

# Imagine

SAINT  
VINCENT



2011 Annual Report

# Imagine

a hospital unlike any other in our region. For nearly 140 years, Saint Vincent has been that hospital. Founded by the Sisters of St. Joseph of Northwestern Pennsylvania, we continue to play an integral role in the lives of so many throughout our region. Locally owned, locally governed, always with local interests at heart, you'll find we've committed ourselves to making a lasting, positive impact on the health and well-being of our entire community—as a pioneering medical facility, as a responsible employer, as a resource for philanthropic giving. Just imagine where we'll be taking health care next.



Dear Friends,

Imagine for a moment, as the realities of health care reform begin to come to fruition, embracing this changing environment as a welcomed opportunity to improve our mission-driven, community-wide network of care.

As the region's only locally owned, locally governed, faith-based health care system, Saint Vincent has always been committed to meeting the growing and changing needs of this community. And now, we are taking the steps necessary to remain a strong, vibrant and local health system. It has always been our mission to provide the best care for this community, and that has not changed. But the playing field has changed. Are we prepared? Absolutely. We have chosen to engage in partnerships with other organizations that share our mission, such as Cleveland Clinic and Highmark. They also believe in the importance of keeping patient care local—it's better for the patient, it's better for our community, and it's the best way to keep health care costs lower for all.

We owe our ongoing success to a dedicated group of individuals: our physicians, who continue to provide the region's most-advanced, most-trusted care; our leadership team, who continually looks for ways to do things better; and a host of clinical collaborators who constantly keep us all focused on what's important—our patients.

Together, our goal is to create a better Saint Vincent. There's no question that we will continue to invest in this community and provide our neighbors with the best possible care in their own hometown for many years to come. Our vision will never change, but how we reach that goal is ever-changing.

Just imagine where we'll be taking health care next.

Sincerely,

A handwritten signature in black ink that reads "Scott Whalen". The signature is fluid and cursive.

Scott Whalen, PhD, FACHE  
President and CEO

# Imagine

technology that erases time and distance.

Technology surrounds us. We expect things to work better, faster and smarter than ever before. Today, it seems that everything is right at our fingertips. So, why should your health care be any different?

Saint Vincent has worked hard to ensure that we stay up-to-date and current on the newest technology whether for diagnosis, procedures or care. Two of our largest technologically advanced projects this year have focused on ensuring an earlier diagnosis for our patients to result in earlier treatment and therefore a faster recovery. Most importantly, both of our inReach and Telestroke technologies have meant that time and distance are no longer factors in providing a complete diagnosis for patients. Just imagine what this technology can do.

## **Telestroke**

When you are having a stroke, every second counts. Your recovery depends on it! Now, technological advancements at Saint Vincent and partnerships with hospitals like the Cleveland Clinic have erased time and distance for stroke patients across the region.

Telemedicine technology and specifically the Telestroke Network will give the gift of time to stroke patients through the instant availability of a stroke specialist via videoconferencing. This unique Saint Vincent partnership will offer an advanced level of expert stroke care by providing immediate, round-the-clock access to patient consultation services from Cleveland Clinic's team of neurological specialists, a program that is ranked among the best in the nation. This immediate access is made available by a video conferencing system that links the two hospitals so that brain images and other vital patient information can be shared and immediately accessed.

## **Here is an overview of how Telestroke works:**

A patient arrives at the Saint Vincent Emergency Department with stroke symptoms and is immediately assessed by the attending physician.

The patient undergoes a CT scan within minutes of the initial evaluation; the Cleveland Clinic neurologist has electronic access to these CT images.

The Saint Vincent ED physician and nurse connect to Cleveland Clinic utilizing the Telestroke technology.

This technology allows for a two-way audiovisual communication between physicians, nurse and the patient.

The Cleveland Clinic neurologist and Saint Vincent physician can then work together to determine the best treatment recommendations and options, including the administration of IV tPA clot busting medicine, if it is indicated.

The neurological team will then recommend additional care through the team of Saint Vincent physicians who specialize in neurology, neurosurgery, neurointervention, and other aspects of stroke care who are also available 24 hours a day, 7 days a week.

In the coming year, we look forward to fully integrating our program with Cleveland Clinic and then include several of the other hospitals throughout the region in order to fully complete our circle of care. Our partnerships will ensure our patients receive the same level of high quality care during their entire treatment process, no matter where their treatment begins.

## **SuperDimension inReach™**

During the spring of 2011, Saint Vincent replaced all laparoscopic equipment in the hospital's operating room suites with new, high definition (HD) equipment. This highly sophisticated equipment includes laparoscopic instruments which are fitted with HD cameras and video monitors which project images with greatly improved clarity.

Why does HD matter in the OR? The hemoglobin in blood absorbs light; the high definition cameras allow for less red-color saturation which means the surgeons have a clearer view when blood is in the surgical field. The HD cameras also allow surgeons to analyze the surgical fields with a smaller diameter scope and better view instruments moving in and out of the surgical field. This translates to smaller incisions and the ability to see deeper into the surgical field.

The superDimension inReach™ System uses the HD camera technology to explore lung tissues never before accessible without an open surgical procedure. What has made this technology even more precise is a GPS-type system that allows the instruments to move further into the deep areas of the lungs and detect smaller lesions at an earlier stage. Without this precision, patients were often not diagnosed until their cancer had developed and spread to other areas of the body limiting treatment options and survival rates.



The inReach, which acts just like the GPS system in your car, is able to guide an extremely thin and flexible bronchoscope tube through the mouth and into the smallest branches of the lungs. Electromagnetic probes which are attached to the inReach can determine the exact location of a suspected lung tumor. This probe can travel into the tiniest of branches in the bronchial tree which have never before been accessible in this manner. Once the tumor is located, the laparoscopic tools can remove tissue for evaluation and analysis. This ultimately results in a safer biopsy, more accurate diagnosis and the ability to provide the patient with a treatment plan far earlier than ever before.

“It is a well-known fact that the earlier lung cancer is diagnosed, the better the patient’s chance of survival,” said Stephen Kovacs, DO, of Chest Diseases of Northwestern Pennsylvania. “Having the privilege to offer this procedure to our patients at Saint Vincent will hopefully allow us to continue to have a dramatic impact on lung cancer and anatomic lung diseases in our community.”

Already, Saint Vincent and this system have made a dramatic impact on lung cancer because not only was Saint Vincent the first hospital in the region to offer this technology but more bronchoscopies using inReach have been performed at Saint Vincent than at any other hospital in the country!

Not only can our patients imagine life without lung cancer, they can now imagine a procedure that is offered and performed right here, in Erie, close to home.

Thomas “Tom” Moore, a 61-year-old Adamsville, Pennsylvania resident, says he owes his life to Dr. Kovacs, Saint Vincent and the advancements provided by the inReach system.

Tom is a happy, healthy and active adult, who never smoked, doesn’t drink and exercises regularly. So, after nearly a year of searching for a diagnosis, he was led to Dr. Kovacs and Saint Vincent Health Center, where within days he was told he had lung cancer. But, the diagnosis was made early enough that his treatment has him on a sure road to recovery!

Tom travels often as a contracted Certified Welding Inspector (CWI). But, he took time out for his annual physical exam in February 2010 with his general practitioner, Barbara Merovich, MD in Jamestown, PA. Dr. Merovich detected something in Tom’s lungs.

“Dr. Merovich knew something wasn’t quite right,” remembers Tom. “She kept moving her stethoscope from the front to the back of my chest, but couldn’t quite pinpoint what was wrong. Initially, she started to treat me for pneumonia.”

In March 2010, Tom returned to Dr. Merovich’s office for a follow-up and unfortunately, Dr. Merovich still detected something in Tom’s lungs. Over the course of six months, Dr. Merovich ordered three chest X-rays and CT scans for Tom and each time the results were inconclusive. Dr. Merovich decided it was time for another opinion and referred Tom to Jorge Mercado, MD, a pulmonologist in Erie.

In the meantime, knowing about Tom's frustrations and anxiousness to determine exactly what was wrong, a friend approached him after a Sunday church liturgy. She described a similar condition with her friend who eventually had a successful diagnosis with Stephen Kovacs, DO, in Erie. Drs. Mercado and Kovacs are partners at Chest Diseases of Northwestern Pennsylvania, so Tom knew he was headed in the right direction.

In November 2010, an initial bronchoscopy performed by Dr. Mercado, once again proved inconclusive. Dr. Mercado referred Tom to Dr. Kovacs assuring him that, "Dr. Kovacs is the person you need to see, and Saint Vincent is the place you need to be."

Dr. Kovacs was able to evaluate Tom in just days and quickly schedule him for a bronchoscopy using the inReach technology at Saint Vincent.

"Dr. Kovacs met my wife and me in the waiting room prior to the operation. He explained that the technology he was about to use was the ultimate in finding whatever was located in someone's lung. He promised he could find it, when no one else could," remembers Tom.

In explaining The SuperDimension inReach™, Dr. Kovacs compared it to a GPS for pulmonologists looking inside someone's lung.

"The patient is on a special table with low emissions of electromagnetic signals, and special sensors are placed on the patient's chest," said Dr. Kovacs. "The table is the 'earth,' and the sensors are the 'satellites' that guide the instruments through the narrow passageways deep into the lungs."

Often times, symptoms of lung cancer present only when the lesion has grown so large that treatment options are limited. The more the cancer grows, the faster it spreads. Prior to this procedure, patients with suspicious areas in their lungs underwent CT scans every three months, while physicians watched for growth before treatment options were determined. A lot can happen in three months, and in many cases it is too much time to wait for answers or to begin a treatment plan.



Once inside Tom's lung, Dr. Kovacs was able to find a small lesion in the very outer area of the lung.

"The lesion we found in Tom's lung was a rare type of lymphoma that is not typically found in this area of the body," said Kovacs. "This is why it was so difficult to detect despite all of the testing that was performed."

For Tom, it was a shock and devastating news. Even while undergoing the testing, Tom said he was fairly confident he would not be afflicted with lung cancer since he was a non-smoker and in general good health. His focus quickly changed to treatment and recovery.

The inReach technology gave Tom the fighting chance he wanted and expected. The cancer was detected at such an early stage. The tumor was small. The cancer was found before it had a chance to grow and spread. Tom knows that he was lucky!

"As a physician who has to tell patients they have lung cancer, it is rewarding to be able to assure them they can survive," remarks Kovacs. "I am happy and proud to give back to the Erie community as a physician who grew up in this town. The early detection and chance for survival is the best gift I could ever wish to give someone."

During the last year alone, 60 new Erie lung cancer patients have been given a better chance for survival because of inReach technology available at Saint Vincent Health Center and the expertise of Dr. Kovacs.

This is what the future of health care means to our city and region. Just imagine where we'll be taking health care next.

# Imagine

a level of caring that always strives to give more.

When it comes to compassionate care, there is no better place for you or your family than Saint Vincent Health Center, where the highest levels of quality and compassionate care are at the heart of our mission.

At Saint Vincent, we strive to build a relationship and rapport with our patients so that we can better understand and meet their unique needs. Often, this requires more time and a higher level of attention. Imagine caring that gives more no matter how much or how little time there is... There is no need to imagine. It already exists at Saint Vincent.

All employees at Saint Vincent are empowered to develop resources, research procedures and institute programs that will impact the lives and livelihood of our patients.

An example of this extraordinary caring for a patient, which led to a communitywide program, started because an increasing number of babies in Erie County were afflicted by Sudden Infant Death Syndrome (SIDS), a condition in which infants younger than one year die for unexplained reasons. During 2007, there were 93 SIDS deaths in Pennsylvania and Erie County recorded four of them. Medical experts believe potential causes for SIDS can include brain abnormalities, genetic mutations and vulnerable infants with outside stressors such as second-hand smoke, upper respiratory infections, other conditions, and sleep position.

While many of these causes cannot be changed, could there be a way to impact the increasing number of infant deaths by examining where the baby would sleep in the home?

Saint Vincent social worker, Kristin Bruschi believed it could. With the backing of Saint Vincent, Kristin set about researching a way to help families who did not have the means to provide what would be a 'safe' sleep environment for their new baby.

In 2008, Kristin received a grant from Children's Miracle Network and Saint Vincent began a program to educate parents about safe sleep practices and provide them with a portable crib at the time mother and child were released from the hospital. Soon afterward, the "Cribs for Kids-Erie Chapter" was underway with help from the Erie County Department of Health.

Saint Vincent and the Safe Kids Coalition in Erie worked in conjunction with the Erie County Department of Health to devise a plan for the Cribs for Kids-Erie campaign. Contacts were made at

each of the three local hospitals, as well as the local home health care agencies, and Saint Vincent stepped up to chair the campaign, lead the volunteers, secure funding and create educational brochures, manuals and handouts.

The Erie County Department of Health matched the funds provided by the Children's Miracle Network for the Cribs for Kids program for the first two years. When this funding ran out, the Saint Vincent Children's Miracle Network continued to provide cribs, not just for families in need whose children were born at Saint Vincent, but for those at UPMC Hamot and Millcreek Community Hospital as well.

### How Does Cribs for Kids Work?

The hospital staff identifies a family without a safe sleep environment, and a referral is made to the hospital social worker. The hospital social worker then completes safe sleep education with the parents and gives them a "Safe Sleep Survival Kit" to take home with their new baby.

The kit includes a GRACO Pack 'n Play® crib, a pacifier and a fitted bottom sheet for the crib. In addition, all families leave the hospital with a Halo Sleep Sack® that wraps securely around a baby in place of loose blankets, which can be a risk factor for SIDS. In addition to the kit, the family is educated with printed materials and demonstrations, and must participate in an eight-minute video that teaches safe sleep techniques for their baby, prior to discharge.

When the family is home, a Regional Home Health and Hospice nurse visits the family to demonstrate and teach crib safety. The nurse will also make a follow-up visit to ensure ongoing proper use of the crib and safety for the baby.

So far, more than 162 low-income and needy families in our community have been provided a crib for their new born since the program began in 2008. At Saint Vincent, we continue to hope this program will have a positive impact on decreasing the number of SIDS-related deaths in our community as our new parents learn the ways of safe sleep and the importance of having a safe sleep environment for their baby.

One of the grateful recipients is a young refugee couple from Nepal, who were in Erie just two months before their baby was born. Deepak Pakhring, 25, and his 23-year-old wife, Suk, spent nearly their whole lives in refugee camps before coming to the United States and settling in Erie. Suk was seven months pregnant and Deepak was searching for work.



“When we came to Erie, we were really overwhelmed. Everything was new, but we slowly began to adjust through the help of organizations such as the Multicultural Center and Saint Vincent,” recalls Deepak.

On September 17, 2011, Deepak and Suk welcomed their baby girl, Sahya, at Saint Vincent. The family was safe, healthy and ready to go home just three days after delivery. As with every new family, the Pakhring’s met with Kristin who wanted to make sure they had what they needed to take care of their new baby.

Through interpreters, Kristin and the nurses on the Mother and Baby Unit provided helpful tips and lessons for feeding, bathing and changing baby Sahya. The Pakhring’s were ready to go home and begin their new lives as a family of three in Erie.

As is customary, a nurse from Regional Home Health and Hospice, Saint Vincent’s visiting nurse partnership with Corry Memorial and Millcreek Community hospitals, paid a routine visit to Deepak and Suk’s apartment. The nurse checks on the new mom to make sure she’s recovering well and checks the health of the baby, to see how the new family is adjusting and to talk about any other concerns the parents may have at the time.

When the visiting nurse arrived at Deepak and Suk’s apartment, she noticed there was no crib for baby Sahya. Deepak and Suk reluctantly admitted that they were unable to afford a crib or a bassinet for her. Instead, they were placing the newborn in bed with them each evening because that was the only place for her to sleep. This young couple was too proud to admit that they could not afford a crib for their infant, and due to cultural barriers, did not understand that they could receive assistance from Saint Vincent.

The visiting nurse explained the Saint Vincent’s Cribs for Kids program to Deepak and Suk...and quickly Sahya was given a new crib.

Saint Vincent social worker Kristin Bruschi, who has been a Saint Vincent associate for 10 years, is also a mother of twins, so she knows first hand the importance of providing a safe sleep environment for infants.

“When I returned to work from maternity leave, I just saw things a little differently,” said Kristin. “We always made sure that new families had a car seat to safely transport their new baby home, but we really didn’t know what happened to the infant after discharge from the hospital. I knew we had a desperate need for safe sleep because of the alarming increase in the number of SIDS deaths being recorded in Erie County. I had to do something.”

Deepak and Suk are now comfortable in their home and relieved that their daughter can sleep safely. “We are thankful for Saint Vincent and their support. It is more than we ever expected,” said Deepak.

The language barrier and uncertainty of being new parents did not stand in the way of Saint Vincent helping the Pakhring’s. Stories such as this happen every day at Saint Vincent. Whether it is as small as an associate helping a visitor navigate through the hospital or a nurse helping a family pay for their cab ride to visit a loved one, or as large a hospital-wide collection of school supplies for children in need, Saint Vincent associates remain committed and truly care for the people of our community.

As Erie’s only locally owned and locally governed health system, we take deep pride and honor in having the ability to serve our friends, family members and neighbors on a day-to-day basis, and we look forward to doing this for many years to come.

Although the landscape of health care is changing, one constant will remain. Saint Vincent is here and will be here to serve our patients for years to come. We will continue to remain a high-quality healthcare system devoted to and dedicated to treating all patients with the same compassionate care as our founding Sisters. We will continue to seek clinical partners who share the same dedication to quality and care as we do. We will continue to focus on attracting the best and brightest physicians to maintain the highest level of quality care, right where our patients live and work. We will continue to offer our patients less invasive surgical options for their procedures. We will continue to care for our community in every way we can.

We do not have to imagine this level of commitment in health care because it is already here, at Saint Vincent. Just imagine where we will be taking health care next.

# Imagine

procedures that give patients a second chance.

Time. It measures, it directs and it calculates. It seems we never have enough time. Time for work, time for play, time to spend with family and friends. Just imagine procedures that can give patients this precious gift of time.

Saint Vincent cardiovascular surgeons offer minimally invasive options when it comes to repairing damaged blood vessels and arteries. These procedures offer patients enhanced treatment and shorter recovery time. As we age, we are at higher risk of developing a vascular disease. Just imagine what these procedures can do.

The Saint Vincent Heart and Vascular Center now provides comprehensive treatment plans for all vascular diseases, allowing for new and innovative options of care.

Vascular disease includes any condition that affects the circulatory system outside of the heart. They can range from diseases of the arteries, veins and lymph vessels to blood disorders that affect circulation. These diseases, if left untreated, may result in amputations, aneurysms and in some cases will cause death. Early detection and rapid treatment plans are vital to recovery.

As with the arteries leading to your heart, blockages will also occur in the other blood vessels throughout the body. Peripheral artery blockages, for example, can occur in several different areas of the body:

**Coronary Arteries** - This is usually identified with symptoms such as chest pain or heart attack.

**Carotid Arteries** - This occurs when the supply of blood to the brain is reduced and may lead to a transient ischemic attack (TIA) or stroke.

**Blockage in the Legs** - This occurs when circulation is poor. Symptoms include leg pain, cramps, changes in skin color, sores or ulcers, and feelings of tiredness in the legs.

**Renal Arteries** - Symptoms for this blockage include uncontrolled high blood pressure, congestive heart failure and abnormal kidney function.

**Varicose Veins** - This occurs when the valves that typically open and close to maintain an even flow of blood do not close properly, allowing blood to flow in both directions. When the blood flows in two directions, this can cause pain and swelling, resulting in varicose veins.

## Treating Aneurysms

The specialists at the Saint Vincent Heart and Vascular Center are also using minimally invasive vascular repair procedures to treat aneurysms which, in the past, would have required an open surgical procedure. Now, with the use of a small catheter, aneurysms located in different areas of the body can be treated with this minimally invasive technique. Patients who previously had to go out of town for these vascular procedures are now having their needs met here, at Saint Vincent.

Aneurysms can also form clots that block blood flow, or they can compress a nearby nerve or vein and cause pain, numbness or swelling. When a blood clot forms, it can also move through the body and lodge in an artery which can lead to stroke or heart attack.

As an aneurysm grows in size, it can compress other nerves and lead to numerous vein problems, swelling, discoloration, and in some cases lack of circulation. In these extreme cases, amputation has been the only solution. Now, the vascular team at Saint Vincent is able to perform procedures that can solve these venous issues, restore proper blood flow in the legs and eliminate any further damage.

The Saint Vincent Heart and Vascular Center physicians understand how important time is. The team of physicians and surgeons work closely with patients to detect vascular diseases earlier before they cause additional health problems and new minimally invasive techniques reduce the amount of time needed for recovery.

Early detection, minimally invasive techniques and a quicker recovery mean less time spent in the hospital and more time for patients to do whatever it is that they love the most. Imagine where we are taking health care next.

For 81-year-old Tony DeMarco, loving life is part of his everyday routine, thanks in part to the knowledge and skill of Saint Vincent cardiologist Matthew "Casey" Becker, MD.

Tony, who retired from Erie General Electric more than 20 years ago, splits his time between homes in Erie and New Mexico and loves traveling with his fiancé. This active couple has nine children between them and a whopping 22 grandchildren who also keep them busy.



Over the course of the last 12 years, both have enjoyed one another's company and have been at each other's side. That was apparent when Tony was diagnosed with prostate cancer and underwent treatment at the Regional Cancer Center (RCC) in 2009. Although it was a long process, Tony recovered from the cancer, but became concerned that it returned when a nagging back ache became worse. During a follow up appointment at the RCC, Tony was scheduled for a CT scan to determine if the cancer had returned.

As a cancer survivor, Tony immediately thought the worst. When his oncologist came in with his CT results, he gave Tony the famous line, "I have good news and I have bad news." The good news - the cancer had not returned. The bad news - a large aneurysm was growing in his pelvic region. The aneurysm measured eight centimeters and a rupture would result in certain death. Another surgery would be necessary. And, it must be done quickly.

Tony was referred to Dr. Becker, who gave him just two options; an open surgical procedure through the abdomen or a minimally invasive surgery to repair the aneurysm, which would be performed through a catheter from the groin to the aneurysm site.

"You never want to hear that you need an operation immediately. I was very nervous, but Dr. Becker assured me that he could do a minimally invasive technique that would not disrupt or harm any previous surgical sites," said Tony. "I was intrigued and relieved to say the least."

Dr. Becker was confident this procedure was the right way to take care of Tony's aneurysm. Tony's age and previous medical conditions presented a larger risk for an open surgical procedure but the size of the aneurysm made the catheter procedure tricky.

Thanks to Dr. Becker's experience and expertise, Tony made it through the surgery. Dr. Becker was able to place a stent inside the aneurysm to stop the growth and threat of rupture. There was no incision, no risk of infection and Tony returned home after an overnight stay in the hospital.

"I am so grateful for Dr. Becker, he was able to give me an option that no one else could," said Tony. "He saved my life."



The Saint Vincent Heart and Vascular Center is focused on providing minimally invasive treatment when possible. Specialists also work on preventative and early detection techniques. Dr. Becker and our team of vascular specialists provide patients with early intervention vascular screenings which have helped to save lives by detecting aneurysms and clots early, before patients end up suffering a heart attack or stroke. The ability to diagnose and prevent major problems early provides patients with greater treatment options and allows for faster recovery times.

The comprehensive treatment plans for all vascular diseases allow for new and innovative care options for patients just like Tony throughout our community. We're not only giving our patients the gift of health, we're giving them the gift of time. Just imagine where we'll be taking health care next.

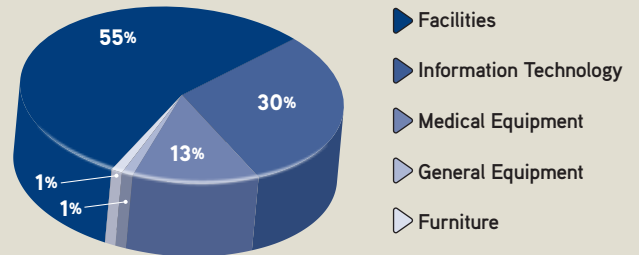
Saint Vincent Health System  
**Financial Overview 2011**

**Comparative Statistical Summary**

For the Years Ended June 30, 2011 and 2010

	2011	2010
Adult Admissions	17,537	17,132
Births	1,869	2,524
Observation Patients	6,485	6,508
Emergency Visits	77,833	77,966
Outpatient Services	205,691	200,781
Surgeries	18,675	17,243
Physician Office Visits	404,498	353,205

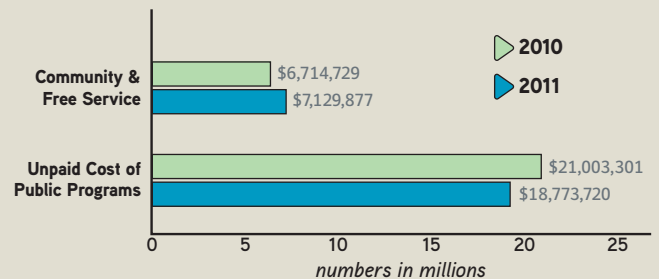
**Saint Vincent Capital Investment**



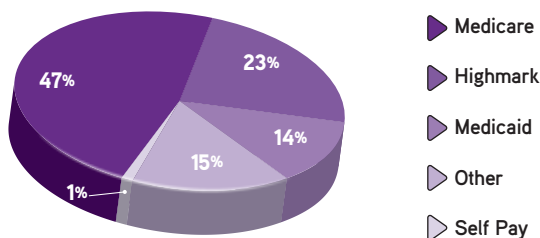
	2011	2010
Net Patient Revenue	\$329,966	\$307,347
Other Revenue	20,850	18,637
<b>Total Revenues</b>	<b>\$350,816</b>	<b>\$325,984</b>
Expenses		
Salaries and Benefits	\$190,615	\$173,438
Supplies and Other Expenses	150,184	138,606
Interest and Depreciation	21,041	18,676
	<b>\$361,840</b>	<b>\$330,720</b>
Net Income (Loss)	\$(11,024)	\$(4,736)
Interest and Depreciation	21,041	18,676
EBIDTA	\$10,017	\$13,940
Debt Service	2,381	3,378
<b>Resources Available for Community Investment</b>	<b>\$7,636</b>	<b>\$10,562</b>
	2.2%	3.2%
Investment in Plant, Property & Equipment	\$17,482	\$12,283

**Community Care**

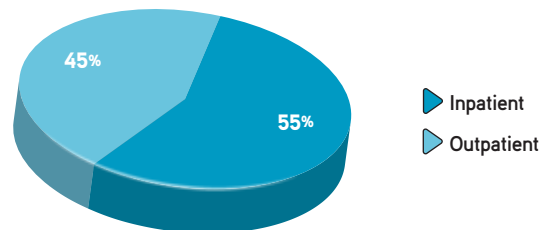
Saint Vincent Health System has a significantly positive impact on our region's economy. In terms of salaries paid to Saint Vincent Health System's 2,993 associates (equivalent to 2,318 full-time associates) and dollars spent within our region to maintain our mission, Saint Vincent has a \$604 million economic impact, a 9.7% increase over last year.



**Net Revenue by Payor**



**Net Revenue by Service**



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