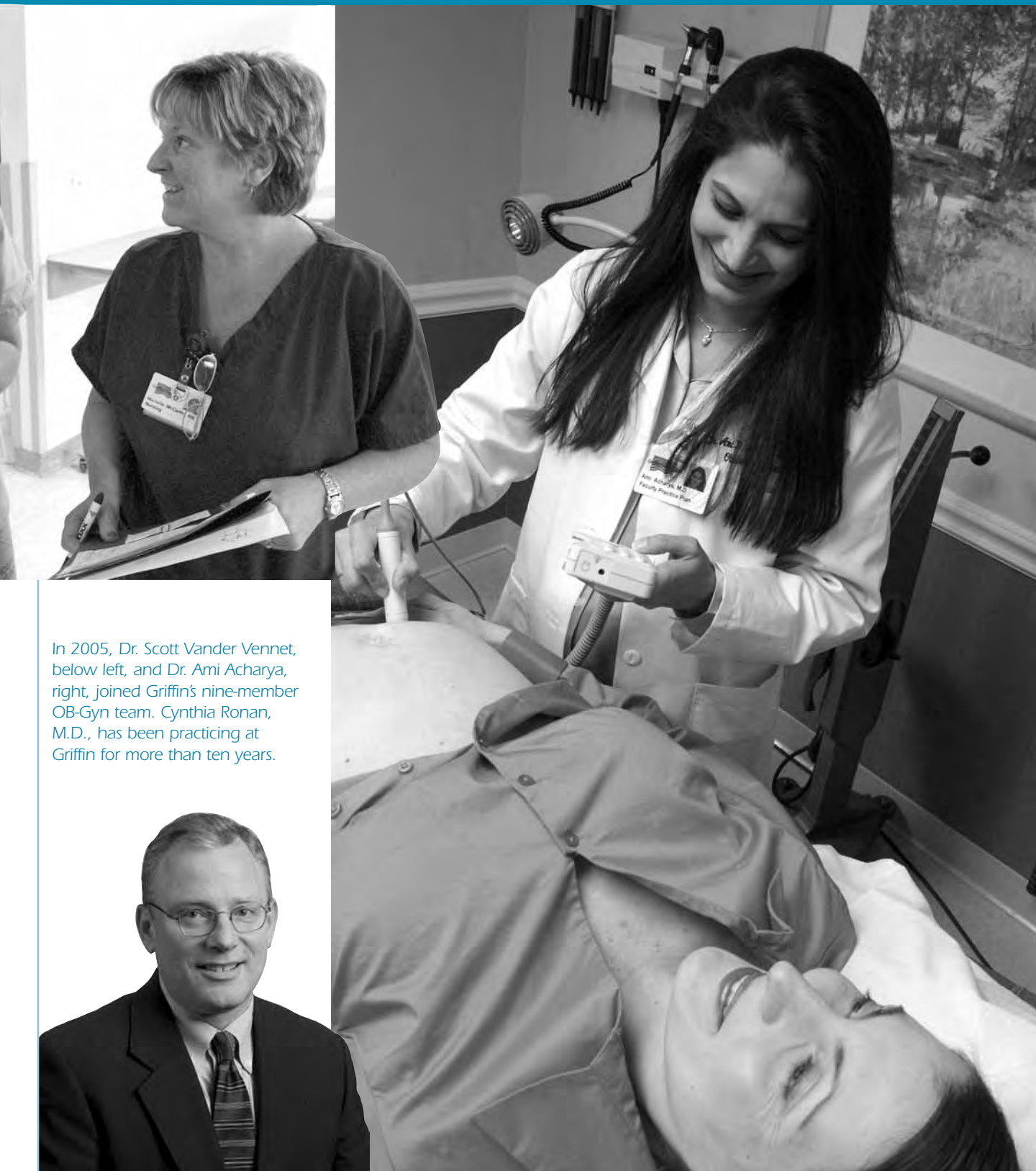
have been associated with," he says. "Things are not as regimented, and the staff plays a big part in that."

For parents of newborns, the atmosphere of Griffin's Labor and Delivery Department is homelike. Once the baby is born, fathers can sleep in a double bed with the mother and child. A nearby waiting room has Internet access as well as television. Parents may post a picture of their newest family member on *Cradle Views*, an online photo album that's part of the Griffin website.

Apart from the CCOE, eight other obstetrician-gynecologists are associated with Griffin Hospital. Four of these are in solo practice and there is one group practice. Between them, the nine obstetrician-gynecologists provide a wide range of services, ranging from pregnancy care and routine gynecologic care to newer surgeries for prolapse and incontinence, as well as the latest minimally invasive Laparoscopic procedures such as laparoscopic supracervical hysterectomies. The trend at Griffin is toward more minimally invasive procedures, with small incisions and shorter recovery periods.



# necology



In 2005, Dr. Scott Vander Vennet, below left, and Dr. Ami Acharya, right, joined Griffin's nine-member OB-Gyn team. Cynthia Ronan, M.D., has been practicing at Griffin for more than ten years.





# The Joint Replace

These days, Americans are living longer than ever before – and as we age, joint replacement has become a necessity for more and more people, because the crippling effects of arthritis can limit the ability to enjoy an active life.

Griffin Hospital's Joint Replacement Center, launched in 2005, brings together the entire spectrum of healthcare professionals with expertise in joint replacement: surgeons, nurses, therapists, social workers, and others. Based on some of the country's best practice models, the Joint Replacement Center offers comprehensive, focused, multi-departmental care for patients needing joint replacement, and their families. "An important component of the process is providing up-to-date and reliable information," says Joel W. Malin, M.D., the Center's Director.

All six orthopedic surgeons on the Center staff are, or soon will be, among a select group of physicians specially trained in minimally invasive joint replacement, and cleared to use the Oxford Unicompartmental Knee System. The Oxford system is designed to allow patients to recover in less time, and with less pain, than patients who receive traditional joint replacement.

Griffin orthopedists frequently hold free community lectures, either at the Griffin or in places outside the hospital, to educate the public about joint surgery. The response to the sessions has been impressive. "Frequently we will get dozens of people there," Dr. Malin says.

Questions at the sessions often focus on such issues as the mechanics of the surgery, advances in artificial joint science, and effective pain management, says Gary Richo, M.D., Ph.D., an orthopedist at the Center. "We also deal with what arthritis is, what the latest treatments involve – even what the replacement joints look like," he says.

Patients undergoing joint replacement surgery are provided with a comprehensive guidebook that takes them step-by-step through the pre-operative, surgical, and post-operative phases. Rapid, complete recovery is stressed.

The Center's surgeons are all Board certified or Board-eligible.

To provide optimal care, Griffin Hospital partners with Biomet, an experienced designer and manufacturer of products for hip replacement, knee replacement, shoulder replacement, elbow replacement, and similar surgeries. "Biomet provides us with their latest technologies," Dr. Richo says. "The goal always is to mimic what nature gave us, and have the replacement joint last as long as possible."



# ment Center



The Joint Replacement Center, where Griffin surgeons use the latest minimally invasive techniques, offers a comprehensive, multidisciplinary approach and extensive patient education and rehabilitation to help patients with hip, knee or shoulder pain return to normal activity as rapidly as possible.

# Cardiology Service

Patients with cardiovascular disease sometimes still have chest pain, even after surgery. One way to reduce or eliminate this pain is a medical treatment known as Enhanced External Counter-Pulsation, or EECp for short. In Connecticut, only one hospital offers EECp: Griffin.

“EECP works by forcing blood into the coronary arteries,” explains Kenneth Schwartz, M.D., Chief of Griffin’s Cardiology Section. “This opens up collateral blood vessels, and increases blood flow to the heart muscle.”

In EECp, pressure cuffs are placed around the patient’s legs and thighs. When pressure is applied at the proper times, blood is pushed into the coronary arteries. The treatment isn’t quick; some 35 sessions over seven weeks are required. But it usually is effective. “Many scientific studies have shown very positive results from EECp, and that has been our experience at Griffin,” Dr. Schwartz says. The procedure is Medicare-approved, and has been available at Griffin for more than seven years.

Being the state’s sole provider of EECp isn’t the only way Griffin Hospital’s Department of Cardiology stands out. It also ranks extremely high in following the recommended treatments and guidelines for people with heart attacks, heart failure, and pneumonia. These protocols involve procedures such as immediately giving aspirin and Beta Blockers to every patient being treated for a heart attack; giving ACE inhibitors to those with heart failure; and performing a blood oxygen assessment on pneumonia patients.

Last year, more than 2,000 hospitals nationwide submitted information about treating these conditions to the Centers for Medicare & Medicaid Services (CMS). Griffin Hospital was ranked No. 12 in the country in following the protocols.

“We started adhering to these protocols years ago,” Dr. Schwartz explains. “For each patient, there is what’s called a ‘pathway’ that outlines exactly what the treatment will be, following established guidelines. It’s second nature to us.”

Anthony D’Souza, M.D., another of the seven cardiologists on staff, says teamwork also plays a part. “Patients are served best when the medical professionals work in a coordinated way, as we do,” he says. “That makes it easier to ensure that physicians, nurses, and other staff are well educated about the best, most appropriate procedures.”





S

Dr. Kenneth Schwartz, Griffin Medical Director and cardiologist, checks on patient Bill Heher, as a nurse checks his readings. Heher says EECF treatments made him "feel so good and all my symptoms disappear", he's prescribed his own maintenance program – every two years!



These physicians joined the Griffin Medical Staff in 2005: left, Dr. Sidney T. Bogardis, internal medicine and gastroenterology, new associate of Dr. Harold Schwartz; and right, Dr. Marc Nespoli, newly appointed Griffin psychiatrist

# Preventive Medicine

Asthma, heart disease, arthritis, diabetes — all are common health problems in Connecticut. At the Yale-Griffin Prevention Research Center, the emphasis is on developing creative strategies to help communities prevent these and other conditions.

“We are one of a network of 33 such prevention centers nationwide, funded primarily by the Centers for Disease Control and Prevention (CDC),” says David Katz, M.D., M.P.H., director of the Yale-Griffin Prevention Research Center. “Ours is the only one based at a hospital.”

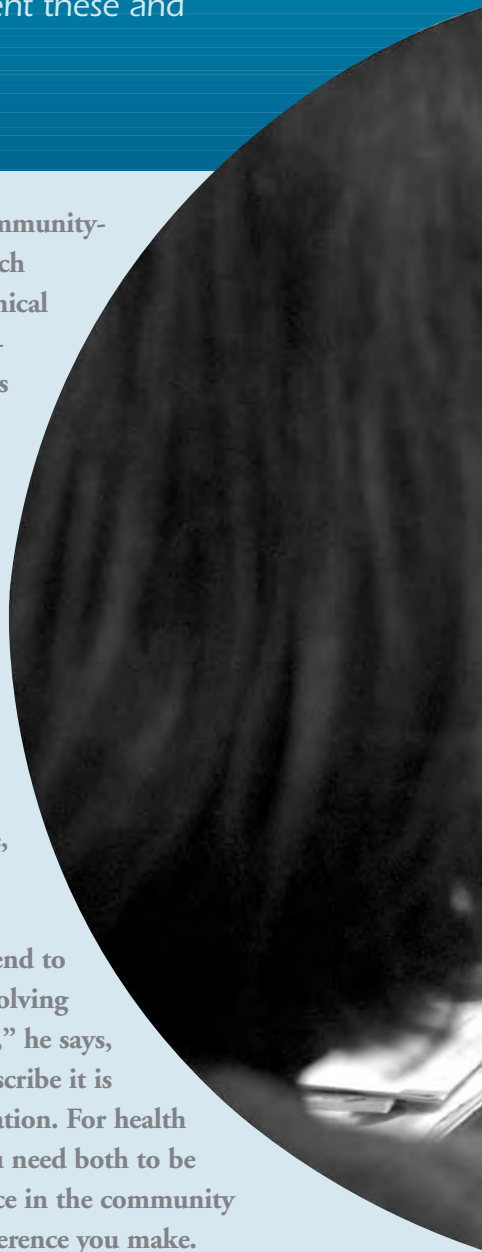
Information about wellness flows two ways at the Center: In, from local research studies, and out, with innovative ways to better inform and empower residents of Connecticut towns and cities.

“One project we have been working on recently involves diabetes among African Americans, who are an especially at-risk population,” Dr. Katz explains. “The Center is working closely with traditionally African American churches in New Haven and Bridgeport. We are training church leaders to be community health advisers in education for their congregations. We think this is a very effective way to spread lots of good information as widely as possible.”

The Center, established in 1998, is funded not only by the CDC but also by the National Institutes of Health, foundations, and private industry. All sorts of health issues, from stopping smoking to the obesity

crisis, are part of its community-based agenda. Its research portfolio is diverse: Clinical trials run the gamut: — the effects of eating eggs on heart health, which approaches to weight loss work best, the effectiveness of intravenous micronutrient therapy on fibromyalgia, and much more.

Dr. Katz, who is also an Associate Professor of Public Health at Yale, says “research” isn’t always what people imagine it is. “People tend to think of research as involving lab coats and test tubes,” he says, “but a better way to describe it is performing good evaluation. For health research to succeed, you need both to be able to make a difference in the community and to measure the difference you make. Then you have a powerful formula for positive change.”



e

Overwhelming response resulted from the PRC's announcement last fall it was launching a chocolate study. Funded by the Hershey Company, the study got both national media attention and a flood of prospective participants. The goal of the study, which is still underway, is to determine whether it is better to eat dark chocolate in a bar or drink it as cocoa.



Dr. Katz, director of the Yale-Griffin Prevention Research Center, is a medical contributor for ABC News, the nutrition columnist for **O**, the Oprah Magazine, and author of the recently published book, **The Flavor Point Diet**.



## 2005 OFFICERS

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Kenneth V. Schwartz, M.D.

### President

Paul B. Nussbaum, M.D.,

### Vice President

Stephen J. Moses, M.D.

### Secretary/Treasurer

Marcella Bradway, M.D.

## MEDICAL EXECUTIVE COMMITTEE

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Medical Director

Patrick A. Charnel,  
President and CEO,  
Griffin Health Services

Gregory Boris, D.O.,  
Chair, Department of  
Emergency Services

Marcella Bradway, M.D.,  
Secretary/Treasurer,  
Medical Staff

Domenic Casablanca, M.D.,  
Chief, Family Practice

Kenneth J. Dobuler, M.D.,  
Chair, Department of  
Medicine

Haq Nawaz, M.D.,  
Chair, Department of  
Preventive Medicine

Gordon I. Kuster, 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. Nicastrì, M.D.,  
Chair, Department  
of Surgery

Paul B. Nussbaum, 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

Stephanie Wain, M.D.,  
Chair, Department of  
Pathology

Anthony G. Wayne, M.D.,  
Chair, Department of  
Pediatrics

# Griffin Hospital Medical

## PHYSICIANS BY SPECIALTY

### Adolescent Medicine

Anthony G. Wayne, M.D.

### Allergy & Immunology

Mark Aferzon, M.D.

Gerald J. Germano, M.D.

### Anesthesiology

Phillis Beberman-Jennes, D.O.

Wilfredo E. Cadelina, M.D.

Dwayne Livigni, D.O.

Ira G. Rock, M.D.

Merton A. Smith, M.D.

### Anesthesiology—Division of Pain Management

Mark A. Thimineur, M.D.

Richard A. Weaver, D.O.

Rakesh Patel, M.D.\*

Mohan Vodapally, M.D.\*

### Cardiology

Anthony W. D'Souza, M.D.

Mark S. Grogan, M.D.

Murugesapillai Koneswaran, M.D.

William Neil Pearson, M.D.

Martin Plavec, M.D.

Andrew M. Rashkow, M.D.

Kenneth V. Schwartz, M.D.

Kenneth S. Spector, M.D., Ph.D.

Robert J. Ardesia, M.D.\*

Mark L. Blitzer, M.D.\*

Mark A. Marieb, M.D.\*

Mark H. Schoenfeld, M.D.\*

### Dentistry

Robert L. Lerman, D.M.D.

### Dermatology

Israel Dvoretzky, M.D.

Nira R. Silverman, M.D.

### Emergency Medicine

Gregory Boris, D.O.

Sybil Cheng, D.O.

Jeanne Kuslis, M.D.

Hemant Nayak, M.D.

Richard L. Papantonio, M.D.

John Cacace, M.D.\*

Servando DeLos Angeles, M.D.\*

Benjamin Doolittle, M.D.\*

Alyssa M. French, M.D.\*

David J. Hendricks, M.D.\*

Gary A. LaPolla, D.O.\*

Jonathan Maisel, M.D.\*

Christopher Michos, M.D.\*

Elizabeth O'Brien, M.D.\*

Aric Parnes, M.D.\*

James A. Sirleaf, M.D.\*

### Endocrinology

Yuvraj Kumbkarni, M.D.

Antonio Lopez, M.D.

David Moll, M.D.

### Family Practice

Domenic Casablanca, M.D.

Kenneth E. Mancher, M.D.

Elliot K. Mathias, M.D.

Daniel J. Mizak, M.D.

Donald P. Roach, M.D.

Samuel W. Streit, D.O.

F. Peter Swanson, M.D.

Kenneth A. Ward, M.D.

Leor Zedek, M.D.

Saroja Koneswaran, M.D.\*

### Gastroenterology

Sidney T. Bogardus, Jr., M.D.

Jeffrey T. Dreznick, M.D.

Pierluigi Marignani, M.D.

Harold M. Schwartz, M.D.

Vincent M. Leone, M.D.\*

### Hematology/Oncology

Greg Angstreich, M.D.

David Purpora, M.D.

John C. Rhee, M.D.

Gerard Fumo, M.D.\*

Thomas M. Fynan, M.D.\*

Kay Haedicke, M.D.\*

Martin E. Katz, M.D.\*

Jeremy S. Kortmansky, M.D.\*

Johanna M. LaSala, M.D.\*

Arthur Levy, M.D.\*

W. Bruce Lundberg, M.D.\*

Rajani Nadkarni, M.D.\*

Jeffrey A. Orell, M.D.\*

Namrata Patel, M.D.\*

Harold Tara, Jr., M.D.\*

Wajih Zacheer, M.D.\*

### Infectious Disease

Frederick Browne, M.D.

Howard L. Quentzel, M.D.

### Internal Medicine

Gerard Abidor, DO

Ramin Ahmadi, M.D.

Piotr Baginski, M.D.

Sidney T. Bogardus, Jr., M.D.

Bruce T. Brennan, M.D.

K. Marya Chaisson, M.D.

Eugene C. Constantinou, M.D.

Bindu Dey, M.D.

Sudipta Dey, M.D.

Kenneth J. Dobuler, M.D.

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Anthony W. D'Souza, M.D.

Seema D'Souza, M.D.

Geraldine Fabregas, M.D.

John A. Farens, M.D.

Gerald G. Fette, M.D.

Suja Georgie, M.D.

Madhu Gowda, M.D.

Mark S. Grogan, M.D.

Joseph B. Guarnaccia, M.D.

Robert N. Hyde, III, M.D.

David L. Katz, M.D.

Murugesapillai Koneswaran, M.D.

Yuvraj Kumbkarni, M.D.

Marie Livigni, D.O.

Antonio Lopez, M.D.

Robin Mahabir, M.D.

Pierluigi Marignani, M.D.

David Moll, M.D.

Stephen J. Moses, M.D.

Haq Nawaz, M.D.

Stuart A. Nerzig, M.D.

Paul B. Nussbaum, M.D.

Jeffrey A. Orell, M.D.

W. Neil Pearson, M.D.

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Robert J. Porto, M.D.

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M. Ehsan Qadir, M.D.

Howard L. Quentzel, M.D.

Andrew Rashkow, M.D.

Harold M. Schwartz, M.D.

Kenneth V. Schwartz, M.D.

Carlos Schweitzer, M.D.

Stephen M. Spear, M.D.

Kenneth S. Spector, M.D.

Glendo Tangarorang, M.D.

Dorothea Wild, M.D.

Joel S. Zaretsky, M.D.

Donald J. Austrian, M.D.\*

Joseph A. Brenes, M.D.\*

David M. Jutkowitz, M.D.\*

Aleflor Ragaza, M.D.\*

James P. Ralabate, M.D.\*

# Staff

\* Denotes Courtesy Staff

## Nephrology

Paul B. Nussbaum, M.D.  
Irwin D. Feintzeig, M.D.\*  
Mitchell A. Fogel, M.D.\*  
James. P. Gavin, M.D.\*  
William A. Hunt, M.D.\*  
Robert C. Kim, M.D.\*

## Neurology

James R. Butler, M.D.  
Joseph B. Guarnaccia, M.D.  
Madeleine B. Kitaj, M.D.  
Phillip M. Barasch, M.D.\*  
Lawrence S. Beck, M.D.\*  
Peter J. McAllister, M.D.\*  
Philip A. Micalizzi, M.D.\*  
Hamid Sami, M.D.\*  
Kanaga Sena, M.D.\*  
Martin S. Stransky, M.D.\*  
Lisa B. Webb, M.D.\*

## Neurosurgery

Patrick P. Mastroianni, M.D.  
Abraham Mintz, M.D.\*  
Daniel Nijensohn, M.D.\*  
Michael E. Opalak, M.D.\*  
Perry A. Shear, M.D.\*

## Obstetrics/Gynecology

Ami Acharya, M.D.  
Joel Allen, M.D.  
Reid Gentile, D.O.  
Dorothy K. Gutwein, M.D.  
Roy E. Kalman, M.D.  
Neelima Kaushal, M.D.  
Andrew J. Levi, M.D.  
Michael R. O'Reilly, M.D.  
Katherine Ann Reese, M.D.  
Cynthia M. Ronan, M.D.  
Scott Vander Vennet, M.D.  
Nora R. Miller, M.D.\*  
Shaun C. Williams, M.D.\*

## Oncology

Jeffrey A. Orell, M.D.  
David A. Purpora, M.D.

## Ophthalmology

Scott H. Greenstein, M.D.  
James R. Pinke, M.D.  
Rafael Chiu, M.D.\*  
Richard D. Gilbert, M.D.\*

Jason D. Horowitz, M.D.\*  
Joseph L. Sokol, M.D.\*  
Amy Y. Tso, M.D.\*  
Neal J. Zimmerman, M.D.\*

## Oral & Maxillo-Facial Surgery

Fedele N. Volpe, D.M.D.  
Paul L. Wineland, D.D.S.  
Lee W. McNeish, D.M.D.\*

## Orthopedics

Gerald F. Cambria, M.D.  
A. Gregory Geiger, M.D.  
Ignatius Komninakas, M.D.  
Robert W. Nolan, M.D.  
Gary Richo, M.D.  
Scott Waller, M.D.  
John Awad, M.D.\*  
David F. Bindelglass, M.D.\*  
Peter S. Boone, M.D.\*  
Dante Brittis, M.D.\*  
David B. Brown, M.D.\*  
Patrick J. Carolan, M.D.\*  
William C. Cimino, M.D.\*  
Robert V. Dawe, M.D.\*  
James J. FitzGibbons, M.D.\*  
Herbert I. Hermelee, M.D.\*  
Patrick Kwok, M.D.\*  
Rolf Langeland, M.D.\*  
Joel W. Malin, M.D.\*  
Murray Morrison, M.D.\*  
Robert Stanton, M.D.\*  
Mark G. Wilchinsky, M.D.\*

## Otolaryngology

Mark Aferzon, M.D.  
Maria N. Byrne, M.D.  
Eaton Chen, M.D.  
Ronald H. Hirokawa, M.D.  
Kenneth Yanagisawa, M.D.  
Howard P. Boey, M.D.\*  
Mark D'Agostino, M.D.\*  
Paul L. Fortang, M.D.\*  
Nilesh Vasan, M.D.\*  
J. Michael Willett, M.D.\*

## Pathology

James E. Haswell, M.D.  
Stephanie Wain, M.D.

## Pediatrics

Jeffrey Cersonsky, M.D.  
Douglas C. Curtiss, M.D.  
Gerald J. Germano, M.D.  
Robert N. Hyde, M.D.  
Sherlet Kurian, M.D.  
Robert L. Lavallee, M.D.  
Radhika Malhotra, M.D.  
Anthony G. Wayne, M.D.  
David M. Jutkowitz, M.D.\*

Marci Klein, M.D.\*  
James P. Ralabate, M.D.\*  
Clardvia P. Sam, M.D.\*

## Physical Medicine & Rehabilitation

Krystyna I. Piotrowska, M.D.  
Lisa Webb, M.D.\*

## Plastic Surgery

Paul D. Fisher, M.D.  
David J. Goodkind, M.D.  
Deborah Pan, M.D.  
John F. Reilly, M.D.

## Podiatry

Robert P. Matusz, D.P.M.  
Stephen Schmidt, D.P.M.  
David G. Sharnoff, D.P.M.  
Jeffrey E. Yale, D.P.M.  
B. Glenn Blair, D.P.M.\*  
Tina Marie Chieco, D.P.M.\*  
Julienne Dudzis, D.P.M.\*  
Michael Travisano, D.P.M.\*  
Song K.Yu, D.P.M.\*

## Preventive Medicine

Brian D. Karsif, M.D.  
James F. Jekel, M.D.  
David L. Katz, M.D.  
Haq Nawaz, M.D.  
Dorothea Wild, M.D.

## Psychiatry

Edward G. Halstead, M.D.  
Gordon I. Kuster, M.D.  
Marc Nespoli, M.D.  
Robert M. Daly, M.D.\*  
Kevin P. Hill, M.D.\*

## Pulmonary

K. Marya Chaisson, M.D.  
Kenneth J. Dobuler, M.D.  
Madhu Gowda, M.D.  
Carlos Schweitzer, M.D.  
Nelson Chao, M.D.\*  
Allan J. Rodrigues, M.D.\*  
Scott D. Skibo, M.D.\*

## Radiology

Lawrence W. Gluck, M.D.  
Suzanne Y. Homer, M.D.  
Richard M. Katz, M.D.  
Laurie R. Margolies, M.D.  
Gerald Micalizzi, M.D.  
David Board, M.D.\*  
Judith Corey, M.D.\*  
David Dalzell, M.D.\*  
Martha Duff, M.D.\*  
Arlin Hatfield, M.D.\*  
Michael May, M.D.\*  
Gautam Mirchandani, M.D.\*

Geoffrey Murrish, M.D.\*  
Michael Myers, M.D.\*  
Thomas J. Neveland, D.O.  
Lucille Soldano, M.D.\*  
Wendy L. Stiles, M.D.\*  
Eric Trefelner, M.D.\*  
Brian Twedt, M.D.\*

## Rheumatology

Stephen J. Moses, M.D.

## Surgery

Marcella Bradway, M.D.  
Guy R. Nicastrì, M.D.  
Ihor N. Ponomarenko, M.D.  
Leland J. Soto, III, M.D.  
Charles A. Guglin, M.D.\*  
Steven A. Hirshorn, M.D.\*  
David S. Katz, M.D.\*  
Scott C. Thornton, M.D.\*

## Thoracic/Vascular Surgery

Marsel Huribal, M.D.  
Taras Kucher, M.D.  
Ben Marsen, M.D.  
Timothy M. Manoni, M.D.  
Chung K. Shin, M.D.  
David Esposito, MD.\*  
John A. Federico, M.D.\*  
Walter Kwass, M.D.\*  
James V. Lettera, M.D.\*  
Alicia McKelvey, M.D.\*  
Viswa B. Nathan, M.D.\*  
M. Clive Robinson, M.D.\*  
Daniel M. Rose, M.D.\*  
Richard Salzano, M.D.\*  
Juan A. Sanchez, M.D.\*  
Rafael P. Squitieri, M.D.\*

## Urology

Dilmer L. Diaz, M.D.  
Arnold D.C. Rivera, M.D.  
Alan J. Malitz, M.D.\*  
York P. Moy, M.D.\*

**Griffin welcomed new members of the medical staff in 2005: Dr. Suja Georgie, an internist joined Dr. John Farens' Shelton practice; Dr. Taras Kucher, a thoracic and vascular surgeon, affiliated with Drs. Marsel Huribal and Ben Marsen in Trumbull;**

# 2005 Highlights

Right, Dr. Suzanne Yoon Homer, staff radiologist, uses the new Picture Archiving Communications System (more commonly known as PACS), enabling images such as x-rays and scans to be stored electronically and viewed on video screens. Dr. Homer joined Griffin's medical staff and Connecticut Radiology Associates in 2005.

**Griffin Hospital's Radiology Department** introduced the ability to perform PET/CT Hybrid Scanning. This breakthrough technology merges the benefits of two separate diagnostic tests, CT (Computed Tomography) and PET (Positron Emission Technology). PET/CT images help stage cancer, assess heart disease and provide specific diagnoses of neurological disorders such as Alzheimer's and other dementias, and Parkinson's and Huntington's disease, a capability not available with previous technology.



**eHealthcare Strategy & Trends** recognized Griffin's redesigned website, [www.griffinhealth.org](http://www.griffinhealth.org), with two Gold Awards for Best Site Design and Best Employee Recruitment in its sixth annual eHealthcare Leadership Awards. Websites were judged based on a standard of Internet excellence and how they compared with others in the organization's classification, hospitals under 200 beds. Nearly 1,200 websites were reviewed.

**Griffin redesigned its website** this year to make it more user friendly and to add content and a Performance Indicator Section. Griffin became one of only a few hospitals in the country to report CMS/Medicare Clinical Indicators,

Infection Rates, Patient Satisfaction, Community Survey and operating performance data on its website.

**A resident physician** in training at Griffin won top honors at a recent oral presentation and poster competition and the opportunity to present her poster at the national meeting of the American College of Physicians. Dr. Padmini Ranasinghe's poster, "Prevalence of Post-Traumatic Stress Disorder and Depression Six Months after the Tsunami in Sri Lanka," was selected as best research poster at the American College of Physicians Connecticut Chapter's Annual Scientific Meeting held in October. Dr. Ranasinghe is a fourth-



**Dr. Leland Soto, a surgeon affiliated with Dr. Guy Nicastrì, joined the Griffin medical staff in 2005.**



year resident in Griffin's combined internal medicine/preventive medicine program and a candidate for the master of public health degree at Yale University. She traveled to Sri Lanka in January to help with a relief effort sponsored by Griffin's Center for Health and Human Rights.

**Griffin received the Gold** Connecticut Innovation Award for Improving Clinical Quality from the Connecticut Quality Improvement Award Partnership. The award recognized Griffin's efforts to achieve industry leading performance on the CMS/Medicare performance indicators covering the three most common medical diagnoses – heart attack, heart failure and pneumonia – that have been shown to positively influence patient outcomes.



Left, Dr. Padmini Ranasinge, whose poster presentation won top honors at the annual scientific meeting of the American College of Physicians Connecticut Chapter.

**CNN Espanol Correspondent** Carolina Jaramillo-Johnson, representing the Manhattan-based HealthCare Chaplaincy, presented Griffin employee Grace Malasankas with the Wholeness of Life Award. The award is presented annually to recognize and honor caregivers for providing holistic care to patients and their families by attending to the whole person: mind, body and spirit. Malasankas, a multi-skilled technician in the Emergency Services Department, was nominated by her peers.

**Hurricane Katrina's trail** of devastation throughout the Gulf Coast spurred the employees of Griffin Hospital to action. Led by the efforts of Penny Fleck in the hospital's Distribution Department, the Griffin Hospital Development Fund raised money to assist with relief efforts. Donations from Griffin employees and others totaling more than \$4,000 were forwarded to the CareFund.net, which was created by the Louisiana, Mississippi and Alabama Hospital Associations to benefit hospital employees affected by Katrina.

**Total Benchmark Solution** LLC named Griffin Hospital as one of the recipients of its Top 100 Quality Award for 2004. The award is based on analysis of data related to heart attack care, heart failure care and pneumonia care provided to the Centers for Medicare & Medicaid Services (CMS). For the period from January to December 2004, Griffin ranked 12th nationwide of the 2,053 hospitals reviewed.

# Highlights continued



Top, the staff of Critical Care, named 2005 department of the year; above, employee of the year Maria Brazee

Opposite left, a staircase filled with inspiring murals and upbeat music is a popular aspect of the WinFit program implemented in 2005; right, the renovated kitchen and dining room reopened to rave reviews by the Griffin Hospital community.

**The 32-member Critical Care staff** at Griffin was named the 2005 Department of the Year and Maria Brazee, reimbursement specialist in the Medical Records Department, Employee of the Year. Griffin Idol recognition went to Michelle Crosby in the Laboratory.

**ABC News announced** that Dr. David L. Katz joined its staff as a medical contributor. Dr. Katz, a nationally renowned expert in preventive medicine and nutrition, is the Director of the CDC-funded Yale-Griffin Prevention Research Center, the founder and Director of Griffin's Integrative Medicine Center, and a member of the Griffin Hospital Medical Staff.

Griffin's Rapid Diagnostic Breast Center received a \$25,000 grant from the Connecticut Affiliate of the Susan G. Komen Breast Cancer Foundation to be used to enhance the services offered through the Rapid Diagnostic Breast

Center including funding for a part-time outreach educator, and costs associated with screening mammograms, diagnostic mammograms, and breast ultrasounds.

**Dr. Kenneth Dobuler** was honored as Medical Director of the Year during the annual leadership meeting of Praxis Clinical Services. Praxis, provider of Griffin's two hyperbaric chambers, holds partnerships with 50 clinical wound and hyperbaric centers throughout the country and is recognized as the industry leader in chronic wound management.

**Nearly four years** after opening his Pines Bridge Primary Care practice and becoming the first Beacon Falls-based physician since the early 1960s, Dr. Sudipta Dey announced that his wife, Dr. Bindu Dey, had joined his practice where together, they offer a range of primary care services to adults and adolescents.

**Great Place to Work® Institute** announced that Griffin was among five recipients of the 2005 Great Place to Work® Award. The companies are recognized for the innovative and successful approaches they take to build great workplaces for their employees. Griffin's award was for the category *Pride*, where Griffin scored the highest on the annual Great Places to Work trust index survey of employees.

**More than 90 patients** were admitted to the new inpatient Hospice Service since it opened at Griffin late last year. The service resulted from a partnership between Connecticut Hospice and Griffin Hospital.

**Griffin Director of Community Outreach** and the Valley Parish Nurse Program, Daun Barrett, traveled to

Montgomery, AL in October as an American Red Cross volunteer to assist hurricane survivors and relief workers. Barrett spent three weeks with the Red Cross working there as well as in Mississippi and Florida.

In December, Barrett was presented a Certificate of Recognition from the Connecticut Public Health Association (CPHA) for her “dedication and commitment to the health of local, state and national communities, and most especially for her work in parish nursing.”



**Griffin launched a new** comprehensive employee wellness program designed to provide ongoing health and wellness resources that employees, their families, volunteers and physicians can use to help improve their daily well-being and long term personal health. The WinFit Program cut the ribbon on a new, three floor, stair system designed to increase physical activity and promote the health benefits of using stairs and new walk trails around the hospital campus.

**Dr. Ramin Ahmadi and a team** of physicians returned from a two week aid effort in the eastern and southern parts of Sri Lanka following the devastating tsunami.

Ahmadi and his team worked on over 800 patients and traveled through some of the most devastated areas of the country. Dr. Ahmadi is Director of Griffin Hospital's internal medicine residency program, Co-Director of the combined internal medicine/preventive medicine residency program and founder of the Griffin Center for Health and Human Rights.

**In 2005, FORTUNE magazine** named Griffin Hospital one of the “100 Best Companies to Work for in America” for the sixth year in a row. Griffin, the only hospital to achieve this impressive distinction, broke into the top ten ranking eighth on the 2005 list, its highest position.

In January 2006, Fortune magazine announced that Griffin has risen to fourth in its rankings of the “100 Best Companies to Work for in America,” the highest position ever for a hospital.



**“Our culture and the care we provide are the source of great employee pride,” said Griffin CEO and president Patrick Charmel of the 2006 Fortune award. “To be considered among the very best companies to work for in America is humbling.”**





# Financial Report of Griffin Hospital

## FINANCIAL HIGHLIGHTS

YEAR ENDED SEPTEMBER 30,  
2005 2004

### We

Billed For Services To Our Inpatients	\$ 131,556,996	\$126,432,615
Billed For Services To Our Outpatients	119,863,712	111,724,954
Received From Sources Such As Grants, Fund Raising, Cafeteria, Etc.	1,507,359	2,099,811
Earned On Investments	636,987	559,520
Loss On Refinancing of Series A CHEFA Bonds	(974,153)	0
<b>Total</b>	<b>\$252,590,901</b>	<b>\$240,816,900</b>

### We Billed And Did Not Receive

From Medicare For Services Provided Because Payments Are Limited To A Fixed Amount	(\$ 62,999,539)	(\$ 54,955,002)
From Medicaid For Services Provided Because Payments Are Limited To A Fixed Amount	(17,415,106)	(19,383,708)
From Patients Receiving Services Under Contractual Arrangements	(71,755,985)	(70,374,137)
From Patients Who Were Unwilling Or Unable To Pay	(8,509,888)	(8,449,358)
<b>Total We Billed And Did Not Receive</b>	<b>\$160,680,518</b>	<b>(\$153,162,205)</b>

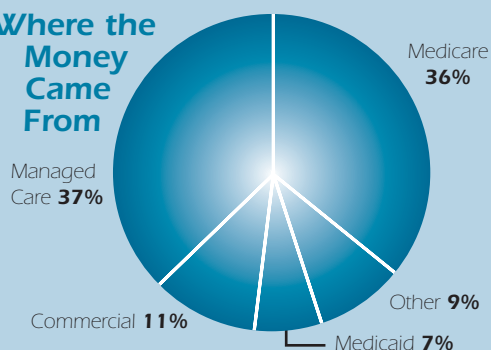
Therefore, We Received Revenue From Patient Care,  
Other Services, And Investments Of

**\$ 91,910,383** **\$ 87,654,695**

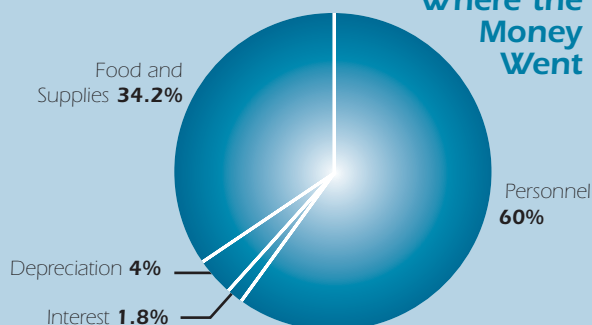
### Our Expenses Included Amounts

For Employee Compensation	\$42,668,078	\$40,646,351
For Employee Benefits	12,287,181	11,025,094
For Supplies And Services	31,343,910	29,590,981
For Depreciation Cost Of Buildings And Equipment	3,620,223	3,469,759
For Interest On Borrowed Money	1,651,730	1,674,406
<b>Total Expenses For Patient Care And Other Services Were</b>	<b>\$91,571,122</b>	<b>\$ 86,406,591</b>
<b>Therefore, Resulting In A Net Gain (Loss) Of</b>	<b>\$ 339,261</b>	<b>\$ 1,248,105</b>

### Where the Money Came From



### Where the Money Went



# Community Benefit



## Griffin Hospital/Valley Parish Nurse Program

Total Resident Contacts	29,750
Educations programs offered	155
Attendees at Educational Programs	1,038
Exercise/Wellness Programs offered	177
Attendees at Exercise/Wellness programs	2,521
Number of people referred for care	10,360
Health Screening Recipients	12,593
Flu Vaccine Recipients	451
Bike Helmets provided and fitted	743
Infant/booster car seats provided and installed	235
People trained in CPR	1,011
AED's placed at Community Sites	21
Sites visited by Mobile Health Resource Center	319
CHIP (Childhood Identification Program) participants	411

## Griffin Hospital Programs and Services

Educational Program Attendees	480
Childbirth Preparation Program Attendees	737
Support Group Attendees	698
Mature Advantage Members	12,010
Health Resource Center Users	14,893
Project Access care recipients	197
Number of health fairs attended	13
Charger School Based Health Center enrollees	553
Healthy Beginnings Return Visits	597
Nursing Students using Griffin as a training site	261

## Griffin Hospital Financial

Number of free care recipients*	531
Total amount of free care provided	\$2,094,321
Revenue to City of Derby from state for Griffin Hospital under PILOT (Payment In Lieu of Taxes) Program-Fiscal 2006	\$ 893,945

\* Includes free and discounted care

# Philanthropy at Griffin

**The Griffin Hospital Development Fund was created to serve as guardian of gifts and bequests to Griffin Hospital. Through generous contributions from individuals, foundations, and corporations, the Development Fund has and continues to fund many important projects including renovations to the emergency room; breast care screenings; the Mobile Health Resource Van; the Community Health Resource Library; hospice care; and cancer services.**

George Griffin would be happily surprised if he knew his donation started a path of growth that 95 years later has produced a hospital nationally recognized as an industry leader for its award-winning facility, Planetree patient-centered care model and exceptional clinical quality. Griffin Hospital and its unique care model were started by visionaries who recognized community need and addressed it. That spirit continues in the gifts, bequests, and grants that enable us to continue investing for innovative programs and state-of-the-art facilities.

Our donors come from every corner of the state – from grateful patients who feel a need to share their good fortune with others, to community leaders who want to ensure patient centered care for the Valley, to charitable foundations that believe in our mission and share our goals.

In the next twenty-four months, we face our

biggest philanthropic challenge since our inception in 1909. Community residents have been clear they want to be able to find cancer treatment in the Valley and within our healing environment model. We hope to fulfill this demand for the community with a cancer program that includes radiation therapy to be included in a new ambulatory patient care facility. Today, with the help of the many cherished friends who share this commitment, we have started planning for a capital campaign to build an ambulatory patient care building and community cancer center on Griffin's campus.

We are going to need everyone's help in making this a success and we plan to engage the entire community in this effort.

There are many ways for you to support Griffin's programs and services— an outright gift, a commemorative gift, a gift in honor of someone, a planned gift or bequests. In addition, endowment contributions provide a permanent source of income to support specific areas of need.

## our Charge

In addition to raising much-needed funds for programs and services, the Development Fund sponsors social events that have become the “must be at” gatherings for the community. They have always served as an opportunity for all of us in the community to come together in friendship. The Development Fund's signature events include the annual Autumn Elegance Gala, the Griffin Golf Classic, and our Holiday Pops Concert.

Meet the Development Office staff: Director David Garamella; Jennifer Wilhelm, Senior Development Officer; Sara Guastello, Major Gifts Officer; Agnes Cisto, Development Coordinator





For additional information on making a gift to Griffin or to inform us of a bequest, call the Development Office at (203) 732-7504. Gifts may be made payable to the Griffin Hospital Development Fund and mailed to: The Griffin Hospital Development Office, 130 Division Street, Derby, CT 06418 or online at [www.griffinhealth.org](http://www.griffinhealth.org) under "Ways to Give."

## The Annual Fund for Griffin

Unrestricted gifts to the Griffin Hospital Development Fund give the hospital flexibility to support programs and projects with the most pressing need or potential.

## Restricted Gifts

Donations can be made to a wide range of special programs, consistent with the donor's personal interests.

## Endowed Funds

A minimum contribution of \$10,000, made as an outright gift through a lifetime gift or by a bequest, establishes an endowed

fund that may be named for the donor or someone to whom the donor wishes to pay tribute. The principal is preserved and the income supports the purposes of the fund as specified by the donor.

## Capital Donations

Capital gifts for building construction, equipment or renovation support Griffin's ability to provide the best in patient care.

## Naming Opportunities

With commitments starting at \$25,000, an area of the hospital may be named for, or in honor or memory of, an individual; or a named fund may be created to support clinical care, research or training.

## 2005 Financial Highlights

Total Giving	*\$1,205,533
Annual Giving	\$199,891
Special Events	\$385,254
APC Campaign	\$147,500
Capital Campaign	\$205,566
Planetree	
Vision Fund	\$16,584
Restricted	\$249,998

\* Does not include research grants/money



Left, at Griffin's 2005 Golf Classic, held at Great River Golf Club in Milford in June, hospital supporters – from local businesses to vendors – enjoyed a great round of golf, as well as high-end prizes, awards and lots of fun, all for the benefit of the Hospital. Right, the annual Autumn Elegance gala is one of the "must attend" events of the fall season.

# Assets to Give

## Cash

A gift of cash is the simplest and most immediate way to give to Griffin. Cash gifts may be pledged over a period of up to five years and are fully deductible up to 50 percent of the donor's adjusted gross income for those who itemize tax deductions.

## Appreciated Securities

An outright gift of long-term appreciated securities is exempt from capital gains taxes, currently at a maximum rate of 15 percent. In most cases, a donor can claim a charitable income tax deduction equal to the full fair-market value of the appreciated securities. The gift is deductible up to 30 percent of the donor's adjusted gross income and may be carried forward for an additional five years.

## Real Estate

In some cases, property can be given outright to support Griffin, and the donor receives a charitable income tax deduction for the fair-market value of the property. Real-estate gifts also can be used to fund a life-income arrangement.

## The Planned Giving Program

Planned gifts represent a lasting contribution to Griffin. Consider making a life-income gift through a charitable gift annuity, charitable remainder trust or a gift to the endowment Fund. Life-income gifts provide a lifetime income, a charitable income tax deduction and, if appreciated property rather than cash is used to make a gift, capital gains taxes may be reduced. Bequests can also be an effective vehicle for giving.

# Griffin Hospital's Leadership



**Patrick Charmel**  
President and CEO



**Edward Berns**  
Vice President, Legal Affairs



**Marge Deegan**  
Vice President,  
Ambulatory Services



**Susan Frampton, Ph.D.**  
President, Planetree



**Todd Liu**  
Assistant to the  
President and CEO

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Second Vice Chairman  
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Wilhemenia Christon  
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Linda M. Gentile  
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Paul B. Nussbaum, M.D.  
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Gerald T. Weiner,  
Immediate Past Chairman  
John J. Zaprzalka,  
Chairman of the Board

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Patrick A. Charmel  
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Agnes Cisto  
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Thomas P. Gardella  
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Harold M. Schwartz, M.D.  
Charles M. Stankye, Jr.  
Leon J. Sylvester  
Stephanie Wain, M.D.  
Evelyn Werdal  
Gary T. Will  
Karen A. Wilson

#### 2009

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Earl L. Baker, M.D.

Kenneth Baldyga  
Geegory Boris, D.O.  
Janice Bowers  
Mary R. Casalveri  
Thomas J. Condon  
Eugene A. Coppola  
Kate C. Cosgrove  
Martin E. Coughlin  
Joseph J. Crisco, Jr.  
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Vincent A. DeLuca, M.D.  
Edward R. DeMarseilles  
William S. Dunlop  
Kelly Egan  
William K. Fischer  
Dorothy A. Gandy  
Donna G. Gramolini  
Michael P. Healey  
Frederick King, Jr.  
Reverend Samuel Levey  
Reverend Robert Linder  
George S. Logan  
John V. Marro  
Kathleen Martin  
Brian N. McCoy  
Karen M. Meade-Bentlage  
Robert A. Mezzo  
Joyce K. Miller  
Robert J. Murphy, DDS  
Paul B. Nussbaum, M.D.  
Stephen T. Pearlman  
Krystyna I. Piotrowska, M.D.  
Helen K. Skrobat  
Linda Stochmal  
Cesarina Thompson

Anastasia Timpko  
William Valentine  
John J. Walsh  
Gerald T. Weiner  
John Wisniewski  
Jay Young  
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Bernice L. Allen  
Achille A. Apicella  
Brian J. Barrett  
Frank J. Beafore  
Josephine M. Butler  
Robert Caponi  
Faye Cody  
William J. Comboni  
Cynthia DeLaurentis  
Charles L. Drabek  
Michael W. Dunn  
Israel Dvoretzky, M.D.  
Joseph M. Dworkin, D.M.D.  
Robert L. Fiscus  
Robert A. Fox  
Peggy J. Freeman  
Paul O. Gaetano  
George H. Gamble, III  
Marc J. Garofalo  
Mary Lou Golebieski  
Thomas I. Greene  
Thomas F. Hallihan  
Mary Jane Healy  
Jan V.K. Hoffmeister  
Madelyn L. Izzo  
Richard Kashuba  
John P. Kiley, Jr.



**James Moylan**  
Chief Financial Officer



**William Powanda**  
Vice President,  
Support Services



**Kenneth V. Schwartz,  
M.D.**  
Vice President,  
Medical Affairs



**Barbara Stumpo**  
Vice President,  
Patient Care Services

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William Menna  
William M. Miller  
Donald S. Molleur  
Judy L. Nicolari  
Suzanne R. Reilly  
Ira G. Rock, M.D.  
Eileen M. Ryan  
Frederick W. Serra  
Robert M. Siuzdak  
Alfonso. Smith  
Gregory J. Stamos  
Vincent J. Tonucci  
Timothy J. Walsh, III  
William F. Weaver  
Jeffrey W. Wheeler  
Janice Yankowski  
John J. Zaprzalka

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William Darrauld Atwood  
Richard F. Averill  
Joyce Barclay  
Daun I. Barrett  
Scott A. Barton  
John W. Betkoski, III  
Kevin M. Blake  
Edward G. Brickett  
A. Violet Cable  
Susan A. Cable

Allan J. Cribbins, Jr.  
Peter J. Danielczuk  
Joseph F. Deegan  
John F. Dillon  
Gino S. DiMauro, Jr.  
Jeffrey T. Dreznick, M.D.  
Eleanor M. Duplese  
Michael Egan  
Thomas J. Emanuel, Jr.  
John Erlingheuser  
William F. Flaherty  
Matthew P. Gallo  
James E. Geissler  
Peter J. Ghione  
Michael Gilhuly  
Salvatore Graziano, D.D.S.  
Gary A. Hale  
Kevin J. Hale  
Christian Herb  
Lisa Herb  
James G. Higgins  
Clifford D. Hoyle  
Deborah R. Hoyt  
Franklyn E. Hull  
James D. Jensen  
Christopher P. Jones  
Maribeth A. Judd  
John J. Kelleher  
Gordon I. Kuster, M.D.  
Jack P. LaRocca  
Roslyn L. Lev  
Gregory K. Levey  
William H. Lund  
David J. Marchitto  
Amey W. Marrella

Eugene F. Martin  
Keith A. McLiverty  
Edward J. McManus, Sr.  
H. Tom Nickse  
William C. Nimons  
Michael O'Reilly, M.D.  
Fred F. Ortoli  
Margaret T. Pantaleo  
Claude Perry  
Robert A. Pettinella  
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Calvin Price  
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John L. Radovich  
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Carl R. Sastram  
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Bruce R. Sofferman, D.D.S.  
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Samuel W. Streit, D.O.  
Diane L. Stroman  
F. Peter Swanson, M.D.  
Patricia C. Tarasovic  
Alan J. Tyma  
Nancy V. Valentine  
Jeffrey F. Yale, D.P.M.

#### **2006**

William C. Bassett  
Jack Bassi  
Richard O. Belden  
Jean A. Brown  
Eileen A. Carino  
Wilhemenia Christon  
Robert L. Clapp  
Paula P. Clark  
Thomas P. Clifford, III  
James E. Cohen  
Marilyn Cormack  
Kevin M. DelGobbo  
James DellaVolpe  
Philip J. Donofrio  
Michael J. Gulish  
Katherine Johnson  
Beverly Kondor  
Louis J. Lichti  
Pauline W. Lounsbury  
Susan Z. Mauriello  
Andrew C. Migani  
Richard Mihalcik  
Stephen J. Moses, M.D.  
Guy R. Nicastrì, M.D.  
Frank M. Osak  
Anthony P. Pagliaro  
Mary L. Pepe  
Kenneth V. Schwartz, M.D.  
Elsie M. Scott  
James E. Sheehy  
Janice A. Sheehy  
David M. Silverstein, M.D.  
James P. Wacker

**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 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 send visitors and incorporate Griffin's concepts into their healthcare models.

**Planetree** is a not-for-profit organization dedicated to personalizing, humanizing and demystifying the healthcare experience for patients and their families. Founded in 1978, the Planetree Alliance now has more than 103 member hospitals and health centers, as well as 9 community health resource centers dedicated to the patient-centered model of care, which supports and nurtures healing on all levels. Planetree became part of the Griffin corporate family in 1998.

**G. H. Ventures**, a 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.

**Healthcare Alliance Insurance Company, Ltd.**, a Cayman Islands based captive insurance company owned jointly by Griffin Health Services Corporation and Milford Health and Medical, Inc., was created to offer professional malpractice and general liability insurance coverage to Griffin Hospital, Milford Hospital, and members of their respective medical staffs.

**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.



A Planetree  
Affiliate

**Griffin Health Services Corporation**  
130 Division Street, Derby, CT 06418

To learn more about our programs and services, call InfoSource at (203) 732-7211 or visit our website, [www.griffinhealth.org](http://www.griffinhealth.org)