Back-to-back talks at the University of Chicago Hospitals, on two seemingly conflicting but ultimately compatible views of excellence, sum up why the world of medicine — and this institution — can be so exciting, challenging and ultimately rewarding.

Pulmonologist Skip Garcia, MD, our new chairman of medicine, spoke about the tremendous potential of modern science to improve patient care. He used the example of cystic fibrosis, which used to kill patients before they reached their teens. Now they graduate from college, have careers and live, on average, into their 30s. The day before, Atul Gawande, MD, who writes for both the *New England Journal of Medicine* and the *New Yorker*, spoke about the need to shift medicine’s focus away from the search for new and better therapies and toward more consistent application of the therapies we have. He also used the example of cystic fibrosis, pointing out that while, thanks to medical research, patients live on average to 33, at some institutions, thanks to clinical vigilance, they live to age 47.

The University of Chicago Hospitals is increasingly the sort of place that can combine one doctor’s visionary clinical science, the discovery of new treatments that will increase life expectancy for all, with the other’s dedication to the details of care, raising expectations for patients one at a time. Now, as never before, we have the resources. Research funding has increased — much of it driven by three remarkable years of faculty recruitment under the leadership of James Madara, MD, dean of the Biological Sciences and the Pritzker School of Medicine and University vice president for medical affairs. This has gained speed each year as a dozen new department chairmen have begun to attract the people they most want, a process that feeds on itself. Meanwhile, the Hospitals completed our most financially successful year in decades — while continuing to provide near-heroic levels of charitable care.

We have the space. In February, we moved into the Comer Children’s Hospital, a multi-colored jewel box of a building where cutting-edge, compassionate care occurs in a breathtakingly comforting setting. A new children’s ER is under way. A massive, boundary-shattering research building, where biologists work next to chemists and physicists, opens this fall. Across 57th Street, we have started a 10-story tower devoted to translational research in pediatrics, cancer and medicine. And on the opposite corner, we are preparing to build a 12-story hospital pavilion — the core of Vision 2010.

We have the people. Last year, we embarked on “Achieving Breakthroughs,” a hospital-wide endeavor to focus in new ways on service, quality, performance, people and growth. We are challenging ourselves, raising our own expectations and making this a better place for the best people to work. And we have the recognition. Last July, we reclaimed our coveted spot on the Honor Roll of “America’s Best Hospitals,” the 16 elite centers chosen by *U.S. News & World Report* out of the country’s 6,007 hospitals. We are the only Illinois hospital ever included. We made it onto the list because of innovation, teamwork and discovery. We intend to stay there because of impeccable patient care.

“At the forefront,” is how the world sees us — providing tomorrow’s medicine today. We hope our patients see a little something extra, that same “gee-whiz” core seasoned with compassion. When we look at ourselves, however, we want to instill one more trait: a compulsion for excellence. Even as we rush toward tomorrow’s cures, we have to exceed today’s standards, which means doing the best possible job, in every way, for every patient, every day.

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A REVOLUTIONARY CT SCANNER CREATES NUANCED, NON-INVASIVE PICTURES OF A PATIENT’S BEATING HEART IN ONLY FIVE SECONDS. VISIONS OF THE FUTURE? NO — IT’S ALL HAPPENING TODAY AT THE UNIVERSITY OF CHICAGO HOSPITALS.
As surgeons perform a complicated, minimally invasive technique, medical students watch it happen — beamed to their classroom’s 60-inch flat-screen television. The transition to digital information storage makes the old system of posting X-rays on light boards and in operating rooms obsolete. A revolutionary CT scanner creates nuanced, non-invasive pictures of a patient’s beating heart in only five seconds. Visions of the future? No — it’s all happening at the University of Chicago Hospitals, where people who want to make health care better today than it was yesterday are incorporating novel inventions into clinical practices, testing new ideas in the laboratory and, from the boardroom, maintaining a commitment to technology-based research.

Looking inside with speed and clarity
Philips Medical Imaging knew what it was doing when it chose the University of Chicago Hospitals as the first site in the United States in which to install its 64-slice CT scanner. The arrival of the scanner ushers in a new era of medical imaging — with the Hospitals at the forefront. The scanner can produce images of any organ with unprecedented speed and detail. Its 64 rows of detectors enable it to gather more detailed information faster. For example, it can scan a patient’s entire body in 30 seconds. What brings the scanner to UCH? A distinctive partnership with Philips. Doctors and researchers here push the company’s new inventions to their limits by working with Philips engineers to perfect any glitches in exchange for access to the latest in medical technology. “Our job is to discover all the things that we’re able to do with this scanner that we couldn’t do before we had it,” said Michael Vannier, MD, professor of radiology.

Those discoveries come fast. Cardiac imaging has always been problematic because the heart is complex, large and in constant motion. The 64-slice scanner works so quickly that it enables doctors to collect clear images of the heart between beats. “Using this scanner for cardiac
imaging redefines where the limits are,” Vannier said.

Lonnie Chambers agrees. The 69-year-old came to the Hospitals with a mysterious chest pain he’d suffered from for years. Through a cardiac catheterization, doctors found a narrowing in his left artery, but they were unable to locate the origin of his right coronary artery. That’s when Chambers was sent to Dianna Bardo, MD, assistant professor of radiology, who scanned his heart using the 64-slice machine. Bardo located the artery — 3.5 centimeters higher and 1 centimeter to the left of its normal position. The CT scan revealed that each time Chambers’ heart beats, the right coronary artery is pinched between his pulmonary artery and his aorta. “Usually, this is a problem that puts someone at risk for sudden cardiac death,” Bardo said, stressing the vital importance of detection. “With standard imaging, you would never be able to make this diagnosis confidently.”

It’s a similar story with cancer, lung, brain, chest and vascular imaging. “In a lot of situations it’s replacing more invasive procedures,” Vannier said of the scanner. Instead of performing numerous scans while patients hold their breath, doctors now can collect crystal clear images of the lungs, expanded or contracted, within a few seconds.

With the rapid evolution of imaging technology, the future looks bright. Many hospitals deem themselves well equipped if they have a 16-slice scanner — just a year ago, such a scanner was considered the best in the business. Now, the 64-slice scanner and its 40-slice companion are obviating some surgeries, increasing what doctors can see in the human body and changing concepts of what imaging can accomplish.

Computer-aided diagnoses
Breast-imaging specialists — a team of physicians and researchers — are testing and refining computer-aided diagnostic and assessment systems that will increase the precision with which patients are diagnosed, and will detect and even predict breast cancer earlier and more accurately. Using innovations like a multimodality breast CAD workstation that calculates the characteristics and probabilities of malignancy in a breast ultrasound, Maryellen Giger, PhD, professor of radiology and associate radiology chair for basic science research, is studying the potential of computer-aided diagnoses to improve breast cancer detection. Pioneers in the field, Giger and her team expect that when they’re ready to
be incorporated into the clinic, their research initiatives will substantially reduce the number of misdiagnoses.

Preparing today’s doctors for tomorrow’s technology

Incorporating revolutionary technology into standard clinical practice is often difficult, which is why Gillian Newstead, MD, and Robert Schmidt, MD, are creating an intensive program to teach radiologists from around the globe to better understand mammography, ultrasound and MRI imaging. Rapid advances have made it difficult for radiologists to stay on top of their field. Visiting UCH is a great way for researchers to get a practical education.

“The lectures are a good way to introduce the new technology, but in order to know how to use it, you really need to be hands on,” Newstead said. “At our training program, radiologists will review images at workstations, make decisions on what they would do, and then discuss them.”

Best of all, Newstead and Schmidt could be creating a model for the future. The need for technical training, Newstead said, is not particular to imaging. “A lot of different fields would benefit from a program like this.”

THE CT SCAN REVEALED THAT EACH TIME LONNIE CHAMBERS’ HEART BEATS, THE RIGHT CORONARY ARTERY IS PINCHED BETWEEN HIS PULMONARY ARTERY AND HIS AORTA.
THE UCAN HELICOPTER, WHICH CAN FLY AT SPEEDS OF UP TO 180 MILES PER HOUR, SERVICES AREAS WITHIN 200 MILES OF CHICAGO, BRINGING PATIENTS IN NEED TO UCH OR THE CLOSEST APPROPRIATELY EQUIPPED HOSPITAL.
A strong sense of teamwork and a commitment to finding solutions together are at the backbone of every activity at the University of Chicago Hospitals. You could see them in the seamless transition from the former Children’s Hospital to the new facility; in the group efforts among faculty, staff, community members and patients during the Hospitals’ Day of Service; and in the shared research initiatives that bring together scientists and clinicians.

**Breaking records together**

What do you get when you combine a team of nurses, pilots, emergency medicine physicians, communication specialists and maintenance technicians with a twin-engine Dauphin 2 helicopter? The University of Chicago Hospitals’ Aeromedical Network, the city’s longest-running, hospital-based air ambulance program. Started in 1983 to bring the best, most highly specialized care to emergency medical situations, UCAN is celebrating its biggest year ever. In April, for example, UCAN completed 150 helicopter and ground transports, rising far above its previous monthly record of 122 transports. For fiscal year 2005, Ira Blumen, MD, professor of medicine and director of UCAN, reported that his team completed nearly 1,450 transports — about 150 more than were completed in its previous busiest year. Blumen attributes his crew’s success to its commitment to teamwork across departmental, institutional and even city boundaries. The UCAN
Taking interdisciplinary action

To study and treat a disease like breast cancer, whose causes and contributing factors are diverse and often mysterious, a team of University of Chicago researchers and physicians is finding that the wider it casts its net, the closer it narrows in on a cure. At the Center for Interdisciplinary Health Disparities Research (CIHDR), directed by principal investigator Sarah Gehlert, PhD, deputy dean for research at Chicago’s School of Social Service Administration, social workers, psychologists, physicians and molecular geneticists explore the variations between women of African ancestry and women of European ancestry in terms of the types of breast cancers they develop. One of the center’s initiatives compares breast cancer in Nigerian women with breast cancer in African-American women. The two genetically similar groups inhabit vastly different environments, so CIHDR researchers may be able to determine which components of breast cancer are genetic and which are environmental. Multiple areas of expertise within the center facilitate interdisciplinary endeavors.

“There is wisdom in other disciplines, and it’s absolutely important for everyone to come to the table to learn from each other and to teach one another,” said Funmi Olopade, MD, professor of medicine and director of the Cancer Risk Center. The sharing of wisdom is proving fruitful — and far-reaching. Olopade and her CIHDR colleagues have established a research relationship with the University of Ibadan, Nigeria; they organized a Breast Cancer Summit on the South Side of Chicago to educate and involve women and their families in breast cancer research; and they’ve initiated a diverse field of social, molecular, clinical and behavioral research on breast cancer. Made possible by a $9.7 million grant from the National Institutes of Health, the CIHDR is one of eight centers for Population Health and Health Disparities in the nation.

Built with teamwork

Preparing for the move to the new University of Chicago Comer Children’s Hospital meant planning ahead, being organized and, most of all, working together. Luckily, from the hospital’s earliest stages of conception, faculty and staff had it covered. Consider the Teen Advisory Board, nine young patients who
meet once a month to discuss ideas and plan to make the hospital more “teen-friendly” — and who played a large role in designing the new building. The teens are to thank for Comer’s extra common spaces for families, its family kitchen and laundry facilities, its bigger bathrooms and more windows, its room-service delivery of better food, and its personal bulletin board in every patient room. They also are part of the quality control. “We got to test the couches to see which ones we liked, eat the food from the new hospital and choose the menus for the rooms,” said 13-year-old Jackie Tusack, a member of the board.

With all the teamwork that went into the Comer creation, it’s no wonder that moving in was so successful. Comprehensive training for pediatric employees and the Discover Comer Exhibit with mock patient rooms helped orient staff to the new Children’s Hospital’s ultra-modern technology, new features and reorganized procedures. Practice moves enabled faculty and staff to anticipate the transition into the seven-floor facility. And when the day finally came — Feb. 19, 2005 — the move went almost flawlessly. More importantly, staff were able to resume providing care in the new facility without missing a beat. One of the first operations in the new facility was a heart transplant, performed that night.
AT THE NEW COMER CHILDREN’S HOSPITAL, ACCESS TO NOVEL, TOP-OF-THE-LINE MEDICAL EQUIPMENT IS EXPANDING THE BOUNDARIES OF WHAT PHYSICIAN-SCIENTISTS CAN ACCOMPLISH — IN THE OPERATING ROOM AND IN THE LABORATORY.
THE FUTURE OF CHILDREN’S MEDICINE, AVAILABLE TODAY

The opening of the new University of Chicago Comer Children’s Hospital provided a high point for an outstanding year. The 242,000-square-foot, 155-bed building opened its doors to patients in February, three weeks after a ribbon-cutting ceremony celebrating the new hospital. Guests at the ceremony included U.S. Senator Barack Obama, University of Chicago President Don Randel and Land’s End founder Gary Comer, who, with his wife, Frances, gave $21 million to help make the new building possible. The Comers’ funding represents the fourth largest naming donation given to any children’s hospital in the United States and matches the largest gift ever presented to the Hospitals.

Along with the new building, pediatrics welcomed many new faces, including a new department chairman, Steve Goldstein, MD, PhD, an expert on heart disease and the molecular mechanisms of normal cardiac function, and John Brandecker, vice president for the Hospitals and director of the new Children’s Hospital.

The $135 million facility was designed to provide the most child-friendly, family-focused care available. The 308-square-foot patient rooms are large enough for family members to lounge comfortably, and parents can “sleep over” on pullout sofa beds. Patients can control the lighting and temperature in their rooms. Extras include flat-screen televisions with Internet access and other special features to help families feel comfortable. The Family Care Center, for families staying at the hospital long-term, has eight sleeping rooms with private bathrooms and laundry facilities.
The Family Learning Center is devoted to educating and supporting patients’ families by providing a library, Web access, training programs on post-hospital care, and educational opportunities for patients and their siblings. Comer is also the country’s first acute-care hospital with a Boundless Playground, a 5,000-square-foot space with swings that accommodate wheelchairs, a slide three passengers wide and the Thunderhead Climber, designed for all types of adventurers.

In the service of patients

At the new Children’s Hospital, access to novel, top-of-the-line medical equipment is expanding the boundaries of what physician-scientists can accomplish — in the operating room and in the laboratory. “Can we do more complex surgeries now that we have more complex technology?” said Donald Liu, MD, PhD, associate professor of surgery and pediatrics, and surgeon-in-chief at the Chicago Comer Children’s Hospital. The operating rooms are outfitted for the evolving technologies that permit minimally invasive surgeries — one of the real strengths of our pediatric surgeons.

When performing these procedures, surgeons rely on tiny surgical instruments and sophisticated video equipment. They make small punctures rather than large incisions, and video screens show magnified images of minute instruments in action. “We have live, color, flat-screen TVs with high definition and surround-sound effects, so you feel like you’re inside the patient, very intimately involved with every organ that you’re touching,” Liu said. “It’s just amazing.”

X-rays and other relevant data are right at doctors’ and nurses’ fingertips — fed directly onto computer screens in the operating rooms. It’s all, Liu pointed out, in the service of patients. “Technology doesn’t inspire us to do these complex operations,” he said. “Our complex cases inspire technology that pushes the envelope.” Other modern technology includes a 1.5T Philips MR scanner, digital radiology and fluoroscopy, two new ultrasound suites, and a cardiac catheterization lab with video conferencing, enabling doctors from around the globe to learn from Chicago’s child experts as they work.

Generating a buzz

Much of this technology serves to make patients’ stays easier and more comfortable. A wireless call system
enables children to page nurses with the press of a button — and no overhead noise. Advanced bedside monitors connect patients to doctors and nurses, who can access real-time data from anywhere in the hospital.

The new facility took nearly four years to build and contains 60 general inpatient beds, 30 pediatric intensive care unit beds, 65 neonatal intensive care unit beds and five state-of-the-art operating rooms. It is more than twice the size of the old building and is generating a buzz from around the neighborhood, the city and the world.

In February, *Child* magazine gave the University of Chicago Comer Children’s Hospital the highest ranking of any children’s hospital in the city.

But despite all the acclaim Comer is receiving, the Department of Pediatrics isn’t resting. Construction is underway for a brand new pediatric emergency room, which should open in the fall of 2006. And this fall, construction will begin on a 10-story research building, the Center for Biomedical Discovery, dedicated to pediatric, medical and cancer research.

**THE $135 MILLION FACILITY WAS DESIGNED TO PROVIDE THE MOST CHILD-FRIENDLY, FAMILY-FOCUSED CARE AVAILABLE. THE 308-SQUARE-FOOT PATIENT ROOMS ARE LARGE ENOUGH FOR FAMILY MEMBERS TO LOUNGE COMFORTABLY, AND PARENTS CAN “SLEEP OVER” ON PULLOUT SOFA BEDS.**
WHAT SETS THIS PROGRAM APART IS THE COLLABORATIVE INTERACTION WITHIN THE TEAM OF SPECIALISTS THAT PROVIDES STATE-OF-THE-ART CARE TO CRITICALLY ILL PATIENTS WITH NEUROLOGICAL PROBLEMS. AT NO OTHER PROGRAM IN THE REGION, AND FEW IN THE WORLD, ARE FACULTY AND STAFF FOCUSED SO EXCLUSIVELY ON NEUROCRITICAL CARE.
TODAY’S CARE, TOMORROW’S CURES

As their discoveries in the laboratory resonate throughout the medical community, University of Chicago physician-scientists continue to focus on what it’s all about: helping sick people get better. The Hospitals’ unique, fully integrated balance among the clinic, the laboratory and the classroom is, at its roots, in the service of the patient. This commitment to patients keeps the University of Chicago Hospitals at the forefront of clinical care today, poised to discover and apply the cures of tomorrow.

One sterling example of this commitment is the appointment in May of Joe G. N. “Skip” Garcia, MD, a leading authority on lung biology and disease, the genetics, prevention and treatment of pulmonary edema, and the molecular biology of blood vessels, as professor and chairman of the Department of Medicine.

Garcia’s approach to science and medicine has been “one of crossing boundaries,” said James Madara, MD, dean of the Biological Sciences Division and Pritzker School of Medicine. “He pulls different disciplines together to work on related problems. He translates basic bench science into clinical applications. This is exactly the kind of innovative and imaginative work the University of Chicago has a reputation for, and that we try to pass on to our students.”

Specialized care in neuroscience

No other neurointensive care program in the region provides the expert focus on patient care that comes naturally to the physician and nurse specialists at the University of Chicago Hospitals Neurosciences Critical Care Unit (NeuroICU). What sets this program apart is the collaborative interaction within the team of specialists that provides state-of-the-art care to critically ill patients with neurological problems. At no other
program in the region, and few in the world, are faculty and staff focused so exclusively on neurocritical care.

Patients who come to the NeuroICU have acute, sometimes life-threatening brain injuries and neurological diseases. The complex emotional and medical issues that can accompany such disorders “require a whole team of people to help take care of patients properly and help families through the crisis,” said Jeffrey Frank, MD, professor of neurology and neurosurgery, director of neuromedical/neurosurgical intensive care and an international leader in neurointensive care. Neurointensive care specialists work with neurosurgeons, vascular surgeons, neuroradiologists, NeuroICU nurses, respiratory therapists, physical therapists, occupational therapists, speech therapists and others to provide world-class care to patients. “The neurointensive care unit couldn’t exist without outstanding talent and commitment in many neighboring disciplines,” Frank said. “There is an air of collegiality here that makes department boundaries invisible, and allows a model of care unique compared to most other hospital environments.”

This commitment to patients in need of neurointensive care extends beyond the Hospitals’ walls. The NeuroICU, founded just four years ago, already is bringing its expertise to other hospitals planning similar programs. The unit provides training and advice to help other institutions reproduce elements of the program. The University of Chicago is also one of the only institutions in the United States with a neurointensive care fellowship-training program for neurologists, neurosurgeons and critical care doctors. This focus drives the NeuroICU’s educational initiatives, paving the way to a brighter future for patients suffering from neurological and brain disorders.

Focusing on patient care

An individualized approach to geriatric care, access to state-of-the-art imaging technology and opportunities to participate in clinical trials make the Center for Comprehensive Care and Research on Memory Disorders one of the most popular clinics in the Hospitals. James Mastrianni, MD, PhD, assistant professor of neurology, and Greg Sachs, MD, professor of medicine, created the center, pulling together multiple disciplines, to provide comprehensive continuing care for patients with dementia. Today, center faculty and staff draw upon the expertise of neurologists, geriatricians, psychiatrists, neuropsychologists, social workers and specialized nurses in making diagnoses and designing
TODAY, MEMORY CENTER FACULTY AND STAFF DRAW UPON THE EXPERTISE OF NEUROLOGISTS, GERIATRICIANS, PSYCHIATRISTS, NEUROPSYCHIATRISTS, SOCIAL WORKERS AND SPECIALIZED NURSES IN MAKING DIAGNOSES AND DESIGNING TREATMENT PLANS.

“Geriatricians think of their job as being part of a team,” Sachs said. “Our work involves, first and foremost, a comprehensive approach to assessing the elderly.”

Patients who come to the center with memory loss often suffer from other health issues, some associated with dementia and others unrelated. “We provide a total care package for patients with memory problems,” Mastrianni said. This means dealing with anything from hypertension to diabetes to cancer.

The multidisciplinary staff provides whatever types of care are necessary — medical, psychiatric, neurological — to treat a patient’s dementia. Center physicians are involved in a wide range of research initiatives, including Mastrianni’s pioneering basic research on prion diseases. This research emphasis gives patients a chance to participate in clinical trials, enabling them to explore treatment possibilities not available at other institutions.

Another of the center’s specialties is tackling unusual and complex cases, including atypical dementias and unusual presentations of Alzheimer’s disease. The center initially was intended to accept referrals from other UCH sections and from other area hospitals, but its reputation now attracts patients from all over the country.
BECAUSE MORE CLINICAL TRIALS ARE CONDUCTED AT THE UNIVERSITY OF CHICAGO THAN AT ANY OTHER INSTITUTION IN THE STATE, PATIENTS HAVE UNIQUE OPPORTUNITIES TO TRY NOVEL THERAPIES, MEDICATIONS AND TECHNOLOGIES.
TODAY’S OBSERVATIONS, TOMORROW’S SOLUTIONS

At the University of Chicago, breakthroughs in the laboratory have applications in the clinic, and work in the clinic spurs innovation in the lab. Establishments throughout the Hospitals and University support and encourage creative, collaborative basic and clinical research initiatives across departmental and disciplinary boundaries. Because more clinical trials are conducted at the University of Chicago than at any other institution in the state, patients have unique opportunities to try novel therapies, medications and technologies often invented and refined by Hospitals physician-scientists, seeing to it that today’s close observations lead to tomorrow’s solutions.

From bench to bedside and back
Its mission to understand, cure and prevent cancer has led the University of Chicago Cancer Research Center to develop some of the most promising cancer treatments available. The UCCRC is one of only two institutions in the country with the resources and expertise to have federally funded programs and provide oversight and leadership for all three phases of clinical trials — making the Hospitals home to some of the quickest translations from bench to bedside.

John Crispino, PhD, of the Ben May Institute for Cancer Research, identified a genetic mutation associated with a leukemia that many young Down syndrome patients develop. Because the gene can be recognized even before any signs of the leukemia, Crispino’s discovery may be an important step toward preventing the disease.

Among the trickiest cancers to fight, pancreatic cancer resists both surgery and
standard chemotherapy — so Hedy L. Kindler, MD, associate professor of medicine and medical director of gastrointestinal oncology, is testing various drug combinations, hoping to find better ways to attack the cancer. Her trial of a drug combination that inhibits the growth of tumor-feeding blood vessels has dramatically increased survival.

Geoffrey Greene, PhD, leads a group of researchers committed to understanding how hormones like estrogen bind to their receptors. Greene and his team are developing derivatives of estrogen that intensify its benefits yet eliminate its negative qualities.

As chairman of the Cancer and Leukemia Group B (CALGB), one of 10 national research groups through which Phase III clinical trials are conducted, Richard Schilsky, MD, professor of medicine and associate dean for clinical research, oversees some of the world’s most innovative and promising medical research. One study, designed by Richard Larson, MD, professor of medicine and chairman of the leukemia committee, is testing the drug Genasense for older patients with acute leukemia. To overcome resistance that leukemia cells often have to standard chemotherapy, Genasense interferes with production of a specific protein that prevents cells from dying.

Attacking disorders from all angles

Peripheral neuropathy can be caused by many different factors — most yet unknown — and scientists are still searching for better treatments and cures for the series of diseases that harm the peripheral nervous system. Physician-scientists at the Jack Miller Center for Peripheral Neuropathy are attacking nerve disorders from all angles. They are committed to increasing awareness about peripheral neuropathy, treating patients with the latest options and bringing physicians closer to a cure through basic and clinical research.

Brian Popko, PhD, professor of neurology and director of the center, has focused his search on the genetic level, hunting for the specific genes responsible for the diseases. This year, Popko and his team published a study in which they identified the gene responsible for a certain type of peripheral neuropathy in mice. “This can give us insight into the mechanics underlying other neuromuscular disorders as well,” Popko said.

Despite their devotion to determining the molecular origins of the disease, faculty at the Jack Miller Center maintain a strong focus on the human side of peripheral neuropathy. One of the co-authors of the recent genetic study, Betty Soliven, MD, associate professor of neurology, directs
the Hospitals’ Electrodiagnostic Laboratory for Neuromuscular Diseases — where she runs nerve conduction studies on patients using the exact same techniques Popko uses to characterize his mice. The center’s clinical and basic research aim to find out more about the disorder “with the ultimate goal of providing new and better therapies,” Popko said.

Translating research, improving therapies

With more than 20 inflammatory bowel disease (IBD)-related clinical trials currently under way, the section of gastroenterology is serious about applying research to change therapies and improve outcomes. Eugene Chang, MD, Martin Boyer Professor of Medicine, leads a team of researchers working to identify therapies that promote intestinal heat shock proteins — a defense against mucosal injuries associated with IBD that the human body produces naturally.

Judy Cho, MD, associate professor of medicine, one of the first investigators to establish NOD2 as the first gene proven to predispose people to Crohn’s disease, is leading the NIH-IBD-supported genetic consortium to determine genetic and phenotype correlations.

Stephen Hanauer, MD, professor of medicine and clinical pharmacology, created and maintains one of the world’s largest registries of people with IBD. With more than 5,000 cases, the database has enabled Hanauer and his team to find familial, genetic and behavioral patterns among IBD sufferers. Now, they’re working to use this information to devise and implement more individualized, effective therapies.

THIS YEAR, BRIAN POPKO AND HIS TEAM PUBLISHED A STUDY IN WHICH THEY IDENTIFIED THE GENE RESPONSIBLE FOR A CERTAIN TYPE OF PERIPHERAL NEUROPATHY IN MICE.
THE ANNUAL DAY OF SERVICE ATTRACTS PEOPLE FROM THROUGHOUT THE HOSPITALS TO WORK TOGETHER — COLLABORATING TO ENSURE THAT EVERY DAY IS ANOTHER STEP CLOSER TO A STRONGER COMMUNITY.
An international leader in medical care and innovation, the University of Chicago Hospitals is also the leading health care provider for the community. It is an integral part of the area, promoting local minority-owned businesses, establishing community education programs and employing more neighborhood residents than almost anyone else on the South Side. From the annual Day of Service, which attracts people from throughout the Hospitals to work together for the community, to the first-ever South Side Breast Cancer Summit, faculty, staff and friends of the Hospitals are collaborating to ensure that every day is another step closer to a stronger community — locally and globally.

**Breast Cancer Summit**

When a team from the Center for Interdisciplinary Health Disorders Research (CIHDR) studying local attitudes toward breast cancer sent out calls for participation in 15 of Chicago’s South Side communities, 1,200 responses came back. The researchers easily filled 40 focus groups that probed attitudes about breast cancer in African-American communities. They also invited all 1,200 to the Breast Cancer Summit, a conference at which they presented recent findings and worked together to develop strategies to combat the breast cancer disparities that unfavorably affect African Americans.

“The Breast Cancer Summit was designed to close the loop by sharing the research results with our partners in the research — the community members,” said Christopher Masi, MD, PhD, assistant professor of medicine and member of the team.

The summit’s speakers covered a range of breast cancer-related topics, from survivors’ stories to the genetic and environmental factors behind breast cancer disparities. Speakers included Sarah Gehlert, PhD, deputy dean for
research at Chicago’s School of Social Service Administration, and director and principal investigator of the CIHDR; Michelle Obama, vice president for community and external affairs; and Funmi Olopade, MD, professor of medicine and director of the Cancer Risk Center. The event concluded with a discussion of new ways to improve public health care policy and enhance access to screenings and care in African-American communities. “Being diagnosed with breast cancer is not a death sentence,” Masi said. “We need to do whatever we can to increase community awareness of effective treatment options.”

The South Side Health Collaborative

The South Side Health Collaborative (SSHC) is a new program devised to provide a health care “safety net” for low-income, uninsured and underinsured residents of Chicago’s South Side. Many people come to the emergency room because they need consistent medical care but lack a permanent medical home. By forming partnerships between the Hospitals’ emergency services and community-based doctors and health centers, the initiative will enable people who need primary care to connect with more appropriate community-based health resources, which provide a broad range of health and social services.

The SSHC is sponsored by a federal Healthy Community Access Program grant. “The grant allows us to recruit patient advocates and additional social workers to work in the emergency room,” Obama said. “The social workers are there to help patients who visit the ER for reasons that often don’t relate directly to their health. Their heat may be turned off or they are homeless. The social worker assesses their situation and refers them to services that will address their concerns.”

Many programs provide primary care to the uninsured and underinsured on the South Side, but SSHC performs an important role by creating a network of these existing programs, increasing communication and access. “We want to make sure that people in our community are getting the care they need,” Obama said.

The program’s first four months have been promising. The emergency room team added five patient advocates, two social workers and a nurse manager. Patient advocates arranged clinic appointments for more than 700 patients at partner sites. Next year, the SSHC will expand the number of SSHC partners to include additional providers of dental health, substance abuse treatment and mental health services.
A call to action

A day in the life of a UCH volunteer is alternately inspiring, tiring, challenging and moving — but never boring. Dee Wozniak should know. For seven years, she has been lending her time and compassion to breast cancer patients going through chemotherapy. A survivor herself, Wozniak began volunteering about two years after she had finished her own breast cancer treatment. When she came to the Hospitals for her final checkup, she asked her doctor, Gini Fleming, MD, associate professor of medicine and director of the medical oncology breast program, about volunteering. When Fleming told her that there were no volunteers in the infusion section, Wozniak took it as a call to action.

“"In the beginning, I only really spoke with Dr. Fleming’s patients, but gradually I began to interact with other doctors’ patients,” Wozniak recalled. She speaks to patients about their fears and anxieties and answers their questions about her own experience with breast cancer. “I am like the light at the end of the tunnel for some of these women,” Wozniak said, “a physical example to them that people go through this and live on.”

The rewards of volunteering are many. The most precious, Wozniak said, is being able to offer “some kind of human contact and support where there might not have been any.”

A SURVIVOR HERSELF, DEE WOZNIAK BEGAN VOLUNTEERING ABOUT TWO YEARS AFTER SHE HAD FINISHED HER OWN BREAST CANCER TREATMENT.
WE’RE WORKING DILIGENTLY TO ENSURE THAT WE PROMOTE, ACCOMPLISH AND SUPPORT BUSINESS DIVERSITY. IN FACT, THE HOSPITALS AWARDED 39 PERCENT OF CONTRACTS TO MINORITY-OWNED BUSINESSES IN THE CONSTRUCTION OF THE COMER CHILDREN’S HOSPITAL.
The University of Chicago Hospitals is hard at work today building the hospitals of tomorrow. Soon after the University of Chicago Comer Children’s Hospital opened this past February, construction began on the adjoining pediatric emergency room, designed to accommodate 40,000 visits a year, with two triage rooms, 22 examination rooms, two procedure rooms and two trauma rooms. The facility is set to open in the fall of 2006. The next milestone was the recent opening of the Center for Integrative Science, the largest research building on campus. This will be followed by renovation of two floors of the former children’s hospital into two 18-bed adult intensive care units. Next will be the autumn ground-breaking for the Center for Biomedical Discovery, 10 stories of research space for the departments of Pediatrics and Medicine and the Cancer Research Center. Also this fall, construction began on a long-awaited new parking garage with 1,000 spaces, located on the corner of 61st Street and Drexel Avenue.

UCH Vision 2010

The Hospitals expansion will culminate with a new, 12-story hospital pavilion scheduled to be completed in 2010. This construction plan, UCH Vision 2010, signals a large-scale commitment to increase both the Hospitals’ capacity and the rate at which the UCH campus grows and improves. Since the 1960s, UCH has constructed one new building each decade: Wyler Children’s Hospital in 1968, the Surgical Pavilion in 1977, Mitchell Hospital in 1983, the Duchossois Center for Advanced Medicine in 1996 and the Comer Children’s Hospital in 2005. This pace will increase dramatically — a key component to staying on top of medical advances and care. “For us to maintain our excellence in health care and stay at the forefront of medicine, we have to invest in our physical capital, and that means building new buildings that are state of the art,” said Mark Urquhart, vice president for support services. “The best and brightest physicians need the best buildings to work in.”
The new hospital pavilion and the pediatric emergency facility will be adjacent to the new Children’s Hospital, spreading UCH grounds further north.

“We used to say that the front door of the Hospitals was at 59th Street and Maryland Avenue,” Urquhart said, “but soon, 57th and Maryland will present a new face for the Hospitals.”

A culture of business diversity

As the physical boundaries and influence in the immediate community expand, the University of Chicago Hospitals increasingly engages minority-owned businesses in South Side, city and regional communities. “We’re working diligently to ensure that we’re doing as much as possible to promote, accomplish and support business diversity,” Michelle Obama said. In fact, the Hospitals awarded 39 percent of construction contracts to minority-owned businesses in the building of the Comer Children’s Hospital.

Phoenix takes flight

One of the most exciting ongoing construction projects at UCH isn’t being built with bricks and mortar — it’s virtual. The Phoenix Project, a five-year plan to revolutionize the Hospitals’ information systems using Epic Systems Inc. software, was launched this year. As part of the project, the Hospitals is collaborating with Sun Microsystems, whose engineering expertise will help develop the most advanced server and hardware configurations to support clinical care. The Phoenix Project will simplify and update the way medical orders, diagnoses and treatments are processed. “The goals of this project are to improve patient safety, to improve quality of care and to increase collaboration among clinicians for medical decision-making,” said Eric Yablonka, vice president and chief information officer.

The project also will give the Hospitals the capability to go entirely online — which means physicians will be able to make patient orders and access records from any workstation in the medical center.

“Allergies will automatically be checked, handwriting errors will be eliminated because no one will be handwriting orders and eventually potentially dangerous drug interactions will be checked,” said Alex Lickerman, MD, assistant professor of medicine and the project’s physician sponsor. “It really will be an amazing tool for us.”

The $70 million plan, which includes a voice dictation system and support staff to help implement the technology, will significantly increase connectivity.
throughout UCH, centralizing data and updating information automatically. Since the pharmacy interacts with departments throughout the Hospitals, it will be the first to undergo the transformation, going live as early as June 2006. When Phoenix takes full flight, in June 2009, it will herald another leap forward for the Hospitals, which received one of 25 “Most Improved” awards for information technology in the July “Most Wired” issue of Hospitals & Health Networks magazine.

Pioneering the forefront of medicine

Having leadership status confirmed by such publications as U.S. News or Child magazine is reassuring. Being at the forefront of discovery and leaders in technology is a coveted distinction. But the surveys that count the most, and are trumpeted the least, trickle in one at a time, often as an offhand remark from a patient or family. “How do you attract this level of personnel?” began one letter that arrived on June 30, the last day of the Hospitals’ fiscal year. “We have yet to encounter someone even mildly insensitive,” noted the author, a patient’s father. “I just cannot imagine that every doctor at U of C is simultaneously professionally superb and a nice human being.” But “so far,” he continued, “that is our experience.”

TO MAINTAIN EXCELLENCE IN HEALTH CARE AND STAY AT THE FOREFRONT OF MEDICINE, WE MUST INVEST IN OUR PHYSICAL CAPITAL, AND THAT MEANS CONSTRUCTING NEW BUILDINGS THAT ARE STATE OF THE ART.
THE UNIVERSITY OF CHICAGO HOSPITALS & HEALTH SYSTEM

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The University of Chicago Hospitals and Health System achieved another year of excellent financial performance in 2005. Combined operating income was $70 million, including $10 million in gains from prior year estimates. This compares to $42 million in 2004, of which $2 million was related to prior years. Net income, which adds investment income and other non-operating items, totaled almost $100 million, up from $56 million in 2004, an improvement that included higher realized gains from the stock market.

These earnings provide the resources to invest in human capital, clinical programs, technology and facilities at a nationally competitive level, on the course set forth in the Vision 2010 strategic plan adopted by the Board of Trustees in April 2004.

The inpatient census rose by 2% and emergency room visits grew by 9%. While overall admissions and clinic visits were essentially flat in 2005, the Hospitals saw a significant shift in the complexity of care provided; for example, the volume and intensity of outpatient cancer treatment increased by 30%.

Operating revenues totaled $869 million in 2005. Net of the provision for doubtful accounts and the new Medicaid provider tax paid, revenue was up 13%. This growth reflects the continuing strength of programs in complex care that draw patients from throughout the region, as well as the $15 million positive net impact from the provider tax and the larger recoveries from prior year reserves.

Expenses for compensation, supplies, services, depreciation, interest and other operating costs (net of the provision for doubtful account and the provider tax) increased by 10%. Higher spending is a direct result of the greater intensity of care provided, as well as competitive salaries and benefits for highly skilled staff, the introduction of new drugs and medical technology, rapidly rising insurance expense, clinical program investments, and operating costs for the new Comer Children’s Hospital opened in February.

The Hospitals provided $50 million of charity care in 2005; without support from the new Medicaid provider tax, this would have been $65 million. These figures compare to $53 million in charity care provided in 2004, before the provider tax. Charity care includes the unreimbursed cost of care to those with no insurance, plus the amount by which costs exceed payments for patients covered by Medicaid. The University of Chicago Hospitals is among the largest providers of care to the poor and uninsured in Illinois.

In 2005, the Hospitals again transferred $15 million from net assets to the University’s Biological Sciences Division to fund academic renewal in clinical and basic sciences. In addition, operating expenses included more than $56 million for program development, outpatient and specialty practice support, primary care, medical direction of hospital services, and supervision of residents. At more than 8% of revenues, these funds represent a continuing commitment to the human capital represented by the Division’s faculty, who serve as the Hospitals’ medical staff.

On the balance sheet, net assets (or the excess of total assets over total liabilities) increased by $94 million or more than 19% to $577 million. This continued growth reflects net income plus unrealized gains on investments, net of the academic renewal transfer and other items, largely changes to assumptions used in calculating pension liabilities. Net property, plant and equipment rose by $54 million, primarily due to spending on Comer Children’s Hospital. Excluding the application of $16 million of bond funds to the Comer project, investments increased by $73 million, building the capital base for future facility projects.

At a time of heightened uncertainty in the financing of health care, the University of Chicago Hospitals and Health System has sustained and funded a balanced commitment to patient care, community service, education and research, and continues to secure the resources required to remain at the forefront of medicine.
## FINANCIAL REPORT 2005

### STATEMENT OF REVENUES AND EXPENSES

*For the years ended June 30, 2005 and 2004 (in millions of dollars)*

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating revenues</td>
<td>$869</td>
<td>$754</td>
</tr>
<tr>
<td>Compensation, supplies, services and other</td>
<td>680</td>
<td>616</td>
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<tr>
<td>Provision for doubtful accounts</td>
<td>51</td>
<td>44</td>
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<tr>
<td>Depreciation and interest</td>
<td>53</td>
<td>52</td>
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<tr>
<td>Medicaid provider tax</td>
<td>15</td>
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<tr>
<td>Operating expenses</td>
<td>799</td>
<td>712</td>
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<tr>
<td>Operating income</td>
<td>70</td>
<td>42</td>
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<tr>
<td>Investment income and unrestricted gifts, net</td>
<td>30</td>
<td>18</td>
</tr>
<tr>
<td>Loss from the sale and operation of discontinued units</td>
<td>0</td>
<td>(1)</td>
</tr>
<tr>
<td>Other,</td>
<td>(0)</td>
<td>(3)</td>
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<tr>
<td>Excess of revenues over expenses</td>
<td>$100</td>
<td>$56</td>
</tr>
</tbody>
</table>

### BALANCE SHEET

*For June 30, 2005 and 2004 (in millions of dollars)*

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td>$206</td>
<td>$197</td>
</tr>
<tr>
<td>Investments</td>
<td>483</td>
<td>426</td>
</tr>
<tr>
<td>Property, plant and equipment, net</td>
<td>466</td>
<td>412</td>
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<tr>
<td>Other assets</td>
<td>24</td>
<td>37</td>
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<tr>
<td>Total assets</td>
<td>$1,179</td>
<td>$1,072</td>
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<tr>
<td>Current liabilities</td>
<td>$164</td>
<td>$148</td>
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<td>Long-term debt, less current maturities</td>
<td>343</td>
<td>350</td>
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<tr>
<td>Other liabilities</td>
<td>95</td>
<td>91</td>
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<tr>
<td>Total liabilities</td>
<td>602</td>
<td>589</td>
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<tr>
<td>Net assets</td>
<td>577</td>
<td>483</td>
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<tr>
<td>Total liabilities and net assets</td>
<td>$1,179</td>
<td>$1,072</td>
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### PATIENT ACTIVITY

*For the years ended June 30, 2005 and 2004*

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
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</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>26,449</td>
<td>26,293</td>
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<tr>
<td>Patient days</td>
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<tr>
<td>Length of stay</td>
<td>6.53</td>
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<tr>
<td>DCAM visits</td>
<td>390,586</td>
<td>389,410</td>
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<tr>
<td>ER visits</td>
<td>77,783</td>
<td>71,177</td>
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