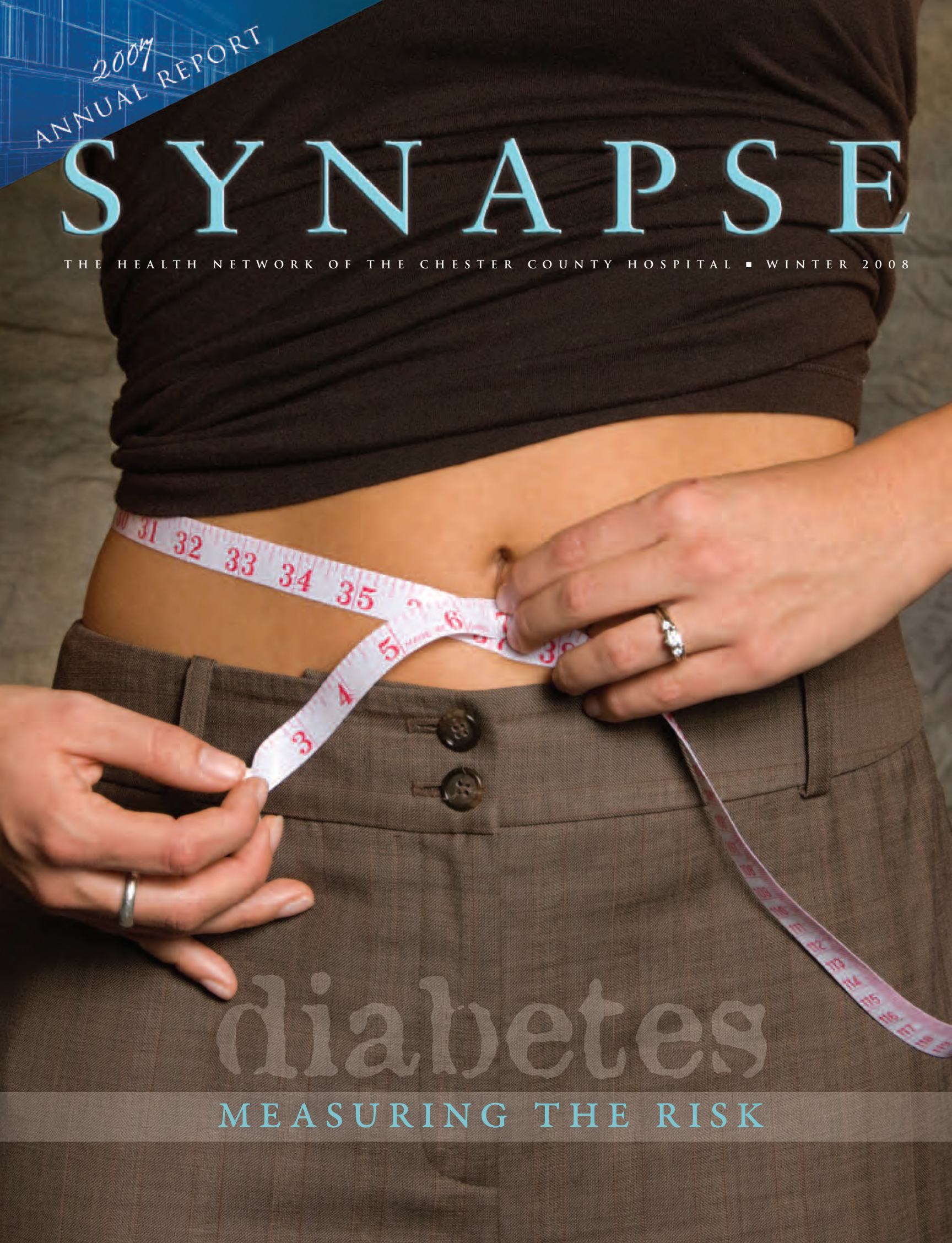


2007
ANNUAL REPORT

SYNAPSE

THE HEALTH NETWORK OF THE CHESTER COUNTY HOSPITAL ■ WINTER 2008



diabetes

MEASURING THE RISK

WELLNESS PROGRAMS

Diabetes Self-Management Programs

Recognized for excellence by the American Diabetes Association, our comprehensive classes instruct individuals how to self-manage their diabetes.

Diabetes Basics

This educational program is for individuals with newly diagnosed or uncontrolled Type 2 diabetes. Teachings review basic diabetes management principles and include the following: personalized food plan; instruction on self-monitoring blood glucose; weekly evaluation of food and glucose records by both a nurse and registered dietitian; prevention of diabetes-related complications; and communications with referring physicians.

Intensive Insulin Management Training

This program is for individuals with Type 1 or Type 2 diabetes who are on multiple daily injections of insulin or an insulin pump. Throughout this program participants will learn to minimize the high and low blood sugar readings often associated with insulin-requiring diabetes. Individuals will learn how to match insulin to food intake.

Diabetes Support Group

The management of diabetes is a continual process and dealing with the life changes and challenges that come along with it can, at times, be discouraging. You shouldn't have to go through this alone. These free support group meetings offered by the Hospital are for individuals with diabetes who are looking for encouragement, education and camaraderie.

Other Diabetes Services

Other services include: Gestational diabetes management; Pre-diabetes management; Insulin, Byetta or Symlin injection training; Insulin pump training; Insulin pump download with evaluation of pump settings; Continuous Glucose Monitoring (CGM) with evaluation; and Basics or Intensive Management program follow-up consultations.

Wound Management

The Wound Management Programsm was created to assist patients with difficult wound-healing problems. The program is a complete, individualized treatment plan for each patient involving the patient's family doctor or referring physician. The Wound Care Center provides advanced wound healing techniques and state-of-the-art wound assessment, testing and treatment for individuals suffering from acute and chronic (hard-to-heal) wounds. The Wound Care Center is an outpatient service of The Chester County Hospital in collaboration with Wound Care Centers, Inc. Call 610.738.2590.

Lifestyle Programs

Through its Wellness Programs, The Chester County Hospital aims to keep our community well through education and prevention.

Stop Smoking Now

This eight-session program helps participants prepare to become non-smokers by reviewing the latest information and teaching coping strategies.

Supermarket Tour

Healthy cooking and eating involves smart shopping. Take a FREE interactive tour of the supermarket with a Registered Dietitian and learn how to interpret food label nutritional information to make healthy decisions about the maze of products available.

Healthy Steps

This three-phase program teaches how to lose weight safely, and develop healthy habits for a lifetime of weight maintenance. Program includes 16 weeks of interactive group sessions and support for six months after class. It follows the most up-to-date medical and scientific evidence in the science of weight control.

Nutrition Services for Outpatients

Whether you have a chronic health condition or need to lose weight for your own personal and physical well being, we have the expertise and the programs in place to help you. Credentialed and licensed Registered Dietitians are available for one-on-one counseling, group nutrition and weight management classes, and community nutrition classes and lectures.

Heart Tracks: A Screening and Assessment

This comprehensive program will assess your risk for developing heart disease, diabetes or sudden cardiac arrest. It includes cholesterol, HDL, glucose, blood pressure, body fat measurement and individual counseling to discuss your results.

Workplace Education

The Occupational Health Center offers a wide selection of wellness programs including nutrition classes, lifestyle seminars, screenings and more that can be of value to employees at your worksite.

Fitness Programs

As part of our commitment to your weight management and overall health, the Hospital offers an on-site Center for Health and Fitness. We provide cardiovascular and strength training, as well as a variety of fitness classes. In 2008, the Cardiac Rehab Department will add a Diabetes Fitness Program.

Call 610.738.2300 or visit www.cchosp.com/wellness to learn more about these or any other wellness program.

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Measuring the Risk:

The role of food and fitness

The Hospital's diabetes educators are on a mission to teach people with diabetes or pre-diabetes that simple changes to one's lifestyle can make a world of difference in their health.



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The Diabetic Thread:

The complications you want to avoid

Diabetes, if unmanaged, can infiltrate a person's health in a variety of ways. Diabetes has been linked to many serious life-threatening health issues including problems with the heart, kidneys, nerves and eyes. Fortunately, with good self-management, the risk of developing these complications can be lessened.

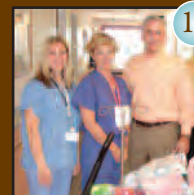


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Diabetes 101:

Minding your ABCs with some 123s

All people with diabetes should be mindful of their Hemoglobin A1C, their blood pressure and their cholesterol. And to keep these measurements in check, they should adopt three concepts: 1. Eating right. 2. Moving more. 3. Taking Medication.



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Newsmakers

Since the last issue of Synapse, we've celebrated many successes that we're happy to share with you.



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New Physicians Join the Team

The Hospital is pleased to welcome many new doctors to its Medical Staff and to provide you a complete Medical Staff listing.

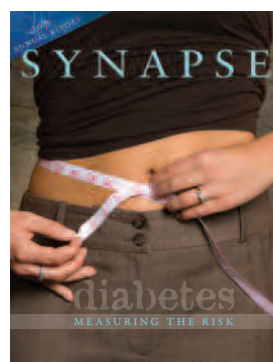
Hospital Resources: For the diabetes articles, the following Hospital team members either shared their expertise or were referenced: Mariele Briones, MD, Endocrinology; Amy Corse, RD, LDN, CDE; Michele Francis, MS, RD, CDE, LDN; Julie Frey Fisher, BSN, RN, CDE; Julie Funk, MS, RD, CDE; Kathy Jones, MSN, RN, CDE; Mark Kotarski, MEd, CES; Gregg Neithardt, MD, Cardiology; and Nancy Steward, RN, CDE.



17 SPECIAL FEATURE:

Annual Report 2007

The Chester County Hospital proudly shares its report of giving for fiscal year 2007. With an introductory message from Hospital President H.L. Perry Pepper, the Annual Report acknowledges the numerous individuals and corporations that supported the Hospital financially between July 1, 2006 and June 30, 2007.



COVER CAPTION: Striving to maintain a healthy weight through proper nutrition and exercise can reduce the risk of developing Type 2 diabetes and the many complications associated with the disease.

MEASURING THE



The role of food & fitness

I CAN SEE THE WRITING ON THE WALL. MY MOM HAS DIABETES; MY GRANDMOTHER HAD DIABETES; AND MY GREAT-GRANDMOTHER HAD DIABETES. AND, IT'S VERY WELL POSSIBLE THAT TYPE 2 DIABETES TRAVELS ALL THE WAY UP MY MATERNAL LINE. SO, YES, THE WRITING ON MY WALL IS BIG, BOLD AND VERY OBVIOUS, AND IT READS, **"YOU ARE AT RISK!"**

In fact, there are millions upon millions of Americans like me who are at risk, more than 54 million who have pre-diabetes, and more than 21 million who have Type 1 or Type 2 diabetes, according to the American Diabetes Association.

"There are so many people walking around with diabetes who don't even know they have it," says Michele Francis, Coordinator of Nutrition and Diabetes Services at The Chester County Hospital. Of the 21 million Americans

Risk Factors for Type 2

- Being overweight or obese.
- Smoking.
- Family history of diabetes.
- Being inactive, sitting for significant periods of time.
- Individuals of African-American, Native American, Hispanic, Asian, Native Hawaiian, or Pacific Islander descent.
- Having a blood glucose level that has been high in the past.
- Having gestational diabetes or a baby weighing more than 9 pounds at birth.
- Having heart or blood vessel disease.
- Having high blood pressure.
- Having abnormal blood cholesterol or triglycerides.
- Having polycystic ovary syndrome (PCOS).

nutritious food choices and regular exercise.

"Eating well, choosing the right food and getting to a healthy

who have diabetes, six million are undiagnosed.

Some risks, such as family history, are genetic factors and cannot be changed. Other risks, including being overweight or being sedentary, are lifestyle factors that fortunately can be worked on and changed. Adopting a healthier lifestyle has been proven to prevent or delay the onset of diabetes for those at risk, and it can help people who have diabetes or pre-diabetes to lessen the complications associated with the disease.

A healthier lifestyle is one that includes

weight can delay or prevent diabetes," says Amy Corse, Outpatient Nutrition and Diabetes Educator. "Food is a critical part of managing diabetes because what you eat affects your blood sugar levels."

Everyone's blood sugar rises after eating. The difference for a person with diabetes is that their highs are higher because they lack enough insulin to properly process the glucose or their cells resist metabolizing the glucose. For people with diabetes, understanding how their body processes food, specifically the sugars found in carbohydrates, is the first step in managing the disease.

A person's knee-jerk reaction might be to cut out carbohydrates completely from their food routine. There are many fad diets today that promote this extreme behavior to kick-start weight-loss.

"Carbs have gotten bad press lately, but they're not bad for you," Corse says. "We don't want to eliminate carbs from our diet. They're essential." Your brain needs blood sugar to function, so to eliminate them altogether starves your brain of this necessary energy source. Since carbs are the biggest predictor of glucose levels, strive for moderation and balance instead.

Corse is one of several Certified Diabetes Educators at The Chester County Hospital who teaches diabetes classes. Here, members of the community with diabetes learn healthy nutrition, portion control and the physiology of food.

"The way we teach people to eat is a very good way for everyone to eat," she explains. "It's all about balance. It's about eating 'enough,' but not 'too much.' So we're teaching you what 'enough but not too much' looks like."

There are three main keys to understanding proper nutrition for balancing your blood sugar:



- 1** Choose appropriate portion sizes.
- 2** Choose a balance of nutritious foods (carbs, protein and veggies) at every meal.
- 3** Choose to spread healthy eating in shorter intervals throughout the day.

* Exercise affects everyone differently. People with Type 1 diabetes are affected differently than people with Type 2. Please defer to your physician's recommendations prior to starting any exercise regime.

“There’s no such thing as a ‘diabetes diet,’” she says. The food plan the Hospital’s diabetes program tailors for it’s ‘students’ can carry them throughout their lives, and it puts each of them in the driver’s seat when it comes to making healthy choices.

Corse recognizes that there are many conflicting messages when it comes to energy balance, but the bottom line is “We’re eating more and moving less.”

Equally important to proper nutrition is maintaining a physically active lifestyle. Simply put, food raises blood sugar; exercise lowers blood sugar.

Mark Kotarski, Program Director for Fitness and Rehabilitation at The Chester County Hospital, oversees the Hospital’s Cardiac Rehabilitation Program and the Health and Fitness Center. He has met countless numbers of people in the cardiac rehab program who have diabetes and are addressing concerns for related heart health problems. He adds, “The guideline now is to treat a person with diabetes as though they have heart disease.”

Michele Francis reiterates, “Diabetes and heart disease have a significant link. Most people are unaware that two out of three people with diabetes will die from heart disease or stroke.” For this reason, the Nutrition and Diabetes Services and the Cardiac Rehab Program are working hand-in-hand to reduce this risk by helping people with diabetes to control their blood sugar, as well as blood pressure and cholesterol. Later this year, the Hospital will launch a Diabetes Exercise Program to help provide guidance for people with diabetes who want to safely incorporate fitness into their lives.

“There are literally hundreds of benefits to exercise. The way the body processes sugar is different if someone exercises regularly than if they are sedentary,” Kotarski says. And, fortunately, everyday is a new day to begin incorporating physical activity into our lives.

“The goal is to move more. Period,” says Kotarski. Regular physical activity elevates the heart rate and lowers the blood sugar. It increases the cells’ ability to absorb the glucose, thereby removing it from the blood stream. If unmanaged, diabetes can cause damage to your heart, kidney, nerves, eyes and feet. Exercise burns the excess energy ingested from carbs, which would otherwise be turned into fat.

In addition, regular exercise also lowers blood pressure, lowers LDL (bad cholesterol), helps in the weight-loss process and can help treat depression, another common trait among people with diabetes. Exercise can lower your blood sugar for up to 12 hours after you exercise, which will help a person with diabetes achieve better blood sugar control.

According to new guidelines from the American Heart Association and the American College of Sports Medicine, all Americans ages 18 to 65 should get 30 minutes of moderate activity most every day.

Before you begin, the Hospital recommends you consult your physician for medical clearance.* Once cleared, Kotarski recommends looking for a program that can provide personal guidance, and he offers the following suggestions:



- 1 Start off easy and slowly to let your body get used to the added physical activity.**
- 2 Start a log to track your activity or simply put a check mark on the calendar for everyday you exercised.**
- 3 Start to reward yourself for your progress.**

Corse adds, “When people are trying to make any lifestyle changes it may be more realistic to set smaller, more achievable goals.” It has been reported by the Centers for Disease Control and Prevention (CDC), that losing 5 to 10 percent of your total weight significantly reduces the likelihood of developing diabetes and other health problems. For those who are already diagnosed with diabetes, this small amount of weight loss lessens the chances of developing the complications associated with disease.

Changing your eating habits and losing weight are easier said than done, of course, but, they are not impossible. For anyone with diabetes and for those of us who are at risk, it could change your life.

By Lisa M. Huffman

Symptoms of Type 2

- Fatigue
- Blurred Vision
- Frequent Infections
- Poor wound healing
- Dry, itchy skin
- Numbness and tingling in hands, legs and feet

The Diabetic Thread

THE COMPLICATIONS YOU WANT TO AVOID

DIABETES PUTS PEOPLE AT RISK FOR SERIOUS COMPLICATIONS THAT CAN WEAVE THEMSELVES THROUGHOUT THE BODY. EDUCATION AND PREVENTION ARE THE KEYS TO MINIMIZING THIS RISK AND LIVING A GOOD QUALITY OF LIFE WITH DIABETES.

When most people hear the word “diabetes,” they instantly think “high blood sugar.” They may not be aware of the far-reaching consequences that uncontrolled blood sugar levels can have throughout the body.

Type 2 diabetes occurs either when the pancreas cannot secrete enough of the hormone insulin, or when the body resists the effects of insulin. Insulin plays a key role in processing glucose, or sugar, in the bloodstream. When you develop diabetes, all of your body’s cells are surrounded by blood carrying too much glucose. Some cells can adapt to keep out excess glucose, but others cannot—and over time, the effects can be damaging.

Vulnerable cells include those lining the body’s blood vessels; the small blood vessels in the eyes and kidney; and nerve cells

Complications of diabetes

- Heart and blood vessels
- Eyes
- Kidneys
- Feet
- Nerves
- Sexual function
- Emotional health

in the legs, feet, and other parts of the body. When diabetes is not controlled, a range of complications can develop, from heart disease and stroke, to kidney and eye problems, to pain or loss of sensation in the feet and limbs.

“The possibilities seem overwhelming when someone is first diagnosed,” says Mariele Briones, MD, Endocrinologist, The Chester County Hospital. “We try to help patients evolve their understanding over time. But right away, our number one message is to tighten blood sugar control.”

While overwhelming, the potential complications are not inevitable, stresses Julie Funk, Director of Community Outreach and Wellness Services at The Chester County Hospital.

“People often think that diabetes is a one-way trip toward serious health problems,” Funk says. “Yes, it is a progressive disease, but there is absolutely no reason that someone should develop complications. We know too much about how to manage the disease.”

Funk and her colleagues convey what she calls a “hopeful message” through the Hospital’s group classes and one-on-one counseling. They teach people how to plan healthy meals, exercise, lose weight, and keep their blood sugar within a normal range—all essential steps in preventing long-term complications.

“We also educate patients to be self-advocates and know what tests their doctors should be ordering,” Funk says. “Complications tend to develop silently, so being proactive is essential.”

“For the most part, complications are not reversible,” adds Briones. “Tight blood sugar control can keep patients from getting worse, but the key is preventing complications before they occur.”

Another key is detecting diabetes early, before it has the chance to progress. The Chester County Hospital recently created a Hyperglycemia Taskforce that is working to identify all patients who are admitted to the Hospital with high blood sugar levels. A high level now triggers an A1C blood test, which provides information about average blood glucose levels over the past three months. Those results could then lead to a full diagnostic work-up.

“It’s estimated that about one-third of people with diabetes don’t even know they have it,” says Inpatient Diabetes Educator Julie Frey Fisher, RN, who, along with her colleague Nancy Steward, RN, is on the front line when it comes to educating inpatients about their condition. “And diabetes is one that is largely self-managed at home.”

Good self-management can help people avoid the following complications.

1 Heart Disease and Stroke

Over time, uncontrolled blood sugar levels can contribute to the development of atherosclerosis, or narrowing of the arteries, a risk factor for heart attack and stroke. People with Type 2 diabetes typically have other risk factors such as abdominal obesity, high blood pressure, high levels of LDL or “bad” cholesterol, low levels of HDL or “good” cholesterol, and high levels of fats called triglycerides. Smoking also increases these same risks.



Although blood sugar control and a healthy lifestyle can help, these measures are not always enough to reduce risks significantly. Medications often are needed and can include:

- **Cholesterol-lowering drugs called statins.** The American Diabetes Association (ADA) recommends reducing the LDL level below 100 mg/dl and boosting HDL levels to above 40 mg/dl for men and 50 mg/dl for women. "The ADA standard now recommends that all diabetes patients over 40 take a statin," says Briones.
- **Blood pressure-lowering medications, such as ACE inhibitors or ARBs.** The ADA recommends that people with diabetes keep their blood pressure below 130/80 (said as "130 over 80") mmHg. "This not only helps with cardiovascular disease, but it helps protect the eyes and kidneys as well," adds Briones.
- **A daily aspirin to reduce the risk of blood clots that can lead to stroke.**

Julie Funk notes that some people resist taking medications because they focus more on the possible side effects than the risk-reduction benefits. But for most people with diabetes, medications play a central role in reducing heart attack and stroke risk.

2 Kidney Damage

The kidneys are filled with millions of tiny blood vessels called capillaries, which filter waste products from the blood. Over time, high blood sugar levels and high blood pressure can damage these vessels, causing them to leak. Useful protein is inappropriately filtered out of the body and lost in the urine.

Physicians often prescribe an ACE inhibitor along with lifestyle changes such as exercise, a low-salt diet, and weight loss. Regular check-ups are essential to monitor blood pressure levels and to test the urine for protein, which can be an early sign of kidney damage.

According to the Pennsylvania Department of Health, even a one-percent reduction in the results of A1C blood tests brings a 40-percent reduction in risk for kidney damage, eye problems, and nerve disease.

3 Retinopathy

Like the kidneys, the eyes contain tiny blood vessels that are vulnerable to damage. People with diabetes should have an annual dilated eye exam performed by an ophthalmologist.

Uncontrolled diabetes can cause damage to the retina, or back layer of the eye, a condition known as retinopathy. The blood vessels in the retina can become blocked and fluid can leak into the macula, a central spot in the retina that focuses our vision. Some people develop a more serious form of retinopathy in which blood vessels become so damaged that they close off. New blood vessels form, but they tend to be weak and can leak blood. They also can cause scar tissue to grow, distorting the retina or pull it out of place, a condition called retinal detachment.



Doctors can treat the damaged retina with laser treatments, which seals off damaged or leaking blood vessels, or with medications or surgery. However, these treatments are successful only if the damage is caught early.

People with diabetes are also at increased risk for other eye conditions: glaucoma, in which pressure increases in the eyeball and leads to vision loss; and cataracts, which cloud the lens of the eye and leads to blurred vision. As with retinopathy, controlling blood sugar and blood pressure levels is the best way to lower risk for these conditions, along with regular eye exams.

continued →

4 Neuropathy

According to the ADA, about half of people with diabetes have some form of neuropathy, or damage to the nerves. Nerves run throughout the body and connect the spinal cord to muscles, skin, blood vessels, and other organs.

Funk says the feet are especially vulnerable to loss of feeling. All people with diabetes should check their feet daily for sores, cuts, or changes in the skin, since the sensation of pain may be dulled—allowing small problems to go unnoticed and become serious. Regular testing for sensation with a monofilament, a simple device touched to different areas of the foot, can help doctors and their patients gauge loss of feeling.



Inpatient diabetes educator Fisher notes that while many people are aware of the potential impact on limbs, they are not aware of other bodily functions that can be affected.

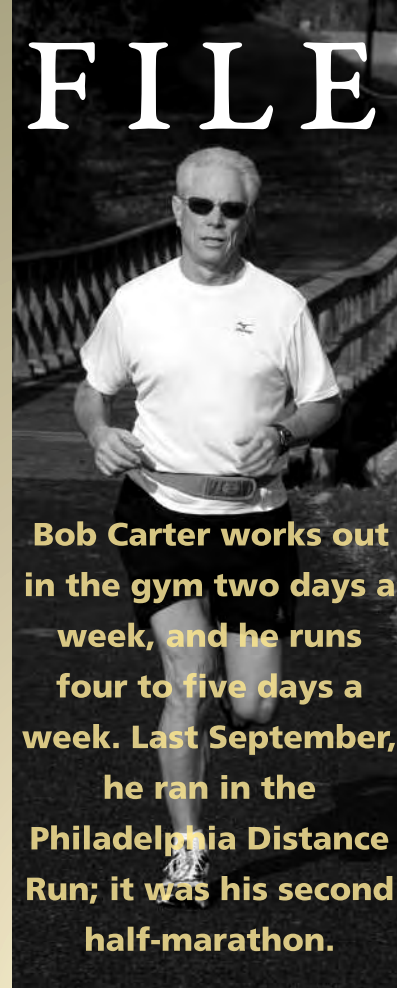
“Different types of neuropathies can cause a wide range of problems,” she explains. “Neuropathy can affect regulation of the heart rate and blood pressure, digestion, balance, muscle strength, and sexual function. Like other problems, these can be avoided with optimal glucose control, which requires work on the part of the patient.”

The effort of self-management, along with the fear of complications, can cause many people with diabetes to suffer from depression, Funk says. She estimates that up to half of all patients deal with depression, and she recommends screening for this lesser known complication as a routine part of diabetes care.

“Diabetes requires you to manage so many aspects of your life in new ways, and there is always a fear of complications developing,” Funk says. “It is a lot to deal with, so people need to be aware of how they’re feeling and get help if they need it.”

PROFILE

- **BOB CARTER, AGE 56**
- **WEST CHESTER**
- **DIAGNOSED WITH TYPE 2 DIABETES IN FEBRUARY 1995.**



Bob Carter works out in the gym two days a week, and he runs four to five days a week. Last September, he ran in the Philadelphia Distance Run; it was his second half-marathon.

How did you hear about the Hospital's Diabetes Self-Management Program?

My Type 2 developed following surgery to remove my colon. Afterward, my family physician recommended the program to me.

Which of the diabetes education program(s) have you taken?

I started with “Type 2 Basics” sessions and then took the “Intensive Insulin Management” course, and I’ve taken everything in between, including one-on-one counseling and group sessions.

How would you describe the experience?

It was enlightening. I feel fortunate to have these kinds of resources available in Chester County.

How has your life changed before and after the program?

Before, it was overwhelming and a bit confusing, being a life-altering event. Now, I have a better understanding of what I need to do to minimize or even avoid complications later in life.

What is the most important thing you have learned?

You must find that balance in your life that keeps you healthy to give you the quality of life you want. I am able to do this with the help of Michele Francis, Coordinator of Nutrition and Diabetes Services, my family, my running coach, my acupuncturist and my doctor to help keep my body in balance.* You must take one day at a time and don’t get discouraged because the system does work. Is it easy? No. Will you be frustrated when you are sitting in a restaurant and look over at someone eating a large cheese steak, fries and a milkshake? Yes and you’ll say, “Why can’t I eat like that?” Do I cheat and eat pizza and hoagies? At times...absolutely. But the way I feel afterward reminds me why I should not. You must find what works for you. Here and now this works for me. Who knows what the future will bring. I hope with the help I have from this support team I will find a way to adapt.

** Prior to starting an exercise regimen or exploring integrative therapies, such as acupuncture, please consult your physician.*

diabetes 101

Minding your ABC's with some 123's

THE PEOPLE IN THE HOSPITAL'S WELLNESS CLASSROOM ARE EACH HERE FOR DIFFERENT REASONS. SOME WANT TO LOSE WEIGHT; OTHERS WANT TO GET OFF THEIR MEDICINE; AND STILL OTHERS WANT TO KNOW WHAT EXACTLY TO EAT. BUT DESPITE THEIR VARYING GOALS, THEIR VARYING AGES AND THEIR VARYING LIFE STORIES, THEY ALL HAVE ONE COMMON TRAIT – THEY ALL HAVE DIABETES.

Some of the adult students were diagnosed with Type 2 diabetes just two weeks ago and others were diagnosed 20 years ago, but all were sitting together to learn from the Hospital's diabetes educators about how to make some positive lifestyle changes and to self-manage their diabetes.

"Our program has seen a lot of growth," said Michele Francis, Coordinator of Nutrition and Diabetes Services. "We're busier than ever." The diabetes courses offered by the Hospital are accredited by the American Diabetes Association and cover the national standards for diabetes self-management. The Hospital offers classes, one-on-one counseling and a support group, which attracts upwards of 35 people each month.

It used to be that Type 1 was primarily juvenile diabetes, and Type 2 was adult onset diabetes. Today's diabetes snapshot shows more and more adolescents being diagnosed with Type 2. The Hospital hasn't had any adolescents in its classes; however Francis says they have been seeing a trend of more people with Type 2 who are only in their 20s or 30s.

Between Type 1 and Type 2 diabetes, Type 2 is far more prevalent with nearly 95% of all people with diabetes having Type 2 diabetes. One kind of diabetes is not worse than another. They all require good self-management. To learn to self-manage, there are a few ABC's and 123's.

A The A of the ABC's stands for the Hemoglobin A1C, which is a measurement of a person's blood sugar levels over the previous three months. Excessive sugar traveling through the blood vessels, over time, can harm the vessels and set up health risks for heart disease, stroke and other diabetes complications.

An A1C reading for a person without diabetes is between 4-6%. People with diabetes should strive to reduce their A1C to be less than 7% or less than 6.5% ideally. Statistics from the National Health and Nutrition Examination Survey (NHANES) shows that only 35.8% of adults with diabetes have their A1C under the 7% target, but it can be achieved and working toward reducing the A1C can have tremendous health benefits.

The Centers for Disease Control and Prevention (CDC) reports, "In general, for every 1% reduction in results of A1C blood tests (e.g., from 8.0% to 7.0%), the risk of developing microvascular diabetic complications (eye, kidney, and nerve disease) is reduced by 40%."

A·B·C

B B is for blood pressure. Your blood pressure is the level of force in your arteries when your heart beats and when it is at rest. An ideal blood pressure reading is 120 / 70; high blood pressure is a reading greater than 140 / 90. The American Diabetes Association reports that more than 40% of people with diabetes have high blood pressure (hypertension).

At last fall's Diabetes Day event hosted by the Hospital, Gregg Neithardt, MD, Cardiology, The Chester County Hospital, said to the 200-plus attendees, "I treat patients with diabetes aggressively as if they already had heart disease." The link between the two conditions →



is that significant. A person with diabetes might require more than one type of blood pressure medication to bring their hypertension into a healthier target range: less than 130 / 80.

Studies show that blood pressure control can reduce the risk for heart disease and stroke by 33% to 50% and lessen the risk for microvascular disease by about 33% (CDC statistics).

C Cholesterol, the C, is categorized in three ways – bad cholesterol (LDL), good cholesterol (HDL), and triglycerides. All cholesterol comes from two sources – the foods you eat and what your body produces naturally. Basically, cholesterol is a fat-like substance transported in your blood stream and housed in your body’s cells.

A high level of LDL deposits the cholesterol along the walls of your blood vessels forming plaque. A high level of HDL, on the other hand, can carry the cholesterol away from the arteries to the liver where it is then removed from the system. Triglycerides, which can be elevated as a result of unhealthy lifestyle choices, are a form of fat produced by the body.

According to the American Heart Association, “Elevated triglycerides can be due to overweight/obesity, physical inactivity, cigarette smoking, excessive alcohol consumption and a diet very high in carbohydrates (60 percent of total calories or more).”

Bringing total cholesterol levels to a healthy standard (<200 mg/dl total) can reduce the risk of heart attack or stroke. In fact, the CDC reports that improved control of cholesterol can reduce cardiovascular complications 20% to 50%.

THE ABC’S OF DIABETES HAVE BECOME ACCEPTED TERMINOLOGY FOR DIABETES EDUCATORS. IT’S A SIMPLIFIED WAY OF REMEMBERING THE KEY HEALTH FACTORS OF A COMPLICATED DISEASE.

People who have diabetes or pre-diabetes should have their ABC’s monitored regularly by their physician. The NHANES survey states that only 7.3% of adults with diabetes have attained the recommended goals for the ABC’s of diabetes, but again, it can be done.

To help manage the ABC’s, a person with dia-

betes ought to adopt three self-management steps to understand their health and to delay the natural progress of the disease.

ADA Treatment Goals

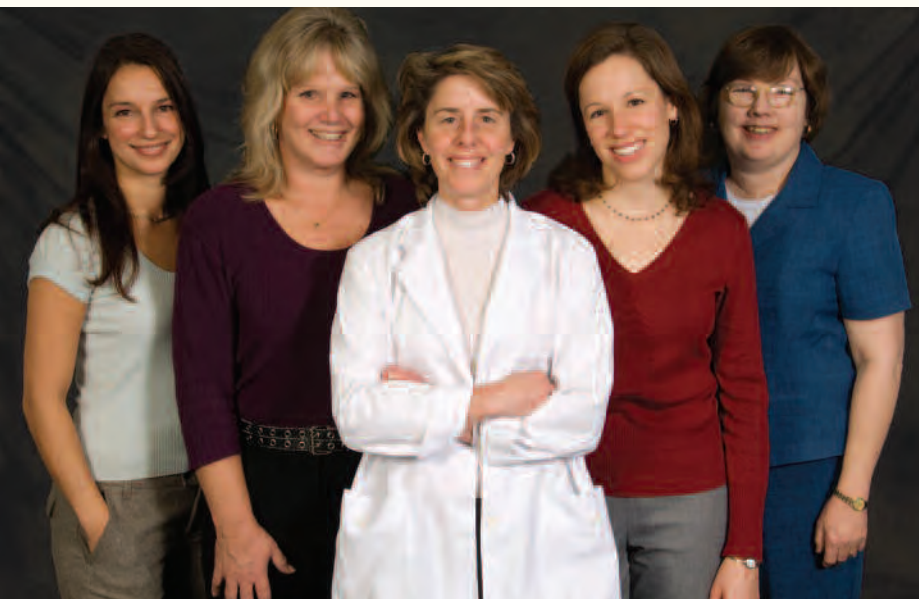
- **A1C <7%**
Preprandial plasma glucose 90-130 mg/dl
Peak postprandial plasma glucose <180 mg/dl
(usually 1 to 2 hours after the start of a meal)
- **Blood Pressure (mmHg)**
Systolic Diastolic
<130 / <80
- **Cholesterol – Lipid Profile (mg/dl)**
LDL Cholesterol <100
HDL Cholesterol
Men > 40 Women > 50
Triglycerides <150

1 Eat Right

When you eat, your blood sugar goes up. Eating foods in appropriate portions and in healthy balance can control the extent to which your blood sugar rises throughout the day. Carbohydrates are the biggest predictor of blood sugar levels. Choosing carbs that are high in fiber, low in sugar, less processed and a proper portion size, and balancing them with lean protein and small amounts of healthy fats will help maintain a more even blood sugar to bring your A1C into a better, healthier target. Cutting out *all* carbs or *all* sugar from your diet is neither a realistic expectation nor a healthy decision. But managing the types and portions of foods with sugars that you eat can potentially lessen the risks and complications, as does reducing the amount of salt and fat in your diet to help control your blood pressure and cholesterol.

Francis recommends meeting with a dietitian to individualize a food plan and to learn how to properly understand food labels and portion sizes.

1.2.3



Diabetes Educators: The Hospital’s team of diabetes educators includes (from left) Amy Corse, Nancy Steward, Michele Francis, Julie Frey Fisher and Kathy Jones, as well as (not pictured) Linda Weinberg, Kim Beazley and Maureen Boccella.

2 Move More

After you exercise, your blood sugar goes down. Exercise, actually, improves the acceptance of glucose into the cells from the blood stream, and has many positive indications for managing blood pressure, too. Regular exercise, even as simple as a brisk 30-minute walk most days of the week, combined with healthy eating, can have tremendous impact on managing your weight, improving your metabolic processes, and easing stress.



One graduate of the Hospital's diabetes education program, Susan Marshall, says, "When I was encouraged by my nutritionist to get involved in an exercise plan, I was very resistant. I had never been athletic, and I had the 'I just can't do it' attitude. However, I knew that if I was going to accomplish weight loss, I needed to follow everything my nutritionist set before me. I met with a trainer and with her gentle encouragement I began to accomplish some small goals set before me. Before I knew it I was pushing through that invisible wall. I honestly look forward now to exercising five days a week, doing both cardio and weight training. I never realized I could stretch my endurance level to a point of enjoyment, but I did."

3 Take Medication

Sometimes nutrition and exercise are not enough to keep blood sugar levels in target range. The next step would be to take oral medication or insulin injections to further control blood sugar. People with Type 1 diabetes don't make insulin. For them, insulin shots are the only way to keep blood sugar levels down. Only people with Type 2 diabetes can use pills to manage their diabetes. These medications work best with meal planning and exercise to help control blood glucose to reduce the risks associated with diabetes. Because oral pills are sometimes not enough to adequately control blood sugar, some people with Type 2 diabetes will also require insulin injections.



All diabetes medications sold in the United States are part of six classes of drugs that work in different ways to lower blood glucose. Because these medications have different actions, some people with diabetes may be on one or a combination of several medications for optimal glucose control. People with diabetes will need their physician's guidance to find which combination of oral pills and/or insulin is best to treat their diabetes.

FOR A PERSON WITH DIABETES, TESTING YOUR BLOOD SUGAR REGULARLY IS A NECESSITY. SOME WILL NEED TO TEST MULTIPLE TIMES EACH DAY. MONITORING THE SWINGS IN BLOOD SUGAR AT VARIOUS TIMES OF THE DAY WILL HELP A PERSON WITH DIABETES UNDERSTAND THEIR OWN TRENDS.

"We encourage our patients to keep a health journal," says Francis, "so they can better understand their own patterns. If they can see their own trends, then they can be their own advocate during their doctor visits." As you monitor your blood sugar level, Francis suggests keeping track of what and when you eat; when you exercise; and when you take your medication.

Finally, Francis suggests, people with diabetes need to build a support 'team.' The team should include their family for encouragement, their primary physician, a nutritionist, a fitness mentor, a diabetes educator and their pharmacist. In addition, other medical specialists including an endocrinologist, a podiatrist, a cardiologist, an ophthalmologist, and a nephrologist could be extensions of the team to assist directly with the glands, feet, heart, eyes and kidneys, respectively.

However, Francis stresses, "The patients themselves are the most important person on their team. If you picture a wheel, they are the hub." Because they should be an advocate for their own health, the Hospital's diabetes educators ultimately aim to teach them how to manage their diabetes.

Diabetes Intensive Management alumnae Wanda Webb was diagnosed with Type 2 diabetes in 1997. She was frustrated that she was not able to control her blood sugar, despite using insulin, and she was starting to develop complications associated with the disease, including neuropathy.

"There's a psychological benefit you get from this program because you go in so hopeless," she says. Today, "I can control my diabetes. It's not controlling me; I'm controlling it. Having that knowledge about diabetes let's me be free to live my life how I want to live it."

On average, says Francis, people who have participated in the diabetes education programs at The Chester County Hospital have reduced their A1C more than two percentage points because they've learned about proper nutrition, exercise and medication as ways to manage their blood sugar.

There are no 'quick fixes' when it comes to diabetes. The lifestyle changes that are necessary to manage the disease are not temporary. But armed with greater knowledge about living with diabetes and about the changes that can be made have the potential to make the life you choose to lead much healthier.

By Lisa M. Huffman

Search "diabetes" on www.cchosp.com to learn more.



movers ■ shakers ■ newsmakers



Inpatient Hospice Now Open

Neighborhood Health Agencies, Inc. proudly opened the doors to its Neighborhood Hospice Inpatient Unit, the first hospice inpatient unit in Chester County. It hosted a Grand Opening celebration on November 3, where tours of the private rooms and suites were given. Located across the street from the Hospital, the unit will provide private rooms with adjacent dining and lounge areas. Rooms will include accommodations for family members who wish to stay with their loved one. *Pictured: Chester County Commissioner Carol Aichele, State Rep. Barbara McIlvain-Smith, NHA Director of Hospice Heidi Owen, U.S. Rep. Joe Pitts, U.S. Rep. Joe Sestak, and NHA Chairman Keith Coughley.*

The 2007 Whittaker Award

Each November at Diabetes Day, the Hospital acknowledges a member of the community who has made a positive impact in the lives of people with diabetes. The 2007 Whittaker Award was given to long-time diabetes educator Nancy Marquette, RN. *(Pictured with Michele Francis (right), Coordinator of Nutrition and Diabetes Services.)* Past recipients have been Marianne McAndrew, Diane Zimmerman, Carol Ziegler and Harriet Whittaker, for whom the award is named.



Showering the Parents-to-Be

For more than 10 years, the Hospital has been inviting expecting parents and couples considering having a baby to get to know the Hospital, tour the amenities, and meet the clinical staff. The Hospital hosted its largest baby shower yet last November. This year, 174 couples enjoyed the baby shower, which was supported



by several local sponsors, such as Babies "R" Us, GRACO, Joya Artwear, Olly Shoes, and Citadel. *Pictured: Olly's mascot with one of the many mothers-to-be.*



Talking it up

The CardioVascular Center was featured on The Big Talker's Virtual Health and Wellness Fair series this past October. Dr. Mian Jan, Cardiologist, and Julie Funk, Director of Community Outreach and Wellness Programs, took to the airwaves to speak about what everyone should know about Metabolic Syndrome.

Fall Fundraisers successfully support Hospital's mission



The SHINE Committee hosted a stellar event.

Over the course of just four weeks in the fall, four major fundraisers occurred to benefit various aspects of the Hospital's mission. The first of the events was the Fore Health Golf Tournament, which took place on September 17. Sponsored by Siemens and planned by the Willistown Branch of the Women's Auxiliary, it raised \$29,000 in support of the Auxiliary's \$1,000,000 pledge to the Capital Campaign. Chester County Day, always the first Saturday in October, raised nearly \$20,000 more than it did in the previous year. The \$122,000 from the event will also be earmarked for the Auxiliary's pledge. The Dilworthtown Wine Festival, held October 14, was co-arranged by the Dilworthtown Inn and

- Fore Health Golf Tournament
- Chester County Day
- Dilworthtown Wine Festival
- SHINE



Guests enjoyed the tasting at the Wine Festival.

Photos by Gifford Photography

the Greystone and Turks Head branches of the Auxiliary. The proceeds, more than \$46,000, will be split between The Cancer Center of Chester County and Neighborhood Hospice. The final event of the fall season, SHINE, raised more than \$130,000 in support of the Cancer Center, topping its proceeds of \$70,000 from the previous year. This elegant gala was held at Winterthur Country Estate on October 20.



'Little Smiles' Leads to Big Smiles

Members of Little Smiles paid a visit to the CHOP Connection at The Chester County Hospital Pediatric Unit to present the nursing staff and patients with a donation of toys, goodies and a much-needed IV pole. Little Smiles is a charitable organization that strives to put smiles on the faces of children in hospitals, hospices and shelters by providing toys, games, videos, computers, outings and special appearances among other opportunities. This donation is just one of many from the members of Little Smiles that support the Unit and admitted children. *Pictured (from left): Pediatric nurses Amy Nguyen, RN and Kathleen Urbine, RN; Founding Director of Little Smiles Jeff Mullen and members Matt Peterson and Rob Rae; and Unit Secretary Torri Toaltoan, CNA.*

ATTENDING STAFF



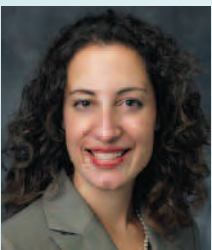
Matthew Baichi, M.D., Department of Medicine, Section of Gastroenterology. Dr. Baichi graduated from the State University of New York Health

Science Center at Syracuse, and then completed a residency in Internal Medicine at Thomas Jefferson University Hospital, and a fellowship in Gastroenterology and Hepatology at the University of Rochester. Dr. Baichi is Board Certified in Internal Medicine and Gastroenterology and has joined the West Chester Gastrointestinal Group.



Reina Bender, M.D., Department of Medicine, Section of Gastroenterology. Dr. Bender graduated from Albany Medical College, and then

completed a residency at the Brown University School of Medicine Program at Rhode Island Hospital (Providence), and a fellowship in Gastroenterology and Hepatology at the Brigham and Women's Hospital and Harvard Medical School. Dr. Bender is Board Certified in Internal Medicine and has joined the West Chester Gastrointestinal Group.



Antonette Brigidi, M.D., Department of Medicine, Section of Internal Medicine. Dr. Brigidi graduated from the University of Maryland School of

Medicine (Baltimore) and completed a residency at the Hospital of the University of Pennsylvania. Dr. Brigidi is Board Certified in Internal Medicine and has joined Whiteland Medical Associates for Progressive Health.



NEW PHYSICIANS



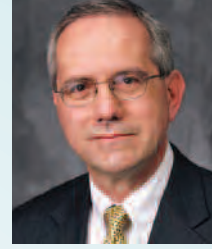
Stephanie Ciccarelli, M.D., Department of Medicine, Section of Internal Medicine. Dr. Ciccarelli graduated from Wake Forest

University School of Medicine (Winston-Salem, NC) and completed an internship and residency at Christiana Care (Newark, DE). Dr. Ciccarelli is Board Certified in Internal Medicine and Emergency Medicine and has joined Medical Inpatient Care Associates of Chester County.



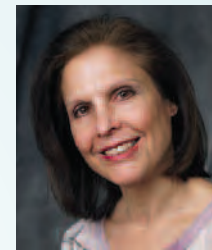
John DeStafeno, M.D., Department of Surgery, Section of Ophthalmology. Dr. DeStafeno graduated from Albany Medical College, and then

completed an internship at Rogers Williams Medical Center, (Providence, RI), a residency at Long Island Jewish Medical Center (New Hyde Park, NY), Albert Einstein College of Medicine (Bronx, NY), and a fellowship at Duke University Eye Center, Duke University College of Medicine (Durham, NC). Dr. DeStafeno is Board Certified in Ophthalmology and has joined Chester County Eye Care Associates.



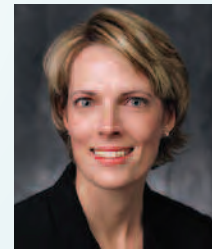
Ronald Fronduti, M.D., Department of Medicine, Section of Internal Medicine. Dr. Fronduti graduated from Jefferson Medical College and completed

an internship and residency at Mercy Catholic Medical Center (Conshohocken). Dr. Fronduti is Board Certified in Internal Medicine and has joined Penn Primary Care.



Renee Giometti, M.D., Department of Medicine, Section of Pulmonary Diseases. Dr. Giometti graduated from the University of Tennessee Health

Sciences Center (Memphis) where she also completed an internship, residency and fellowship. Dr. Giometti is Board Certified in Internal Medicine, Critical Care Medicine and Pulmonary Diseases and has joined Chester County Critical Care Medical Associates.



Maureen Hewitt, M.D., Department of Medicine, Section of Hematology/Oncology. Dr. Hewitt graduated from Louisiana State University School

of Medicine (New Orleans), and completed a residency and fellowship at the Hospital of the University of Pennsylvania. Dr. Hewitt is Board Certified in Internal Medicine and has joined Chester County Hematology Oncology Services.

Jatin Kyada, M.D., Department of Medicine, Section of Internal Medicine. Dr. Kyada graduated from M.P. Shah Medical College (Jamnagar, Gujarat, India), and then completed an internship at Frankford Hospital and a residency at Lankenau Hospital. Dr. Kyada is Board Certified in Internal Medicine and has joined Hospital Care Specialists.



Eduardo Mercurio, M.D., Department of OB/GYN. Dr. Mercurio graduated from The George Washington School of Medicine (Washington, D.C.) then completed an internship and residency at Abington Memorial Hospital. Dr. Mercurio has joined Associates for Women's Medicine.



William Merriam, M.D., Department of Surgery, Section of Urology. Dr. Merriam graduated from MCP Hahnemann School of Medicine, and then

completed an internship at the University of Massachusetts Medical School (Worcester), and a residency at Thomas Jefferson University Hospital. Dr. Merriam has joined Urology Center of Chester County.



Todd Michener, M.D., Department of Surgery, Section of Orthopedics. Dr. Michener graduated from Vanderbilt University School of Medicine

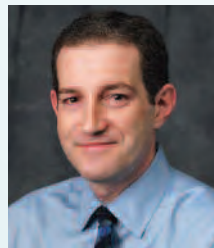
(Nashville, TN), and then completed an Orthopaedic Surgery residency at the University of Pennsylvania, and a Sports Medicine fellowship at Steadman Hawkins Clinic of the Carolinas (Spartanburg, SC). Dr. Michener has joined Chester County Orthopedic Associates.

Carrie Miller, M.D., Department of Medicine, Section of Gastroenterology. Dr. Miller graduated from New York University School of Medicine, and then completed a residency at Thomas Jefferson University Hospital, and a fellowship in Gastroenterology and Hepatology at The University at Buffalo, The State University of New York. Dr. Miller is Board Certified in Internal Medicine and has joined the West Chester Gastrointestinal Group.

Jennifer Spector, D.P.M., Department of Surgery, Section of Podiatry. Dr. Spector graduated from Temple University School of Podiatric Medicine, and then completed a residency at Christiana Care (Newark, DE). Dr. Spector has joined the Accurate Foot and Diabetic Care podiatry practice.



Dawn Thornton, D.O., Department of Medicine, Section of Internal Medicine. Dr. Thornton graduated from Lake Erie College of Osteopathic Medicine (Erie), and then completed an internship and residency at Lehigh Valley Hospital (Allentown). Dr. Thornton is Board Certified in Internal Medicine and has joined Gateway Medical Associates.



Jonathan Zieff, D.O., Department of Medicine, Section of Dermatology. Dr. Zieff graduated from the University of New England College of Osteopathic

Medicine (Biddeford, ME), then completed an internship and residency at the University Hospital, State University of New York at Stony Brook. Dr. Zieff is Board Certified in Dermatology and has joined Main Line Dermatology.

COURTESY STAFF

Allan Ho, M.D., Department of OB/GYN. Dr. Ho graduated from New York Medical College (Valhalla) and completed an internship and residency at Maimonides Medical Center (Brooklyn). Dr. Ho is Board Certified in OB/GYN and has an office in West Grove.

Arthur Hodess, M.D., Department of Medicine, Section of Cardiology. Dr. Hodess graduated from Columbia University College of Physicians and Surgeons (New York, NY) and completed an internship, residency and fellowship at the Hospital of the University of Pennsylvania. Dr. Hodess is Board Certified in Internal Medicine, Cardiovascular Disease and Critical Care Medicine and is in practice with Brandywine Valley Cardiovascular Associates.

Robyn Ivker, D.M.D., Department of Surgery, Section of Pediatric Dentistry. Dr. Ivker graduated from Temple University School of Medicine and completed an internship at Temple University Hospital. Dr. Ivker has joined Children's Dental Health Associates.

Philip Pearson, M.D., Department of Surgery, Section of General Surgery (Colon and Rectal Surgery). Dr. Pearson graduated from the University of Virginia School of Medicine (Charlottesville), then completed a general surgery residency at Thomas Jefferson University Hospital, and a Colon and Rectal Surgery fellowship at the University of Minnesota (Minneapolis). Dr. Pearson is Board Certified in General Surgery and has joined Surgical Specialists, P.C.

Daniel Pryma, M.D., Department of Radiology. Dr. Pryma graduated from Loyola University School of Medicine in Illinois (Chicago), and then completed a residency and fellowship at Memorial Sloan-Kettering Cancer Center (New York, NY). Dr. Pryma is Board Certified in Nuclear Medicine.

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The Joint Commission on
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College of American
Pathologists
American College of
Radiology
American Association of
Blood Banks
American Association of
Cardiovascular and
Pulmonary Rehabilitation
Nuclear Regulatory Board
Centers for Medicare and
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American College of
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Pennsylvania Medical
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Chester County Chamber of
Business and Industry
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Commerce
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Chamber of Commerce
Maternal and Child Health
Consortium of Chester
County
Chester County Healthy
Communities Partnership
Chester County Economic
Development Council
Health Care Advisory Board

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RELATIONSHIP**

University of Pennsylvania
Health System

CLINICAL AFFILIATIONS

The Children's Hospital of
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University of Pennsylvania
Health System — Cancer,
Radiology, Radiation
Oncology
Crozer Keystone Health
Network — Perinatology,
Gynecologic Oncology
Cleveland Clinic — Heart
Surgery

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Therapist Assistant
Program
Arcadia University —
Physical Therapist Program
Bloomsburg University —
Speech Therapist Program
Center for Arts and
Technology — Brandywine
Campus — School of
Practical Nursing

Crozer-Chester Medical
Center — Nurse
Anesthetist Program
Delaware County Community
College — Associate
Degree in Nursing and
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Programs
Delaware Technical and
Community College —
Physical Therapist
Assistant Program
Drexel University College of
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Therapist Program, Nurse
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Cardiology including:
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Cardiac Ultrasound
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Technician Program
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Physical Therapist
Assistant Program
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College — Ultrasound and
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Cardiovascular Technician,
EKG Technician

Immaculata College —
Nutrition
Immaculata College —
R.N. Degree
Completion Program
Jefferson Health System —
Ultrasound and Cardiac
Ultrasound
Neumann College — Physical
Therapist Program
Pennsylvania Hospital —
GYN Residency Program
Philadelphia College of
Osteopathic Medicine —
Elective Medical Student
Rotations
Philadelphia College of
Osteopathic Medicine —
Physician Assistant
Program
Philadelphia University —
Physician Assistant
Students
South Hills School — Clinical
Internship in Cardiac
Ultrasound
Thomas Jefferson University
— Physical Therapist
Program
Ultrasound Diagnostic
School — Clinical
Externship in Cardiac and
Diagnostic Ultrasound

University of Delaware —
Physical Therapist Program
University of Pennsylvania
School of Nursing
University of Pennsylvania
School of Nursing — Nurse
Anesthetist Program
University of
Pennsylvania School of
Medicine — Clinical
Clerkship in Obstetrics and
Gynecology for Third Year
Students
West Chester University —
Cardiac Rehabilitation
West Chester University —
Health Care Administration
Education
West Chester University —
Nursing Education
West Chester University/Bryn
Mawr Hospital —
Respiratory Therapy
West Chester University —
Speech Therapist Program
Widener University —
Physical Therapist Program

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Pennsylvania State
Board of Nursing

The health services provided by The Chester County Hospital are available for all persons without regard to race, color, creed, age, sex, sexual preference, national origin or handicap. The Chester County Hospital is an Equal Opportunity Employer.

Annual Report 2007

THE CHESTER COUNTY HOSPITAL



Ahead of the curve

and just around the corner ➤



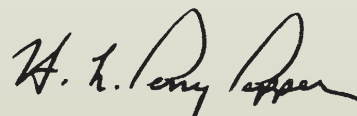
Letter from the President

In the life of The Chester County Hospital, we have celebrated many 'firsts.' We were the County's first healthcare institution. We founded the first School of Nursing and opened the first pediatric ward. We implemented the first paramedic unit. We provided the County with its first cardiac catheterization service and performed the first open heart surgery. We have the first Level III Neonatal Intensive Care Unit, still the only one in Chester County. And we were the first to offer tertiary-level radiation oncology and cancer care, close to home.

As I briefly highlight our many 'firsts,' I must also acknowledge one very significant 'last.' We are the last truly independent healthcare provider in the region. Why is this noteworthy? As a stand-alone, not-for-profit facility, The Chester County Hospital can provide you with the best care at the most reasonable price. Pair this with excellent quality indicators, a sophisticated medical and nursing staff, and the provision of high-caliber services, patients from our area and beyond are turning to us for care. While welcome, this demand places a strain on our operations, as I'm sure you can understand. Now more than at any other point in our history, new growth through expansion is of vital importance to accommodate the growing healthcare needs of our community.

This year's Annual Report is a reflection of community members who have generously come forward to help meet our goal for future growth. In September, this expedition began with the kick off of our capital campaign – *Advancing Care. Building Community.* Many of our physicians, employees, board members, administrators and friends have already pledged their support with contributions to this ongoing campaign. We are grateful for their generosity, and we are continuing our appeal to the community for support. The benefits that an independent hospital provides to the infrastructure of one's community are important. Providing such care is our founding mission but it does come with a cost. To be here for you, your family and the generations of loved ones to come, your support of our plan for growth is necessary to help guarantee that the significant 'last' of which we are so proud – the independent status of The Chester County Hospital – will be secure for years and years to come.

Warm regards,



H.L. Perry Pepper
President

ADVANCING CARE. BUILDING COMMUNITY.

Today, The Chester County Hospital serves as the only independent, community-owned, community-governed non-profit hospital in Chester County. It maintains its commitment to delivering the highest quality of healthcare to the community it has served for 115 years. In addition to general medical and surgical services, the Hospital specializes in cardiovascular care, cancer diagnosis and treatment, orthopedics and a broad range of women's health services. Its specialty programs are unique in bringing strong clinical affiliations to the community. The Level III Neonatal Intensive Care Unit and the pediatrics program work in partnership with The Children's Hospital of Philadelphia and are staffed full time by Children's Hospital specialists. The Cancer Center of Chester County is owned jointly by the Hospital and the Abramson Cancer Center of the University of Pennsylvania; and the cardiac surgery program in The CardioVascular Center is affiliated with Cleveland Clinic. This affiliation with the #1 Heart Program in the country will help The CardioVascular Center become a leading regional provider of heart services in the Delaware Valley.

Chester County is growing at a very rapid rate and the Hospital must keep pace with the growth so that it can accommodate all who seek care. With the aging of the population, and the steady increase in heart disease, the demand for cardiac services will continue to rise. In just five years, regional demand for services at the Hospital's CardioVascular Center has increased substantially. Now, with the Cleveland Clinic affiliation, that demand will increase at an even more rapid rate. In the planned Heart Hospital within the Hospital, all cardiovascular services will be organized to best meet the needs of the patients and their families, to provide efficient and effective patient flow, and to improve patient and physician satisfaction. At the same time, the construction of the Heart Hospital will alleviate stresses on other sections of the Hospital which are now straining under the pressures of increasing demands. Finally, as the only such specialty center in the Delaware Valley, the Heart Hospital will be a unique regional resource for the prevention, diagnosis and treatment of cardiovascular disease. The Capital Campaign is being undertaken to support the construction of the Heart Hospital.

To once again meet the needs of the community, the Hospital has embarked on a building plan to add a new wing to the Hospital that will: **1** achieve The CardioVascular Center's goal of consolidating all cardiovascular services into a single location – the Heart Hospital within the Hospital; **2** add 48 new patient rooms, with space to expand to 72 patient rooms; **3** add additional operating and procedural rooms; and **4** increase efficiencies in the Emergency Department. The facility is projected to cost \$110 million, and while the Hospital plans to finance most of the cost through a bond issue, it has also embarked on a comprehensive fundraising campaign to raise \$30 million with at least \$25 million of that total to be raised toward the construction cost of the building. Groundbreaking is scheduled for spring 2008 with completion projected to occur in 2010.

After a "silent phase" of the Campaign in which 100% participation from Board members and senior administration was secured, as well as several pace-setting leadership gifts, the Hospital publicly announced the Campaign in September 2007 and is now asking the community at large to support this effort.

As of December 31, 2007, The Chester County Hospital Foundation had raised \$24,333,867 toward the \$30 million Comprehensive Campaign goal (81% of goal) with \$20,732,975 of that amount designated to the \$25 million goal (83%) for construction of the new facility.

Breakdown of the \$20,732,975 total:

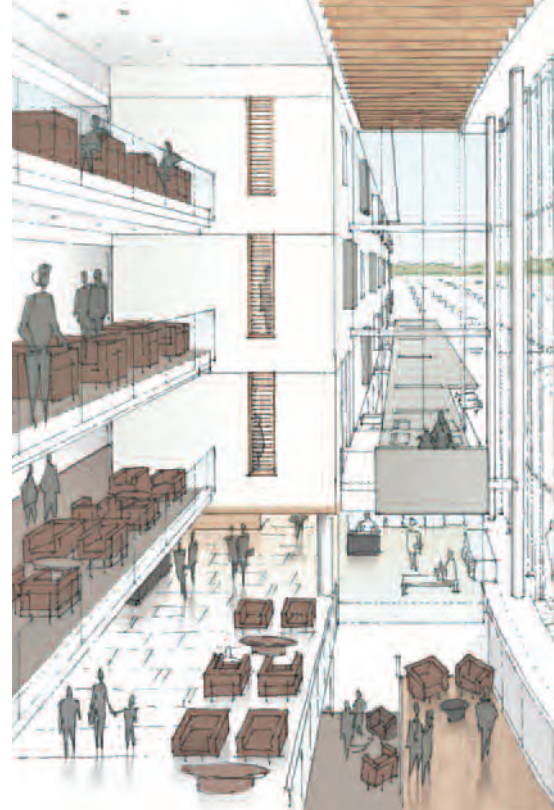
\$12,378,756	Individual Gifts
\$7,441,498	Corporate/Foundation Gifts
\$649,516	Physician Gifts
\$263,205	Employee Gifts

PROPOSED EXTERIOR



KICK-OFF GUESTS
DR. DENNIS BERMAN, DR. NICK VAGANOS AND MRS. CARLA BERMAN

PROPOSED INTERIOR



CAMPAIGN CO-CHAIR
JOHN A. FEATHERMAN, III



Capital Campaign

THE CAPITAL CAMPAIGN SUPPORTS THE HOSPITAL'S PLANS TO EXPAND ITS CAPACITY TO BETTER SERVE THE GROWING POPULATION OF CHESTER COUNTY. THE FOLLOWING INDIVIDUALS, FOUNDATIONS AND CORPORATIONS MADE GIFTS OR PLEDGE PAYMENTS OF \$100 OR MORE DURING FISCAL YEAR 2007 WHICH SPANNED JULY 1, 2006 THROUGH JUNE 30, 2007.

WE THANK THEM FOR THEIR GENEROUS AND CONTINUING SUPPORT. AT THE CONCLUSION OF THE CAMPAIGN,

A REPORT OF ALL CAMPAIGN GIFTS WILL BE PUBLISHED.

\$1 million or more

Crystal Trust
Longwood Foundation, Inc.

\$500,000 – \$999,999

Mr. and Mrs. Robert D. McNeil

\$100,000 – \$499,999

Anonymous
Mr. and Mrs. Henry I. Brown, III
Mr. John J. Ciccarone
Estate of Mrs. Dorothy B. Hertig
Mr. and Mrs. Oscar Lasko
Mr. and Mrs. George C. Mason
The Roemer Foundation

\$50,000 – \$99,999

First Cornerstone Foundation, Inc.
John Lazarich Foundation
Mr. and Mrs. Jack R. Loew

\$25,000 – \$49,999

A. Duie Pyle, Inc.
Hankin Foundation
Mr. and Mrs. Dallas L. Krapf

\$10,000 – \$24,999

Mr. and Mrs. Francis H. Abbott, Jr.
Anonymous
Mr. and Mrs. Michael E. Drummond
Mr. and Mrs. John A. Featherman, III
Mr. and Mrs. Michael Moran
Mr. and Mrs. W. Thomas Musser
Phillips Mushroom Farms, L.P.
Mr. and Mrs. Robert G. Roskamp
Sartomer Company, Inc.
Mr. and Mrs. William W. Wylie, Jr.

\$5,000 – \$9,999

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Mr. and Mrs. Michael Matz
Dr. and Mrs. William Plummer, III

Rencourt Foundation
Hon. Walter and Mrs. Georgianna H. Stapleton
Mr. and Mrs. William S. Wood, II
Mrs. C. B. Zimmerman

\$2,500 – \$4,999

Ms. Nancy O. Carr
Mr. and Mrs. J. Gibson McIlvain, III
Modern Mushroom Farms, Inc.

\$1,000 – \$2,499

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Mr. Nicholas Trainer

\$500 – \$999

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\$100 – \$199

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These special donors gave generously to underwrite the patient and family services offered by The Cancer Center. Donors who gave memorial donations to support this cause are listed in the 'In Memoriam' section of this report.

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WOMEN'S AUXILIARY TO THE CHESTER COUNTY HOSPITAL

The Women's Auxiliary has been an integral part of the Hospital since nearly the beginning. Once again the Auxiliary has broken all records, and raised an amazing \$576,085 this year. The Auxiliary is well on its way to reaching the goal of donating \$1.0 million to the Capital Campaign over three years.

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THE MEN OF THE CHESTER COUNTY HOSPITAL

This service and fundraising organization works year-round to support day-to-day operations of the Hospital, as well as to assist with many fundraising and wellness events. From book sales to the May Festival Attic Attack, this year the group raised nearly \$8,000.

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We are grateful for the annual support of many community members who choose to support us through a variety of local United Way Donor Options Programs.

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610-431-5642 • kpierce@cchosp.com
610-431-5366 • mschwab@cchosp.com

While we do everything in our power to report all donations accurately, omissions and errors do sometimes occur. We welcome hearing from you if you see an inaccuracy.

All contributions to The Chester County Hospital Foundation are tax deductible as provided by law.

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I WANT TO THANK ALL OF OUR COMMUNITY MEMBERS, STAFF, PHYSICIANS AND BOARD MEMBERS WHO HAVE GIVEN SO GENEROUSLY DURING THE 2007 FISCAL YEAR. THIS

ANNUAL REPORT LISTS THE LEVEL AND TYPE OF SUPPORT INDIVIDUALS, FOUNDATIONS AND CORPORATIONS CONTRIBUTED TO OUR HOSPITAL. OUR DEEPEST APPRECIATION GOES OUT TO ALL OF OUR DONORS AND VOLUNTEERS WHO EACH YEAR GIVE SO GENEROUSLY OF THEIR TIME AND RESOURCES TO CONTINUOUSLY BRING QUALITY HEALTHCARE TO OUR COMMUNITY. THANK YOU.

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1892 Society

IN HONOR OF THE HOSPITAL'S FOUNDING YEAR, THE 1892 SOCIETY RECOGNIZES FRIENDS WHO HAVE PROVIDED FOR FUTURE GENERATIONS OF PATIENTS. THE 1892 SOCIETY MEMBERS HAVE MADE GIFT COMMITMENTS THROUGH

BEQUESTS, LIFE INCOME ARRANGEMENTS, OR OTHER PLANNED GIFT OPTIONS. IF YOU ARE NOT LISTED BELOW AND HAVE MADE SUCH A GIFT, OR ARE INTERESTED IN JOINING THE 1892 SOCIETY, PLEASE CONTACT THE FOUNDATION OFFICE AT 610-431-5366.

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Financials

THE CHESTER COUNTY HOSPITAL BALANCE SHEET JUNE 30, 2007

ASSETS

Cash and short term investments	\$20,727,250
Patient accounts receivable (net)	22,335,050
Other accounts receivable	1,101,853
Due from affiliates	4,974,491
Assets whose use is limited	3,239,209
Inventories	3,022,110
Prepaid expenses and other current assets	274,874
Total current assets	55,674,837
Assets whose use is limited	7,486,440
Long-term investments	1,056,634
Beneficial interest in perpetual trusts	15,441,227
Investment in and advances to CCHOS	1,357,764
Interest in net assets of TCCH Foundation	9,640,562
Property, plant and equipment (net)	59,919,142
Deferred financing costs (net)	961,444
Other assets	1,258
Total assets	\$151,539,308

LIABILITIES AND NET ASSETS

Current installments of long-term debt	\$1,793,721
Accounts payable	4,601,817
Accrued salaries, wages and vacation	5,805,822
Accrued interest payable	1,445,488
Estimated third-party payor settlements	1,477,723
Other liabilities	156,670
Total current liabilities	15,281,241
Long-term debt	44,527,529
Accrued malpractice and workers comp	2,389,757
Total liabilities	62,198,527
Net assets:	
Unrestricted	63,436,280
Temporarily restricted	10,294,112
Permanently restricted	15,610,389
Total net assets	89,340,781
Total liabilities and net assets	\$151,539,308

THE CHESTER COUNTY HOSPITAL STATEMENT OF OPERATIONS JUNE 30, 2007

REVENUES: Unrestricted, gains and other support

Net patient service revenues	\$168,905,779
Other revenues	6,537,184
Net assets released from restrictions used for operations	27,468
Total unrestricted revenues, gains and other support	175,470,431

EXPENSES

Salaries and wages	72,636,576
Supplies expenses	64,993,550
Employee benefits	16,132,643
Depreciation	7,369,132
Provision for doubtful collections	6,152,800
Insurance	4,112,934
Interest	2,905,223
Amortization	114,463
Total expenses	174,417,321

Operating Income 1,053,110

OTHER INCOME

Investment income	1,072,917
Equity gain in Chester County Hematology-Oncology Services	163,072
Total revenues in excess of expenses	2,289,099

Change in net unrealized losses on investments	427,825
Net asset released from restriction used for property & equipment	25,000
Transfers to Parent	(1,000,000)
Increase in unrestricted net assets	\$1,741,924

MISSION STATEMENT

The mission of
The Health Network of
The Chester County Hospital
is to provide
high quality care,
consistent with identifiable
health care needs of
Chester County area residents
and within the constraints
of sound fiscal management,
as well as the education
of health care professionals
and the community.

Visit www.cchosp.com
to learn more about
The Chester County Hospital.

THE CHESTER COUNTY HOSPITAL FOUNDATION

JUNE 30, 2007

BALANCE SHEET

ASSETS

Cash and short term investments	\$13,376,580
Other accounts receivable	549,449
Prepaid expenses	97,548
Total current assets	<u>14,023,577</u>

Pledges receivable	3,597,936
PP&E	1,090,959
Investments in affiliates	2,454,015
Total assets	<u>21,166,487</u>

LIABILITIES AND NET ASSETS

Demand note payable	500,000
Other liabilities	2,773,459
Total current liabilities	<u>3,273,459</u>

Other noncurrent liabilities	283,077
Total liabilities	<u>3,556,536</u>

Net Assets :

Unrestricted	7,969,390
Temporarily Restricted	9,640,561
Total liabilities and net assets	<u>\$21,166,487</u>

STATEMENT OF REVENUES AND EXPENSES

REVENUES

Capital Campaign contributions	\$6,042,627
Donations and other income	1,023,172
Total revenues	<u>7,065,799</u>

EXPENSES

Salaries and wages	530,304
Supplies and other expenses	740,150
Employee benefits	59,509
Depreciation	34,405
Interest	38,757
Total expenses	<u>1,403,125</u>

Net revenues	5,662,674
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OTHER INCOME

Investment income	428,783
Total revenues in excess of expenses	<u>6,091,457</u>

Increase in pledges	3,597,935
Change in unrealized gains on investments	368,547
Transfers to affiliates	(2,009,954)
Transfer from The Chester County Hospital	1,000,000
Increase in net assets	<u>\$9,047,985</u>

THE CHESTER COUNTY HOSPITAL

STATISTICAL RECORD OF SERVICE : JUNE 30, 2006 AND JUNE 30, 2007

	2006	2007
Adult and Pediatric Patient Admissions (excluding Newborns)	14,065	14,720
Adult and Pediatric Days (excluding Newborns)	60,672	61,852
Average Length of Stay (excluding Newborns)	4.35	4.10
Newborn Admissions	2,268	2,447
Newborn Days	4,562	4,803
Average daily census, Adults and Pediatrics	166.2	169.5
Average daily census, Newborns	12.5	13.2
Patients treated in the Emergency Room	41,774	43,855
Outpatient visits to Clinic, Ambulatory Care Center, Laboratory, X-Ray, Cardiology, etc.	369,042	367,144
Surgical Operations: Inpatient	3,812	3,979
Surgical Operations: Outpatient	5,065	4,580
Laboratory tests	1,075,426	1,199,289
X-Ray Examinations and Treatments	176,958	185,664

Special Events

JULY 1, 2006 – JUNE 30, 2007

THE CHESTER COUNTY HOSPITAL FOUNDATION BENEFITS FROM SEVERAL ANNUAL SIGNATURE FUNDRAISING EVENTS, WHICH ARE LISTED BELOW. EACH EVENT HAS ITS OWN STYLE, VARIED OPPORTUNITIES FOR PARTICIPATION, AND RAISES FUNDS FOR THE VITAL PROGRAMS OUR HEALTH NETWORK PROVIDES TO THE LOCAL COMMUNITY.

FORE HEALTH GOLF TOURNAMENT

The 21st annual Fore Health Golf Tournament was organized by the Willistown Branch of the Women's Auxiliary to The Chester County Hospital and was hosted by White Manor Country Club on September 18, 2006. Golfers enjoyed a beautiful day to benefit The Chester County Hospital.



Co-Chairs: Mary Jo O'Rourke, Betty Drummond; Presenting Sponsor: Siemens Medical; Gold Sponsor: Guidant; Contest Sponsor: Otto's BMW; Silver Sponsors: Drummond Scientific Company, Superior Group, Inc.; Print Sponsor: Precision Print Communications



The annual SHINE fundraiser for The Cancer Center of Chester County was held at the

home of Nancy and Jay McManus on September 29, 2006. More than 300 attendees enjoyed cocktails, dinner, dancing, and an exciting live auction to light the way to excellence in cancer care...close to home.

Chair: Jamie Grossman; Gold Sponsors: Calista Grand Salon and Spa, Communications Test Design, Inc.; Silver Sponsors: Amgen, Chester County Hematology/Oncology Services, Devon Hill BMW, Maureen Hewitt of RE/MAX Town & Country, Penn PET at The Chester County Hospital, Schering-Plough

CHESTER COUNTY DAY

The 66th Annual Chester County Day historic home tour was held on October 7, 2006. More than 3,000 ticket holders visited more than two dozen historic homes in the northeastern quadrant of Chester County, along with several public sites in the region. Chester County Day is an event rich in history hosted by the Women's Auxiliary to The Chester County Hospital.

Co-Chairs: Nancy Pastrick, Sally Wilson; Sponsors: Guidant, Stillman Volvo

POLO CUP

The first annual Chester County Hospital Polo Cup was held on June 10, 2007 at the Polo Fields of Toughkenamon. The Turks Head Auxiliary organized this new family event, which had more than 500 ticket holders in attendance to enjoy the food, fun and a polo match.



Co-Chairs: Lisa Kitchen, Coleen Herbst; Benefactor: Verizon; Patrons: Edward Jones Investments, Otto's BMW; Divot Donors: Bove Jewelers, Walter W. Grant and Valerie DeMarino

DILWORTHTOWN INN WINE FESTIVAL

The 15th annual Dilworthtown Inn Wine Festival on October 15, 2006 raised funds for The Cancer Center of Chester County and Neighborhood Hospice program. A new event to the Hospital, the Wine Festival attracted thousands of wine connoisseurs from the Delaware Valley who enjoyed fine wines from around the country, entertainment, a vendor tent, and a silent auction. The Festival is jointly organized by the Dilworthtown Inn and the Turks Head and Greystone Auxiliaries to The Chester County Hospital.

Co-Chairs: Cheri Beard, Katie Fultz, Susan Horenkamp, Annette MacLachlan; Platinum Sponsors: National Penn Bank, Parkway, Verve Marketing & Design; Gold Sponsor: Lexus of Chester Springs; Silver Sponsors: Frank and Sandra Baldino, First National Bank of Chester County

MAY FESTIVAL

The 24th annual May Festival was held May 18-20, 2007 on the Hospital grounds. The Festival raises funds to support a variety of programs and services, and creates a general awareness of the many wellness opportunities offered by the Hospital to the surrounding community. The weekend's events include a Friday Night Gala, amusements, children's activities, food, entertainment, 5k run and two mile walk, a 5, 10, 25, 50, and 63-mile bike tour, and much more.



Co-Chairs: Roberta Feder, Dallas Matthews; Vice-Chair: Christina Valocchi; Founding Sponsor: Thomas Chevrolet; Presenting Sponsor: First National Bank of Chester County; Major Sponsors: ACAC Fitness & Wellness Centers, Citadel Federal Credit Union, Daily Local News, Precision Print Communications, The Chester County Hospital Medical Staff, QVC; Dash for Diabetes Presenting Sponsor: The Bryn Mawr Trust Company; Chester County Challenge for Cancer Presenting Sponsor: J & L Building Materials, Inc.

THE CHESTER COUNTY HOSPITAL INVITATIONAL

The first annual golf Invitational was held on June 4, 2007 at Whitford Country Club, and was attended by 88 players who enjoyed a round of golf to benefit Women's and Children's Services. This year's net proceeds totaled \$15,000, which assisted in the purchase of the first Giraffe Bed for the NICU – a state-of-the-art piece of equipment to help high-risk babies stay infection-free and be examined without leaving the secure environment of the bed.

Presenting Sponsor: L.F. Driscoll Co.; Silver Sponsors: Chester County OB/GYN Associates, Saul Ewing; Contest Sponsor: Berks Ridge Company Enterprises, Inc.; Hole-in-One Contest Sponsor: Sloan Ford

MAY FESTIVAL



New Location!

**Benefits The Chester County Hospital
May 15-18 • 25th Anniversary
Goshen Fair Grounds, West Chester**

Golf Invitational



**Benefits Women's and Children's Health Services
June 2 • 2nd Annual
Whitford Country Club, Exton**

POLO CUP



**Benefits The Chester County Hospital
June 8 • 2nd Annual
Brandywine Polo Club, Toughkenamon**

Foundation Calendar

For details call 610.431.5330 or 610.430.2906 • www.cchosp.com/foundation

Heart, Mind & Body

A HEALTH EXPO FOR WOMEN

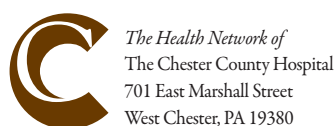
MAY 1, 2008 • 5:30pm - 8:30 pm

The Desmond Hotel and Conference Center • \$15 per person

Take a night off from the family, forget about cooking supper, and join us for a fun-filled evening designed to meet the unique health needs of women. At this casual "girls' night out" event, relax and enjoy the refreshments, hors d'oeuvres and dessert at an Expo completely focused on you. Treat yourself to a chair massage and other pampering services in our "Spa Garden." Engage personally with our physicians and health care providers at our "Coffee Talk." Learn ways to improve your health through health screenings such as blood pressure, body mass index, hydration and dermascan. Better yourself through break-out sessions with experts focusing on your heart and nutrition.

So... bring your mom, your sister, your daughter, your friends and enjoy this very special evening for women!

Pre-registration required. Call 610.431.5644.



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