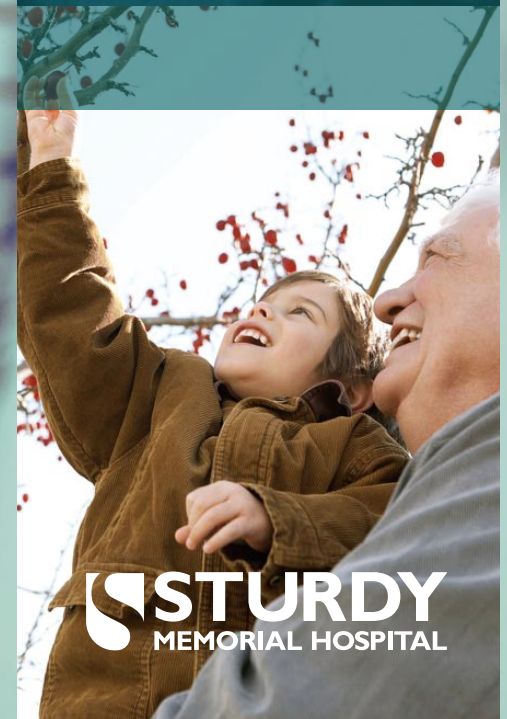


2009

Annual Report



A STRONG AND STABLE HOSPITAL

Sturdy Memorial Hospital remained strong and stable in Fiscal Year (FY) 2009. For the twenty-fourth consecutive year, the Hospital succeeded financially, and continued to have the resources to invest in technology, facilities, programs, and staff. We stayed strong in a time of significant economic turmoil for our country and region. I am certain that our services to patients brought some comfort in the midst of public stress and anxiety.

EXCEPTIONAL CARE AND SERVICE

The quality of care and service we provided for our patients remained high. As always, we strived to find ways to further improve upon our programs and services.

We completed construction of our new two-story Ambulatory Services Building. The building was actually completed and occupied in FY 2010, but by next year it will be "old news." This new 26,000 square-foot building houses a new Endoscopy Suite; Occupational Health Services; Outpatient Physical Therapy; an Infusion Therapy Center; expanded Emergency Care Center treatment and support space; an emergency management command center; and high-tech conference space.

Our cancer care coordination initiatives continued to be very successful in FY 2009. Our cancer care clinicians worked to further enhance communication and coordination of care delivery to our cancer patients, which included reviewing every positive cancer biopsy and communicating to ensure patients were scheduled efficiently for treatment.

The hospitalist program was further expanded in FY 2009. In addition to attending inpatients, the hospitalists also became involved in implementing quality initiatives.

Clinical advancements in this technological age always include enhancing our computerized clinical support, and we continued to implement clinical programs which enhanced our ability to care for patients with our computerized systems as well as our communications about care.

Patient satisfaction at Sturdy Memorial is monitored through the Press, Ganey Patient Satisfaction

Program, a program we have used for over 18 years. The program enables us to compare ourselves to hospitals across the country. The feedback received from patients helps us identify areas where we are excelling and those where we may need some improvement. This year, we met our goals for inpatient and Emergency Care Center satisfaction in all four quarters. Notably, we exceeded the 90th percentile in three of four quarters on the inpatient program.

The Hospital continued the Sturdy Quality and Service Excellence Program (QSEC) and we are now in our 20th year of focused, organized, annual initiatives to improve service and quality in meaningful and measurable ways. Some of the noteworthy QSEC initiatives in 2009 included: continuing to ensure all potential cardiac patients received an EKG within 15 minutes; working to ensure that all AMI, CHF, and pneumonia patients received care in compliance with national care measures for these diagnoses; preventing venous thromboembolism by ensuring compliance with the venous thromboembolism protocol; preventing surgical infection by ensuring compliance with pre-operative prophylactic antibiotic administration within one hour prior to surgical incision; reviewing 100% of pathology slides sent to outside reviewers for consistency with Sturdy pathology findings; reducing falls below those experienced in the prior year; and maintaining 0% incidence of ventilator associated pneumonia in the ICU.

The Hospital's Adverse Events Initiative (AEI) Committee continued to meet, reviewing clinical processes and responding to opportunities to prevent errors from reaching patients. The Committee introduced more and more computer failsafes, i.e. "hard stops" in the computerized record, to lead clinicians to do the right things.

DYNAMIC, EXCEPTIONAL PROFESSIONALS

The Hospital welcomed six primary care physicians to our medical staff during FY 2009, and five specialists, including an endocrinologist; a rheumatologist; an anesthesiologist; a radiologist; and an emergency medicine physician.

Staffing throughout all Sturdy Memorial corporations remained strong with few vacancies all

year, frequently below 10.

STEADFAST COMMUNITY INVOLVEMENT

We take pride in our long history of community involvement. Last year, Sturdy Memorial sponsored 18 community events in nine communities; provided numerous free and low-cost screenings and education programs; held a variety of support groups; educated patients about their insurance coverage options and enrolled them in appropriate programs; sponsored children's sports teams; promoted literacy; and more.

Sturdy Memorial also conducted four major public education initiatives in FY 2009: stroke, bicycle safety, flu, and fitness, the last, primarily through our YMCA affiliations.

CONTINUED FINANCIAL SUCCESS

The Hospital succeeded again financially in FY 2009. The bottom line attributed to current year operations was \$11,058,476. Operating expenses for the year totaled \$142 million. The Hospital delivered \$5.9 million in uncompensated care for services provided to those who could not or would not pay.

A SUCCESSFUL TOMORROW

As we begin a new decade and my 25th year as the Hospital's chief executive, I am incredibly proud of everything we have already accomplished and still hope to achieve. We are strong and our immediate future is bright. I am grateful to those who are so loyal and thankful for the opportunity to provide our communities with the highest quality health care services.

Sincerely,



Linda J. Shyavitz
President and Chief Executive Officer



Confronting Two Forms Of The Flu

Short for “influenza,” the flu is a disease of the body’s breathing system including the nose, throat, and lungs, and is caused by a virus. This year, we are faced with two strains of the flu: H1N1 and seasonal. On a yearly basis the seasonal flu arrives in New England in late fall and stays through March, but in April 2009 a new virus, called the H1N1 or “swine” flu, was recognized and is now widespread across the country. This strain was first referred to as swine flu because it originated in pigs, but to avoid confusion that the virus could be contracted by contact with infected pigs, the name was formally changed to its official name – H1N1 flu. Like the seasonal flu, the virus is spread from human to human.

Although information about these two different strains can be overwhelming, we do not need to worry about all the differences, as H1N1 and seasonal flu share similar symptoms and are spread and can be prevented in the same ways. Below are some questions about the two types of flu, answered by Bruce Auerbach, MD, Vice President & Chief for Emergency & Ambulatory Services, and Christopher Quinn, MD, Director of Occupational Health:

WHAT ARE THE SYMPTOMS OF THE H1N1 FLU AND SEASONAL FLU?

Both strains of the flu involve some or all of the following: fever, cough, runny nose, sore throat, headache or body aches, chills, and in some cases, diarrhea and vomiting. If you experience these symptoms, you may have either H1N1 or seasonal flu, as the symptoms are very similar and last from a few days to up to a week or more.

WHAT IF I HAVE FLU SYMPTOMS?

If you think you have the flu, first contact your physician for advice. Your doctor may prescribe medication to treat the flu if needed, and the drugs work best if started soon after the onset of symptoms.

If you do have the flu, you should stay home and avoid contact with others except to get medical care. The Centers for Disease Control and Prevention (CDC) recommends that you stay home for at least 24 hours after your fever is gone, without the use of a fever-reducing medicine. Drink plenty of fluids, get plenty of rest, eat healthy foods, and wash your hands frequently. Over-the-counter pain relievers may help people with the flu feel more comfortable. In most cases, people with the flu have generally mild symptoms and do not require emergency care or antiviral drugs.

HOW WOULD I KNOW IF I DO NEED EMERGENCY CARE?

Although most people with H1N1 or seasonal flu do not require emergency treatment or antiviral drugs, both strains can cause fatal complications and should be regarded as serious medical conditions. Those at high risk for developing flu-related complications are children younger than five, especially those under two; adults 65 years and older; and pregnant women. People with chronic conditions such as asthma; diabetes; heart or lung disease; kidney, liver, or blood disorders; or weakened immune systems are also at high risk. Most flu-related fatalities for both strains of the flu have occurred in people with underlying medical conditions. If you contract the flu and are at high risk, or if you develop trouble breathing, chest or stomach pain, skin discoloration, dehydration, or dizziness, get to an emergency room.

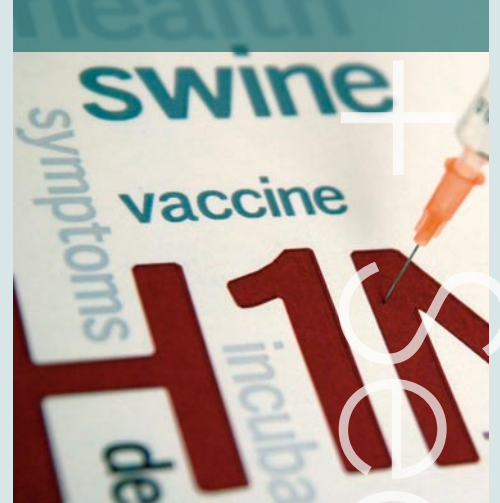
SHOULD I GET VACCINATED?

The best safeguard in fighting the flu is vaccination, so get vaccinated if you are eligible or at high risk for developing complications with the flu. Contact your primary care physician for information about the vaccines, and also to see which type – shot or nasal spray – is right for you. Clinical studies and monitoring by federal health officials indicate the H1N1 vaccine is safe and effective. It has been made using the same methods as the seasonal flu vaccine, which is also safe and effective.

WHAT ELSE CAN I DO TO PREVENT THE FLU?

Healthy habits are important to preventing illnesses such as the flu. Practice good hygiene with frequent hand washing with soap and warm water for at least 20 seconds, or if unavailable, use hand sanitizers; cough or sneeze into a tissue or the crook of your elbow; avoid sharing items such as drinking cups, glasses, or straws; and frequently clean surfaces including doorknobs and countertops that can attract germs.

For more information about flu, including priority groups for vaccination and flu clinic schedules, visit www.flu.gov, the Massachusetts Department of Public Health’s website at www.mass.gov/dph, and the CDC’s website at www.cdc.gov.



THE STAAR INITIATIVE

Reducing Avoidable Rehospitalizations With The STAAR Initiative



Delivering high-quality health care doesn't just begin when patients enter the Hospital's doors, and end when they leave. It starts with the Hospital's role in promoting health awareness in the community to help avoid illness and injury in the first place, and continues with education and other elements to help prevent discharged patients from needing rehospitalization. Sturdy Memorial Hospital, which has always been an advocate and resource for our community, is now taking part in a new, multi-state, four-year program to reduce the number of avoidable rehospitalizations. Called the STAAR Initiative (STate Action on Avoidable Rehospitalizations), the first wave of the program was launched on May 1, 2009 in three states – Massachusetts, Michigan, and Washington – and officially kicked off on September 29, 2009 in Boston, Massachusetts.

Rehospitalizations in the United States are not only costly, reaching up into the billions of dollars, as well as potentially harmful, but are often avoidable. In response, the STAAR Initiative, led by the Institute for Healthcare Improvement and The Commonwealth Fund, is helping hospitals to reduce 30-day rehospitalizations. Bruce Auerbach, MD, Vice President & Chief for Emergency & Ambulatory Services at Sturdy Memorial Hospital, is one of three leaders administering the STAAR Initiative in Massachusetts. From his position in providing leadership and guidance to hospital administrators and physician groups involved in the program, he knew it was a worthwhile initiative and therefore helped to engage the Hospital's participation.

Sturdy Memorial Hospital has set particular goals for the first segment of this program, known as the Transitions Home Collaborative. By October 2010, our aim is to reduce all unplanned 30-day readmissions by approximately eight percent, which is the equivalent of four to five patients per month, with a particular focus on congestive heart failure and pneumonia diagnoses, where our readmission rates are highest. We plan to achieve this as well as future goals beyond the

life of the four-year program through a number of collaborative efforts. Enlisting the support of our local partners such as skilled nursing facilities and home care agencies, we will provide patients with improved transitions in care from within our hospital's walls, to the outside world.

A TEAM EFFORT

The purpose of the STAAR initiative is to assist participating institutions in making incremental changes to reduce avoidable rehospitalizations. It is recognized that avoidable rehospitalizations are caused by “white spaces” or fragmentation between settings of care. At Sturdy Memorial, we are identifying and mitigating those barriers to foster coordination across the care continuum and improve discharge planning to provide patients with an ideal transition home.

To spearhead the STAAR initiative at our hospital, we established a Cross-Continuum Improvement Project Team. Robin Morris, Vice President for Clinical Services, is Executive Leader of the team, and Rita Pinto, RN, Director of Case Management, serves as Day-to-Day Leader, driving the work of the front-line team on the nursing unit. The Project Team also includes representation from Case Management, Nursing, Nursing Education, Fiscal Services, two local skilled nursing agencies, two visiting nursing associations, a family medicine physician, a patient, a caregiver, and staff from the Balfour Nursing Unit, where the program is piloted. By engaging all these groups, we can better identify and remove barriers to establish system-wide improvement, and effectively track outcomes.

FOLLOW-UP VISITS

A staff nurse has been designated to ask readmitted patients a set of questions to determine the reasons for their return to the Hospital. Of the questions on this list, one focuses on whether patients had made follow-up visits with primary care physicians within days of the initial hospitalization, and if patients had difficulty making the appointment. According to Robin Morris, “Already the team has discovered that many rehospitalizations have occurred because patients have not visited with primary care physicians soon after discharge, if at all.” Physician follow-up visits provide opportunities to quickly respond to any changes in condition, review and discuss medications, and discuss appropriate dietary and lifestyle changes, which are important steps in avoiding rehospitalization. “In response to this issue and already implemented

hospital-wide,” she says, “nursing unit secretaries now arrange appointments with primary care physicians for every patient pending discharge.” For patients who do not have physicians, Case Management offers them options for selecting a physician, and unit secretaries assist them in making the appointment.

EDUCATION FOR HANDING OVER CARE

“Other typical failures happening post-discharge, as discovered by the questionnaire and additional research, include medication errors, disregarding dietary instructions, and poor heart failure management,” says Rita Pinto. “The Cross-Continuum Improvement Project Team has been working to address these issues by strengthening communication of post-discharge care plans, starting as early as the admission process to predict patient needs when returning home.” Discharge plans and educational materials are being simplified and streamlined to equip patients with clear instructions, and in some instances pictures are provided to improve understanding and encourage recollection.

To further reinforce communication, the team is incorporating a “teach-back” method whereby clinicians ask patients and caregivers to verbalize their discharge plan of care. “Ability to accurately reiterate the plan indicates comprehension of their post-hospital needs,” says Mrs. Pinto. “These methods for strengthening communication between clinicians, patients, and caregivers not only reinforce understanding and probability that patients will follow discharge instructions, but also lessen the likelihood of rehospitalization.” Clear and simple communication is vital to ensure that when care is handed over from the clinician to the patient or caregiver, medication, nutrition, and other instructions are followed.

IDEAL TRANSITIONS HOME

As patients transition to the next step in their care, our staff provides them with the tools they need to continue on the road to good health, because we want to make sure that fewer patients have to retrace any steps. Sturdy Memorial Hospital's participation in the STAAR Initiative demonstrates our ongoing commitment to providing the best possible care, from admission through discharge and beyond. As we work with our partners in the care community to create a more ideal experience for our patients, we are confident that patients who choose our hospital will receive the highest quality of care, even after they exit our doors.



Delivering high-quality health care doesn't just begin when patients enter the Hospital's doors, and end when they leave. It starts with the Hospital's role in promoting health awareness in the community to help avoid illness and injury in the first place, and continues with education and other elements to help prevent discharged patients from needing rehospitalization.

Sturdy Memorial's employees, medical staff, and volunteers are involved in a wide variety of activities that benefit our neighbors. Following are many of the programs we participated in during Fiscal Year 2009.

Community

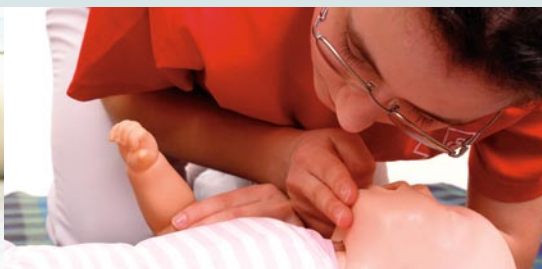
Advanced Cardiac Life Support
 American Red Cross Blood Drives
 Attleboro Expo for the Senses
 Attleboro Food Bank
 Attleboro Halloween Party
 Attleboro Health Career Pathways
 Attleboro High School Career Day
 Attleboro High School-Based Health Center
 Attleboro High School Vocational School Senior Project
 Attleboro Rotary Guest Judge
 Attleboro YMCA Corporate Step Challenge
 Babysitter Training
 Basic Arrhythmia Classes
 Basic Cardiac Life Support
 Blue Plate Dinner Specials
 Breast Cancer Support Group
 Breast Cancer Walk
 Breastfeeding Classes
 Breastfeeding Support Group
 Breathing Club
 Cancer Information Line
 Cancer Screenings – Cervical, Prostate, and Skin Cancer
 Cancer Support Group
 Cancer Survivors' Day
 Car Seat/Car Bed Program for Infants
 Childbirth Education Programs
 Christmas Is For Kids
 CPR Classes
 Cradle Care 24-hour Info Line
 CVNA Diabetes Health Fair
 Day Care Physician Volunteer
 Diabetes Education
 Diabetes Health Fair

Diabetes Support Group
 Emergency Preparedness Awareness/Community Education
 Employee Food Drive
 Employee Coat Drive
 EMT Education/Training
 ENCARE (Emergency Nurse Council Alcohol Related Emergency) Education
 First Aid Training
 Flu Preparedness/Community Education
 Foxboro Family Night
 Foxboro Founders Day
 Framingham State Dietetics Program
 Future Nurses' Day
 Gun Safety Education for Boy Scouts
 Health Agent Educational Meetings
 Health Care News Interviews & Columns
 Health Care Reform/Financial Assistance Counseling
 Health Screenings
 "HealthyChoices" Program for School Children
 Healthy Heart Fair
 Healthy Kids Day (Attleboro, Foxboro, N. Attleboro, Seekonk)
 Hockomock YMCA Healthy Futures
 Infant Massage
 Johnson & Wales Culinary Nutrition Co-op
 Kids' Parties
 Kyle's Walk
 Lactation Consultation
 Larson Senior Center Show
 Living Bread Food Pantry
 Look Good, Feel Better
 MADD Red Ribbon Project

Mansfield Arts in the Park
 Mansfield Concert Series
 Mansfield Halloween Parade
 Mansfield Movies Under the Stars
 Medical Library
 Medical Supplies Donations
 Multiple Sclerosis Advocacy/Home Visits
 Multiple Sclerosis Bike Tour
 Multiple Sclerosis Caregivers Support Group
 Multiple Sclerosis Support Group
 Multiple Sclerosis Walk Sponsorships
 Multiple Sclerosis Wellness Fair
 Medical Profile Cards
 New Moms Group
 Newspaper in Education
 National Youth Leadership Forum on Medicine
 North Attleboro Beach/Block Party
 North Attleboro Historical Society Breakfast Volunteer
 North Attleboro YMCA Active Older Adult Day
 Norton Health & Wellness Fairs
 Norton Summer Concert
 Notary Public
 Nursing Education Programming
 Nutrition Education & Outreach
 Older Adults Driving Program
 Orthopedic Health Lectures and Education
 Ostomy Support Group
 Parkinson's Exercise and Wellness Group
 Partners & Caregivers of Patients with Cancer Support Group
 Perinatal Bereavement Services
 Physician Referral Line



Hatha & Kripalu Yoga



Babysitter Training | CPR Classes



Nutrition Education & Outreach



New Moms Group



Attleboro & Hockomock YMCA Boards



AARP Driving Program

+ Benefits



Plainville Fall Festival
 Poison Control & Prevention Kits
 Project Tanzania
 Prostate Cancer Support Group
 Pulmonary Patient Social Activities
 Reach Out and Read (ROAR)
 Reduced-priced Mammograms (1st Friday of each month)
 Rehoboth Youth Soccer BBQ
 Safety Helmet Donations to Safety Officers
 Science Fair Judging (misc. area schools)
 Seekonk Summer Concert
 Sibling Classes
 Sleep Apnea Informational & CPAP Fair
 Speaker's Bureau
 Sponsorship of Families at the Holidays
 Sports Team Sponsorships
 Stark Nursing Scholarship
 Stroke Public Education
 Stroke Support Group
 Student Shadowing Programs
 Student Intern/Extern Programs *
 Sturdy Day at Capron Park
 Summer of Work & Learning Program
 Take Our Children to Work Day
 Trip to Jane & Paul's Farm
 Uncompensated Care — \$5.9 million for those who could not or would not pay
 United Way
 Valet Parking
 Vascular Health Screenings
 Vial of Life
 Visually-Impaired Support Group
 Volunteer Day Lunch
 Volunteer Essay Contest

Volunteer Quilting Guilds (pillowcases for children after surgery)
 Wellness Programs
 Wheaton College Shadowing Program
 Wheaton College Wellness Fair
 WIC Health Fair
 Women of Spirit Group/Fall Risks and Prevention Education
 Yoga Classes
 Youth Mentoring Programs
 * *we serve medical and nursing students as well as student interns from more than 50 schools and colleges.*

SERVING COMMUNITY ORGANIZATIONS

Membership in, collaboration with, and appointments to the Boards of community organizations allows Hospital staff to share their expertise.

AARP
 American Cancer Society
 Area Community Council Board
 Attleboro Area School to Career Partnership Board
 Attleboro Arts Museum Board
 Attleboro High School Career and Technical Education Advisory Board
 Attleboro Rotary Club
 Brown University Medical School Preceptor Program
 Bristol Community College
 Bristol County Homeland Security Task Force
 CCRI Advisory Board for Cardio Respiratory Program
 Childhood Lead Action Project Board

Clinical Lab Science Society of Central NE Board
 Greater Attleboro Area Council of Churches
 Hockomock Area YMCA Board
 International Association for Healthcare Security & Safety, Boston Chapter
 Larson Senior Center
 Lincoln Tech Advisory Board
 Massachusetts Service Alliance
 MotorRing Technical Training Institute
 New England Health Care Engineer Society
 New England Society for Healthcare Materials Management
 National Multiple Sclerosis Society
 North Attleboro Board of Elections
 Region 5 Hospital Consortium for Emergency Preparedness
 RI Clinical Lab Science Board of Licensure Board
 RI Society of Respiratory Care Education Committee
 Ronald McDonald House Board, Boston Chapter
 SADD
 Southeastern Massachusetts Homeland Security Regional Council
 St. Mary's Sacred Heart School Advisory Committee
 Tri-County Regional Vocational Technical High School Advisory Board
 United Regional Chamber of Commerce Board
 United Way Board
 Wheaton College
 Yankee Alliance



Reach Out & Read (ROAR)



Wellness Programs



Support Groups



Cancer Screenings



Rehoboth Youth Soccer BBQ



Norton Summer Concert

Endoscopy at Sturdy Memorial Hospital: The Inside Scope



The most successful treatments start with the most detailed and accurate methods for detection and diagnostics. For this reason, Sturdy Memorial incorporates advanced technologies into our services to provide not only the best visualization of the human body, but also, and consequently, the highest quality of care.

Endoscopy, a medical procedure that involves the use of a scope to view the inside of the body, is a large component to the diagnostic services available at our Hospital. Unlike imaging tests such as CT scans, endoscopy makes details such as color and surface texture possible to see. Endoscopic procedures at the Hospital include those performed in the respiratory tract and female reproductive system, but the visualization that endoscopy provides is particularly beneficial to diagnosing gastrointestinal (GI) diseases, or diseases of the digestive system. Endoscopy enables the four board-certified gastroenterologists on our medical staff to view the esophagus, stomach, liver, gallbladder, bile ducts, pancreas, small intestine, colon, and rectum and to check for signs of cancer or other complications.

The Endoscopy Suite at the Hospital recently moved to a new and spacious location in our new Ambulatory Services Building. Each of the Suite's four procedure rooms has high-definition video capability to provide sharper images and better contrast. This improved visualization greatly enhances the ability to detect and diagnose cancers such as colorectal cancer, or cancer of the large intestine, in their earliest and most treatable stages.

COLORECTAL CANCER & COLONOSCOPY

According to the American Cancer Society (ACS), colorectal cancer is the third most common cancer found in men and women in the United States. For the year 2009, the ACS previously estimated that 146,970 new cases of colorectal cancer and 49,920 deaths from the disease would occur in the nation. However, the number of cases diagnosed annually and the death rate caused by the disease have been declining over the past 15 years, which is largely attributable to regular colonoscopy screening and improved, high-definition visualization of the procedure.

Colonoscopy, a type of endoscopic screening procedure performed in our Endoscopy Suite, is considered the gold standard test for detecting colorectal cancer.

“A colonoscopy is usually a 30-minute procedure, and involves looking inside the entire length of the rectum and colon for polyps, tumors, or cancer using a colonoscope,” says David Schwartz, MD, a board-certified gastroenterologist at Sturdy Memorial. Most colorectal cancers develop from polyps, which are precancerous tissue growths, so removing them significantly lowers the risk for cancer. During the colonoscopy, the colonoscope, a thin, tube-like instrument with a camera that projects the procedure on a display monitor, is inserted through the rectum and passed all the way to the beginning of the colon, called the cecum. “The remainder of the procedure involves the physician withdrawing the colonoscope to view the inner walls of the colon and rectum. Special instruments may be passed through the colonoscope to remove or biopsy polyps or tissue samples, which are checked under a microscope for signs of cancer.”

SCREENING RECOMMENDATIONS

Although people can lead healthy lifestyles by watching what they eat and increasing their levels of physical activity in order to prevent cancer, they cannot alter their genetic makeups or family health histories. That's where screening comes in. Following screening recommendations provided by the ACS can prevent colorectal cancer or detect the disease early, which increases the chances of successful treatment.

The American Cancer Society estimates that one in 19 people will get colorectal cancer in his or her lifetime. Accordingly, the ACS recommends that both men and women who do not have an increased risk of colorectal cancer should have a colonoscopy every 10 years, beginning at age 50. Earlier screening is recommended for people who have an increased risk of colorectal cancer, such as those with a family history of the disease.

We have all heard the phrase “ignorance is bliss,” but we know that when it comes to our health, this saying does not hold true. With colonoscopy screening, polyps can be located and removed before they turn into cancer, and cancer can be found in an early stage when it is easier to cure. By finding cancer early, procedures like colonoscopy save lives, so it's important to have them done. While eating healthy and exercising help in disease prevention, screening is crucial in detecting, treating, and improving the odds of defeating cancer.

The American Cancer Society estimates that one in 19 people will get colorectal cancer in his or her lifetime.

A CONSTRUCTIVE CONCLUSION TO THE DECADE

By the end of 2009, Sturdy Memorial Hospital's two-year construction project to build its new 26,000 square-foot addition was completed. The \$18.6 million addition, temporarily called the Ambulatory Services Building, is centrally located between the Main Lobby Entrance and the Emergency Care Center. The Hospital, which has changed physically over the years to provide the space and technology our patients and clinicians both need and deserve, constructed this building to provide a contemporary environment for improved patient privacy and comfort, as well as a new home for a number of departments and services:



Infusion Therapy Center



Waiting Room - Physical, Occupational, and Speech Therapy



Occupational Therapy



EOC Extension



Endoscopy Suite Procedure Room



Endoscopy Suite

The Endoscopy Suite is now made up of 11 pre- and post-procedure cubicles as well as four procedure rooms. Each procedure room has high-definition video endoscopy capability, which provides physicians with sharper images and better contrast. This improved visualization during procedures greatly enhances detection, diagnosis, and treatment.

The Infusion Therapy Center is an extension of the Oncology Suite that was built to provide a location for supplying infusion therapy – the administration of medications directly into the body through a blood vessel, under the skin, or into a muscle – to nonchemotherapy patients. Before the Center was built, the Oncology Department was oversubscribed and therefore operated in the evenings to provide these patients with infusion therapy. Now, infusion therapy patients can go to an area that is not only designated for their treatment, but designed for privacy and comfort.

The Emergency Care Center Expansion is a five-bed unit that provides additional clinical space to accommodate situations when patient volume exceeds capacity in the Emergency Care Center. The area is fully equipped and staffed daily from 12 p.m. to 12:30 a.m., and these hours are extended when needed. Once seen by the emergency physician, patients fitting established criteria are transferred to this area for extended diagnostic work-up and management. The second component of the Expansion includes the new Emergency & Ambulatory Services Administrative Offices and the Emergency Operation Center (EOC), which is used as the command center for internal and external disasters.

Occupational Health Service moved to the new building and improved space efficiency with a designated, more private area for drug testing, audiometric testing, fit testing, and breathalyzer testing.

Physical, Occupational, and Speech Therapy is made up of a large and contemporary space to allow staff to work with patients in small group activities as well as to accommodate new programs and equipment.

Technologically current conference facilities have also been added to accommodate the growing technologically based educational needs of our staff.

OPEN HOUSE

Sturdy Memorial Hospital's Open House to celebrate its new addition had over 400 people in attendance; a phenomenal success. Attendees went to the event, held the evening of December 3, 2009, to experience the building's patient-focused design, learn about its leading-edge diagnostic and treatment capabilities, and enjoy musical entertainment and refreshments. All of the departments in the new building took part in the occasion to provide tours to the public and answer questions.

LOOKING AHEAD

The next project on the horizon is a new Data Center that will be constructed for the Hospital Information Systems (HIS) Department. The Data Center will centralize space for our computer programmers and data analysts as well as the Hospital's servers, HIS training rooms, and office and support space, on the second and third floors of the Sturdy Building. The Hospital, which is always looking to improve space efficiency by consolidating the location of its services, initiated plans for the Data Center as soon as room became available.

SPOTLIGHT ON
NEW FACES



Jose Benitez, MD
Family Medicine

**North Attleborough
Medical Center**
508-695-9421

Karin Hemmingsen, MD
Family Medicine

**The Foxboro Center
for Women's &
Family Health**
508-698-0044

Ahmad Rana, MD
Family Medicine

**North Attleborough
Medical Center**
508-695-9421

Amparo Gordian, MD
Rheumatology

Mansfield Health Center
508-339-4144

**Physician
Referral Line**
508-236-8500

Community Event Sponsorships

Sturdy Kids' Party..... March 20, 2010
Healthy Kids Day – Foxboro,
North Attleborough & Seekonk
YMCA'sApril 2010

Healthy Kids Day –
Attleboro YMCA May 2010

Sturdy Day at
Capron Park Zoo June 2010

Norton Concert Series July 2010

North Attleborough
Beach Party July 2010

Mansfield Movies
w/the Stars July 2010

Mansfield Arts
in the Park..... July & August 2010

Mansfield
Concert Series August 2010



Patient Comments

The Registration staff was excellent – very pleasant and compassionate.

Michelle G.

I really appreciated the care my daughter received. The helpful nurses on the Pedi unit were fantastic during her recovery.

Molly S.

I was blown away when one of the surgical nurses, Patty, called to check on me the day after surgery!

Kristie M.

This was definitely the best hospital experience I've ever had. I have been a nurse for 17 years at a local hospital and my experience at Sturdy has made me more compassionate in the care of my own patients.

Lori B.

I couldn't have asked for better care during the delivery of my baby and overall stay. The nurses on Weber were all fabulous, caring, skilled, prompt, and friendly. I didn't want to leave.

Alexandra Z.

I thought it would be different being a small hospital – was I ever wrong. I was treated like a guest and afforded excellent care. Although staying in a hospital is something I really don't look forward to, Sturdy was wonderful. What you have been saying is true, you are good!

Leo J.

Five star service by all! Thank you!

Kerry W.

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Michael Poissant
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Betty Larson
Clerk

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Director of Marketing & Planning
Pamela Miale
Director of Operations

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Thomas Sprague
Catherine White

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FISCAL YEAR 2009 STATISTICS

Patients Admitted.....	6,918
Patient Days.....	30,411
Births.....	886
Average Length of Stay.....	4.4 days
Emergency Visits.....	51,424
MHC Visits.....	23,502
Occupational Health Visits.....	13,194
Laboratory Tests.....	495,892
Physical/Occupational Therapy Visits.....	27,950
Radiology Tests.....	46,319
Speech Therapy Visits.....	1,035
Mammograms.....	13,757
Ultrasounds.....	10,132
Employee FTEs.....	1,017
Volunteer Hours.....	68,372
Cardiac Rehab.....	12,836
Pulmonary Rehab Visits.....	2,713
Wound Care Center Visits.....	4,372

ACCREDITATIONS/LICENSURE

Sturdy Memorial Hospital is licensed by the State of Massachusetts to provide acute care hospital services. Sturdy Memorial Hospital is proud to be accredited by the following:
American Association of Blood Banks
American College of Radiology
American College of Surgeons,
Commission on Cancer
College of American Pathologists
Intersocietal Commission for the Accreditation of Vascular Laboratories
Massachusetts Department of Public Health
Massachusetts Department of Public Health for Radioactive Materials
Primary Stroke Service –
Department of Public Health
The Joint Commission

CORPORATE MEMBER

American Association of Cardiovascular & Pulmonary Rehab (AACVPR)
American Hospital Association
Massachusetts Association of Cardiovascular & Pulmonary Rehab (MACVPR)
Massachusetts Hospital Association
Massachusetts Council of Community Hospitals
Massachusetts Coalition for the Prevention of Medical Errors
U.S. Department of Health and Human Services, FDA Certified Mammography Facility

We welcome your comments and suggestions on issues or services. Please send them in writing to:

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www.sturdymemorial.org



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