Aurora Health Care Annual Report 1995

Aurora Health Care
beginning
the care
management journey

Aurora Health Care®
1995 Annual Report
Aurora Health Care is Wisconsin’s largest not-for-profit health care system and largest private employer, with 16,000 employees serving patients in more than 100 locations. Based in Milwaukee and serving all of eastern Wisconsin, Aurora encompasses ten hospitals, 400 physicians in Aurora Medical Group clinics and health centers and another 2,600 private practitioners on staff, comprehensive home health agencies with offices in six communities, several long-term care facilities, and the state’s most experienced private, non-sectarian social service agency – all dedicated to providing a personalized, high quality, well coordinated and affordable continuum of care.
Aurora Health Care is a not-for-profit health care delivery system dedicated to serving the health care needs primarily in Eastern Wisconsin and the surrounding region. Health care services are inherently personal in nature, and Aurora Health Care will maintain an environment sensitive to the physical, emotional, spiritual, social and economic needs of both those served and those who provide the service.

Aurora Health Care is committed above all else to the promotion of health, the prevention of illness, and the provision of state-of-the-art diagnostic and treatment services when needed and where most appropriately delivered, either as inpatient care, ambulatory care, extended care or home care.

Aurora Health Care is concerned with the overall welfare of the community, and recognizes there is a limit to the individual and collective resources available. Therefore, it is committed to providing enlightened and progressive management to organizations which are structured and coordinated to deliver health services of the highest quality at fair and affordable prices.

Aurora Health Care is dedicated to the education of physicians, nurses and allied health professionals to assure that a goal of high-quality, cost-effective care is maintained and that the level of health care practice remains advanced. Likewise, Aurora encourages research in clinical practice for the enhancement of quality health care.
Governing and directing a not-for-profit system the size of Aurora Health Care is a responsibility our voluntary board of directors, management team and medical leadership take very seriously.

Together we must determine the best uses for any income generated in excess of our expenses. As leaders of a not-for-profit organization, we are committed to using all net income to meet the health care needs of the people we serve. We have no shareholders, no investors waiting for dividends. We are accountable solely to the communities we serve.

Every year some of these scarce resources are dedicated to acquiring the most current technology available, to assure our patients of receiving the best care modern medicine can offer. Also each year, a significant portion of these resources is channeled into charity care and numerous other community benefit programs.

To fulfill our leadership mandate to preserve Aurora's ability to meet the health care needs of our communities not only in the 1990s, but far beyond the year 2000, we must also set a strategic course that will focus our attention on preparing this organization for the future.

For the better part of a decade, Aurora Health Care's strategy has focused on two structural objectives: 1) creating a continuum of care that would allow us to treat patients in the most appropriate and affordable settings possible; and 2) achieving through acquisition, affiliation and new facility development, the geographic growth that would allow us to locate an Aurora care site within 15 minutes of every resident in eastern Wisconsin.

By year-end 1995 we had essentially accomplished these objectives.

For the first year in our history, outpatient care represented more than 50 percent of our patient care business. No longer was inpatient hospital care the norm for healing the sick or treating the injured. Our community clinics, ambulatory care centers, emergency rooms, day surgery facilities, freestanding rehabilitation centers, home care programs and family service interventions combined to surpass inpatient care in 1995.

The addition of several more outstanding organizations, including West Allis Memorial Hospital, Lakeland Medical Center, Family Service of Milwaukee, St. Luke's South Shore (formerly Trinity Memorial Hospital), and physician groups in Oshkosh, Green Bay, Mukwonago, Manitowoc, Milwaukee, New Berlin and Fond du Lac, and the formation of strategic alliances with United Health Group in the Fox Valley and Bellin Health System in Green Bay, positioned us to provide a wide spectrum of care to Wisconsin residents from Kenosha to Door County and all points in between.

The formation of our system, once a barely visible destination on the horizon, has now become not only a reality but also the starting point of a whole new journey — the journey to care management.

Health care is evolving from the centuries-old paradigm of taking health for granted and treating illness episodically when it occurred, to a much more comprehensive, preventive and long-term approach. We have begun to partner with people to help them maintain their health when possible and actively manage their care when necessary.

We have also begun to act on our recognition of the fact that people live not in isolation, but in families and communities. We need to pay attention to the health and well-being of family and community groups, as well — assessing it broadly, contributing to it intentionally, and improving it measurably.

This annual report highlights just a few of the noteworthy steps we took all across Aurora in 1995 on the road to care management. From innovative programs to deliver care outside traditional settings to clinical pathways to improve quality and reduce cost, we have gone beyond talking about it to making it happen.

For Aurora Health Care and the hundreds of thousands of people we serve, the journey to care management has begun, and the promise of better health is now on the horizon.

G. Edwin Howe
President
"an ounce of prevention"

It's said that an ounce of prevention is worth a pound of cure. With the success of the Aurora Influenza Immunization Project, 65 people are alive today who can attest to that old adage.

Not only were lives saved, but VS. Murthy, M.D. of Sinai Samaritan Medical Center, estimates that Aurora Health Care saved the community $1.1 million by vaccinating about 9,000 at-risk individuals.

"An ounce of prevention is always the best thing," said Dr. Murthy, leader of the Influenza Immunization Project. "The discomfort, inconvenience and pain is very small when getting a flu shot, but the gain is enormous for both the patient and society."

The community as a whole is healthier when fewer people get influenza, a virus that causes illnesses ranging from cold-like symptoms to life-threatening pneumonia. Studies show that by vaccinating people at-risk, mortality, morbidity and costs can be significantly decreased.

In 1995, Dr. Murthy and his multi-disciplinary team of medical professionals from seven Aurora Medical Group clinics reviewed patient records and identified 13,686 individuals at-risk of contracting the flu. Normally, unless such patients visited their doctors during the months of October through December, they may not have been told they should get vaccinated.

Those at risk of getting sick were sent letters containing detailed information regarding how a patient could get a flu shot and the benefits of doing so.

Individuals over 65 or those with chronic health problems are most susceptible to contracting the flu, but other segments of society, especially those who work with the aged and sick, also need to be protected.

About 66% of those targeted got flu shots, which exceeded the project's anticipated goal of 60%.

"The flu is both costly and deadly," Dr. Murthy said. "Prevention is much better. Using results generated from other similar studies, we estimate that we prevented 65 influenza-related deaths during the project."
“I’m one of the lucky ones. Help was there for me when I needed it. I was at a point when I could have made some terrible mistakes I’d have regretted the rest of my life.”

Twenty-six years old and married, Lorena Hernandez was not considered an “at-risk” mom when she gave birth to her first child at Sinai Samaritan Medical Center in January, 1994. The assessment worker from the Supporting First Time Parents Program interviewed Lorena before she left the hospital and, as with all first-time parents, gave her information on child care and development, health and nutrition, and community resources.

But three months later, Lorena found herself feeling exhausted and overwhelmed by the demands of caring for a newborn. Her husband Lucas had lost his job, and financial pressures and disagreements over child-rearing were putting a serious strain on their marriage. She called Patti Hepburn, a social worker with Family Service of Milwaukee, one of the helping resources offered to her in the hospital, and Patti initiated regular home visits to check on the baby and provide Lorena emotional support.

“Although Lucas had still not found regular work, things improved. I found excellent child care for the baby so I could return to work part-time. Then I found out I was pregnant again. I was devastated, and felt I simply could not deal with another child.”

Lorena experienced severe depression, anxiety attacks, and other health problems. “I seriously considered abortion or divorce. But Patti helped me believe things would get better. She was right!”

Visits from Amy Weisbrot, a Family Service R.N., motivated Lorena to take care of herself, physically and emotionally. “With the coaching and encouragement of Patti and Amy, I got back on track. Patti referred Lucas and me to a family therapist at Family Service who was a Latino, and who helped us talk through our problems. Gradually, the dark cloud I was living under lifted. In August, our daughter Sarph was born.”

Lucas found a data entry job and discovered he had an aptitude for computers. In the summer of 1996 the family moved to Michigan, where Lucas is working towards a master’s degree in computer science. Lorena manages a faculty office on campus and is considering returning to school as well.

“The kids are doing great,” says Lorena. “My hope is that other women going through a trying time will realize that they’re not alone, that there are caring people who can help you find the best in yourself.”

Supporting First-Time Parents is based on the belief that the birth of a first child is the time when parents are most receptive to learning skills that prepare them for the responsibilities of raising children. Family Service of Milwaukee is part of the Supporting First Time Parents Consortium, a network of community agencies and hospitals working together to give new parents the help they need.

Since its inception in 1990, Supporting First-Time Parents has expanded to reach 75% of Milwaukee County’s first-time parents. The 1995 figures from the County Department of Human Services show a 14 percent decline from the previous year in child abuse and neglect of children under five years old. This encouraging trend suggests that Supporting First-Time Parents and other prevention initiatives are succeeding at strengthening the capacity of families to nurture their children, a critical indicator of life-long health and well-being.

As we begin the care management journey, prevention and accessibility are crucial starting points. We want entire communities to be healthier because of Aurora’s initiatives. The Supporting First Time Parents Program at Family Service of Milwaukee, and the Influenza Immunization Project of Aurora Medical Group are just two examples of our efforts to reduce community health risks by improving access and increasing prevention.
"Home is where the AIDS patient wants to be," says Leslie Gumpert, AIDS patient care manager for the Visiting Nurse Association of Wisconsin (VNA), which has been actively developing home health care therapies for AIDS patients.

"They don't want to get into a car, drive to a clinic and sit around for two to four hours for their intravenous (IV) therapy," she continues. "Because of our skills and coordinated approach, we can provide some very acute treatments in the home setting and keep people in their homes for a much longer period of time."

Home-based treatments are proving to be much easier on patients and their families' emotional well-being. "I can't thank the VNA enough for all they've done for me," says Milwaukee resident Tyrone Eskridge, who recently completed three weeks of home-based IV therapy to overcome bacterial pneumonia.

"I had to have an injection every six hours," he recalls. "If the VNA had not shown my mom and me how to do it at home, I would have had to stay in the hospital for three weeks. That would have been boring, costly and very inconvenient for both my family and myself."

VNA nurse Mary Carlson worked with Tyrone and his mother to teach them the IV therapy routine and keep Tyrone out of the hospital, a strategy that has greatly reduced hospital costs. "With traditional approaches, it has not been uncommon for AIDS patients to spend 30 percent of their time in the hospital," says Dr. Ian Gilson, an internist with Aurora Medical Group. "With the VNA, we've reduced that to around one percent, which means that virtually all of their care is given in a home setting."

The VNA has created a team that includes a social worker, a psychologist, an HIV case manager, a pharmacist and a dietitian who work closely with the nurse to help coordinate all aspects of the patient's care to keep them connected to the community and out of the hospital.

With more than one million cases diagnosed worldwide and as the fifth leading cause of death among men between the ages of 25 and 44 in Wisconsin and seventh leading cause of death among women, AIDS remains a major medical threat.

Strategies like the VNA's home care program for AIDS patients are making significant strides not only in controlling the costs of treatment, but more importantly, improving the quality of life for those patients and their loved ones.

Excelling care doesn't just happen; it must be well coordinated. We want the people we serve to become the healthiest they can be. Both the VNA's home care program for AIDS patients and the Aurora Behavioral Health Services case managers have been established to identify appropriate services and provide advocacy for patients, enabling them to become partners in managing their own health.
Getting help for behavioral or emotional problems shouldn't be stressful.

But all too often, people seeking emotional support are forced to negotiate their own way through the treatment maze, switching from provider to provider as their needs change. The end result is that too many patients “fall through the cracks” and fail to get the help they need.

“Behavioral health care should be as seamless as possible,” says K. Kwang Soo, M.D., director of Aurora Behavioral Health Services (ABHS), a systemwide, umbrella organization that coordinates behavioral health services for Aurora affiliates. “Our centralized approach offers patients and employers the convenience of expansive geographic coverage and a single provider network for outpatient, partial hospital, residential and inpatient services.”

Regardless of where they live in Wisconsin, patients can call an ABHS toll-free number at any time of the day or night for instant consultation and referral. Once treatment begins, each patient is assigned a case manager who coordinates care and ensures the treatment plan is accomplished.

“The case manager serves as the patient’s advocate, someone the patient can always turn to for questions or assistance,” says Soo. “The case managers are in continual communication with the patient, physician and therapy team, and also serve as a resource for family and friends.”

ABHS offers a comprehensive menu of services. It provides counseling for legal and financial concerns, as well as specific family issues, to help people cope with the stresses of daily living. It offers programs to help people overcome eating disorders, alcohol and drug abuse, anxiety, and the special emotional challenges of aging. And it provides long-term help for people suffering from serious mental illnesses such as depression, schizophrenia, and physical, sexual or emotional abuse.

In every instance, ABHS seeks to keep the patient close to his or her family and the support they can provide. To that end, one of the largest ABHS affiliates has reduced its average inpatient stays by more than half—from 12.88 days in 1992 to 5.9 days in 1996. “By using the least intensive, most appropriate level of care, we can resolve behavioral problems much more quickly,” Soo says.
VARIETY CAN BE THE SPICE OF LIFE, BUT SOMETIMES A LARGE AMOUNT OF VARIATION IN HOW SOMETHING IS DONE CAN BE COUNTERPRODUCTIVE.

After reviewing the charts of 392 patients who were diagnosed with simple pneumonia at St. Luke's Medical Center over a two-year period, Bruce Berry, M.D. and a multi-disciplinary team of health professionals discovered huge differences in the ways doctors diagnosed and treated patients with simple pneumonia.

"We noticed that there was a lot of variation in the way we treated patients with pneumonia and we thought there can't be several best ways to treat all these patients because it’s a very similar illness," said Dr. Berry, leader of the Pneumonia Treatment Quality Improvement Project.

The team identified four main areas of improvement. It then developed a set of guidelines to help doctors streamline care and provide patients with the best medical practices consistently.

"In routine cases we said do one sputum sample, one blood culture, one set of X-rays; and instead of waiting eight hours to administer the first dose of antibiotic, let's deliver it to the patient in one hour in the emergency room," Dr. Berry said.

The team also created a list of indicators to help doctors identify which patients would likely need to see a social worker for assistance with discharge planning.

"Instead of waiting four days to determine whether or not a patient needs to see a social worker before they can be discharged, we now get a social worker involved on day one if the patient meets the criteria we established and needs help with discharge planning," Dr. Berry said.

The results of the project show that on average a patient's length of stay has been reduced by two days. Charges for patients with uncomplicated cases have dropped by $1,500 per patient, while those with complicated cases have seen their bills fall by $3,000. Additional cost savings have been achieved by treating 96% of recent cases with only two antibiotics, instead of the 84 different drugs doctors were using to treat the illness. "The care I received at St. Luke's was excellent," said pneumonia patient Marie Spielberg. "Compared to some others I know who have also had pneumonia, my experience was a piece of cake!"

"Patients will return home sooner, experience shorter waiting times in the hospital and have less redundant diagnostic tests," Dr. Berry said. "They'll also spend less for care. But most important, they'll get an opportunity to experience the best medical care on a consistent basis."

Providing excellent care means striving for best practices to promote healing. We want to work as a team to do what's best for our patients. West Allis Memorial's Joint Replacement Pathway and St. Luke's Pneumonia Treatment Quality Improvement Project are setting new standards for inpatient services that can be measured and continually improved.
"Nobody likes being in the hospital, but the approach West Allis Memorial took was very helpful because I knew what to expect," says Kathryn Greenwald, who had her knee replaced last December. "I had no apprehension going in, because I didn’t have any questions. I knew what was going to happen each day I was there."

That positive, predictable and understandable hospital experience Kathryn recalls resulted from a care pathway for knee and hip replacements implemented by West Allis Memorial Hospital in June of 1995. The pathway is a multi-faceted plan that physicians, nurses, therapists and the patient use to work together to improve and speed up the rehabilitation process.

"With the pathway, we have effectively made the patient a partner in their medical care," says Peggy Glander, coordinator of case management at West Allis Memorial. "It has also established a set of guidelines that allows us to improve the care we provide, while maintaining the flexibility physicians need to customize care for individual patients."

West Allis Memorial began the creation of care pathways in 1994, after the hospital’s orthopedic physician group recommended that the hospital and doctors work together to standardize care for certain procedures. Knee and hip replacement were targeted because the inpatient care and costs associated with surgery varied greatly between patients.

After six months, a multidisciplinary team of physicians, nurses, physical therapists and members of the hospital’s quality assurance and administrative departments had developed a pathway that included the following key components: a standardized treatment plan; improved coordination within the hospital; greater patient involvement; a full-time orthopedic case manager; and a renewed focus on the patient.

The knee replacement pathway has already had a profound impact on the quality of knee replacements at the hospital. The average hospital stay has been cut in half — from 8.5 days to under 4.5 days — and hospital costs have been reduced by 10 percent. At the same time, patient satisfaction has improved dramatically.

Because of the success of the hip and knee replacement pathways, West Allis Memorial has developed similar pathways for the treatment of diabetes, asthma, chest pain and bowel resections.

According to Glander, "Although care pathways are a fairly new concept in health care, we are finding a very enthusiastic interest among physicians, nurses and patients. There is a real eagerness to sit down and work together to standardize and improve care."

**Cost of Knee Replacements**

<table>
<thead>
<tr>
<th>Average Charge - West Allis Memorial Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$7,000</strong></td>
</tr>
<tr>
<td><strong>$6,200</strong></td>
</tr>
<tr>
<td><strong>$5,550</strong></td>
</tr>
</tbody>
</table>

*Source: West Allis Memorial Hospital*
Many people who suffer strokes think their life is over... well, I'm too young for that," says Wayne Romanchik, 37 of Sheboygan.

On March of 1995, Wayne suffered a severe stroke that nearly cost him his life. After "Flight For Life" rushed him to Milwaukee for two weeks in an intensive care unit, Wayne returned to his home town in a wheelchair — he couldn't talk and was paralyzed completely on his right side.

He turned to Sheboygan Memorial Medical Center for rehabilitation treatment. "I came in on a Friday, and by Monday, I was walking with a cane. Today, I walk without a cane. They were just great," Wayne also speaks normally, thanks to Sheboygan Memorial's work with him through their Focused Patient Care rehabilitation program.

Focused Patient Care differs from traditional rehabilitation in both philosophy and execution. It stresses a team approach in which all of the therapists work together, simultaneously, to help the patient regain the strength and skills to accomplish specific tasks.

Under the traditional approach, patients work with individual therapists for a specific amount of time each day. A speech pathologist, for instance, works on communication and cognitive skills. The physical therapist helps improve strength and mobility, while an occupational therapist focuses on tasks such as bathing and dressing. With this approach, patients rarely get the opportunity to practice relearned skills outside of therapy sessions.

But with Focused Patient Care, patients are supported by all of their therapists and their unit nursing staff, in a wide variety of daily routines and real-life situations, including simple activities such as walking up and down steps, using ordinary household utensils, getting food in a self-service buffet or purchasing a greeting card from a store.

"The key is that all of the therapists and nurses are working together," says Dale Lehrer, director of Rehabilitation Specialists at Sheboygan Memorial and Valley View Medical Centers. "If the individual has difficulty getting dressed or undressed, all of the therapists will work with the patient, not just the occupational therapist."

The results have been outstanding. Patients are returning more quickly to their daily routines and the cost of treatment is dropping. Sheboygan Memorial's average charges for rehabilitation patients are 25 to 30 percent below the national and regional average.

"Our length of stay for inpatient rehabilitation is one to three days less than the national average," says Lehrer. "And, when patients leave, we know they can function in a real-life setting, because they've already demonstrated it to us."

The program has received national attention, including being featured in the April '95 edition of the trade journal Advance for Directors of Rehabilitation. St. Luke's Medical Center also recently instituted the program for its 50-bed rehab unit in Milwaukee, after a trial program there improved patient outcomes and saved $422,000 in a nine-month period.

The Focused Patient Care Program has proven especially beneficial to patients who have had multiple joint replacements or victims of stroke and head injuries like Wayne, who has since become a peer counselor for other stroke victims.

"There is life after a stroke," says Wayne. "I'm living proof."
JOANNE WILLIAMSON KNOWS THE POWER OF ENCOURAGING WORDS.

Four years ago when Williamson had her first child, Bennett, she had to have cesarean section surgery. But three weeks ago, she gave birth to her daughter, Olivia, and got to find out first-hand how much better women usually feel after delivering a baby vaginally.

Throughout Williamson's labor, her doctors and nurses at Sinai Samaritan Medical Center kept encouraging her to attempt a vaginal delivery. Because of that extra support, Williamson was successful.

"Every time my doctor came in to check on me she kept telling me I could do a VBAC (Vaginal Birth After Cesarean)," Williamson said. "She kept saying I wouldn't have that incision and could avoid the hassles of surgery. She was right. This was nothing compared to major abdominal surgery."

In addition to having less pain and being able to walk much earlier, Williamson said there are other benefits of having a VBAC.

"When I tried to nurse my son he was right on my stomach and my stitches, but this time I was able to nurse with Olivia right after she was born," Williamson said. "This time my whole recovery has been much easier. I feel so much better overall."

Williamson is just one of many similar success stories at Sinai Samaritan, which boasts a cesarean section surgery rate that is less than half the national average.

Nationally, almost 23 percent of births are done by cesarean section surgery. In Wisconsin, the cesarean section rate hovers above 15 percent, but in 1995 cesarean section surgeries accounted for just 10.5 percent of the deliveries at Sinai Samaritan.

By taking an interactive role in the baby's delivery and pointing out the health and economic benefits of having a vaginal delivery, Sinai Samaritan has been able to help mothers heal faster so they can take better care of their newborns.

A recent study showed that almost half of the one million cesarean section surgeries done in 1992 weren't necessary, said Carol Talatzko, director of women's health at Sinai Samaritan Medical Center. By not having a cesarean section, patients avoid complications associated with major surgery.

"It's much easier to adjust to motherhood after a vaginal birth," Talatzko said. "You don't spend as much time in the hospital and the recovery time is much faster. Psychologically, some women feel very negative after having cesarean sections, so if you can avoid having one, it's good to try."

People are taking more responsibility for their health today and are expecting better service. We want to provide services that are understandable and responsive to their needs. Sinai Samaritan's VBAC Program and Sheboygan Memorial's Focused Patient Care rehabilitation program have already succeeded in reducing recovery times compared to regional and national averages, while increasing patients' satisfaction with their care.
AURORA PROVIDES A WIDE VARIETY OF COMMUNITY OUTREACH SERVICES TO IMPROVE ACCESS TO HEALTH CARE FOR INDIVIDUALS IN NEED AND TO IMPROVE THE HEALTH STATUS OF ENTIRE COMMUNITIES. LAST YEAR A NET TOTAL OF $4,133,566 WAS INVESTED IN COMMUNITY OUTREACH PROGRAMS, AN 81% INCREASE FROM 1994. MORE THAN 500,000 PERSONS BENEFITED FROM COMMUNITY OUTREACH SERVICES PROVIDED BY AURORA DURING 1995.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>DOLLAR COMMITMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Education &amp; Outreach</td>
<td>$1,083,541</td>
</tr>
<tr>
<td>Health Screening</td>
<td>$66,877</td>
</tr>
<tr>
<td>Support Groups</td>
<td>$130,720</td>
</tr>
<tr>
<td>Counseling</td>
<td>$838,190</td>
</tr>
<tr>
<td>Self-help</td>
<td>$45,786</td>
</tr>
<tr>
<td>Immunization</td>
<td>$8,427</td>
</tr>
<tr>
<td>Clinics</td>
<td>$174,478</td>
</tr>
<tr>
<td>Patient Education</td>
<td>$355,726</td>
</tr>
<tr>
<td>Transportation Services</td>
<td>$439,658</td>
</tr>
<tr>
<td>Donations</td>
<td>$454,763</td>
</tr>
<tr>
<td>Total Community Outreach Services:</td>
<td>$4,133,566</td>
</tr>
</tbody>
</table>

- Immunization: Programs such as “Shoo the Flu” to provide immunizations to those in need.
- Clinics: The Madison Street Outreach Clinic which provides free primary care services for the uninsured. Access to care is also facilitated through temporary health “clinics” conducted in community locations such as schools, churches, shopping malls and workplaces.
- Patient Education: Follow-up telephone counseling with discharged patients, such as new mothers, patients recovering from surgery, and pharmaceutical inquiries.
- Transportation Services: Discounted or free transportation to and/or from Aurora Health Care facilities for those in need.
- Donations: Monetary contributions or sponsorships of community programs or health-related events. Community volunteerism on boards and committees. Donation of space, equipment, supplies, printing or food for community group meetings and events. Donation of medical services such as the parish nurse program.
- Other: Nonbilled services not otherwise included in the ten specific categories above.
In 1995, charity care totalled $16,849,000.

Uncompensated care includes charity care provided to the indigent and uninsured, care provided to patients who are unable to pay their bills in full, and shortfalls in payments from Medicare, Medicaid and other governmental health programs. The uncompensated care figures for 1989-1994 include other third party payor allowances, as well.

Community Service Provided by Aurora
Fiscal Year Ending December 31, 1995

- Total Community Outreach ........................................... $4,133,566
- Charity Care ........................................................... $16,849,000
- Bad Debt ............................................................... $12,478,000
- Medicare Shortfall .................................................. $251,426,000
- Medicaid Shortfall ................................................... $71,278,000
- Other Government Shortfall ........................................ $1,127,000
- Total Uncompensated Care .......................................... $353,158,000

- Total Community Service ........................................... $357,291,566
Cooperation with other organizations is critical to effectively helping people. The professional staff of Aurora lend their expertise and energy to the community by collaborating with a wide range of local and statewide organizations and activities. A sampling of just some of the organizations our staff collaborated with during 1995 is provided below:

- AIDS Resource Center of Wisconsin
- Alcoholics Anonymous
- Alzheimer's Association of South East Wisconsin
- American Association of Retired Persons
- American Cancer Society
- American Diabetes Association
- American Heart Association
- American Red Cross
- Arthritis Foundation of Wisconsin
- Asha Family Services
- Attorney General's Task Force on Children in Need
- Avenues West Association
- Black Health Coalition
- Black Nurses Association
- Blood Center of Southeast Wisconsin
- Boy Scouts - Milwaukee Council
- Catholic Social Services
- Center for the Deaf and Hard of Hearing
- Child Abuse Prevention Network
- Children's Society of Wisconsin
- Colleges and Universities throughout Eastern Wisconsin
- Common Council Task Force on Sexual Assault
- Elementary, Middle, and High Schools throughout Eastern Wisconsin
- Family Resource Coalition of Walworth County
- Fighting Back Initiative
- Girl Scouts of America
- Great Lakes Athletic Trainers Association
- Hartford Area Transportation Management Association
- Healthy Communities Initiative - Cudahy, Oak Creek, South Milwaukee, St. Francis
- Healthy Families Walworth County
- Healthy Sheboygan County 2000
- Healthy Washington County 2001
- Healthy Wausau Area 2001
- Hillside Family Health Center
- Hmong American Friendship Association
- Journey House Community Center
- Junior Achievement of Wisconsin
- Kids First Coalition
- Manitowoc County Breastfeeding Task Force
- Manitowoc County Tobacco Free Coalition
- March of Dimes
- Mental Health Association of Sheboygan County
- Mid-town Neighborhood Association
- Milwaukee Associates in Urban Development
- Milwaukee Coalition to Prevent Violence
- Milwaukee County Department on Aging
- Milwaukee HIV Planning Council
- Milwaukee Interagency Coalitions
- Milwaukee Intercity Congregations Allied for Hope (MICAH)
- Milwaukee Justice Task Force
- Milwaukee Women's Center
- Narcotics Anonymous
- North Bay Neighborhood House
- New Hope House
- New Horizons Children's Home
- Planned Parenthood of Wisconsin
- Plymouth Project Childsafe
- Public Health Departments throughout Eastern Wisconsin
- Religious Organizations throughout Eastern Wisconsin
- St. Catherine's Residence for Women
- Salvation Army
- Second Harvesters Food Pantry
- Sheboygan County AIDS Task Force
- Sheboygan County Clergy Association
- Sheboygan County Lead Task Force
- Sheboygan County 4H
- Sojourner Truth House
- Special Olympics
- Start Smart Milwaukee
- Task Force on Battered Women & Children
- Tobacco Free Coalition of West Allis/West Milwaukee
- Tosa United Advisory Board
- Two Rivers Education Association
- United Church of Christ Council on Health & Human Services
- United Way
- Waukesha Business and Education Network
- Wellness Council of Wisconsin
- West Allis Board of Health
- West Allis Community Health Needs Assessment Project
- West Town Association
- Wisconsin Association of Homes and Services for the Aging
- Wisconsin Breast Cancer Coalition
- Wisconsin Emergency Medical Technician Association
- Wisconsin Epilepsy Association
- Wisconsin Healthy Women and Infants Project
- Wisconsin Mental Health Association
- Wisconsin Nursing Home Social Workers Association
- Wisconsin Nurses Association
- Wisconsin Public Health Association
- Wisconsin Safety Belt Coalition
- Wisconsin Women's Cancer Control Program
- YMCA
- YWCA
patient service statistics
January - December, 1995

Physicians on Staff ........................................................................... 2,868
Employed Physicians ...................................................................... 394
Residents and Fellows .................................................................... 170
Registered Nurses ........................................................................... 3,240
Total Employees ............................................................................. 15,981

Inpatient Discharges ........................................................................ 63,173
Inpatient Days .................................................................................. 338,518
Average Length of Stay (Days) ............................................................. 5.4

Ambulatory Care Center Visits ............................................................ 1,407,263
Emergency Care Visits ..................................................................... 153,536
Hospital Outpatient Visits ................................................................. 790,568
Home Care Visits ............................................................................ 213,054
Nursing Home Days .......................................................................... 52,354

Cardiac Catheterization Cases ............................................................. 20,143
Total Surgical Procedures ................................................................. 48,862
Laboratory Procedures ..................................................................... 4,138,251
Births ................................................................................................. 7,322

financial summary
Year Ended December 31, 1995

SOURCE OF FUNDS

<table>
<thead>
<tr>
<th>Services</th>
<th>1995</th>
<th>COMBINED TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Services</td>
<td>$ 491,045</td>
<td>$889,770</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>320,060</td>
<td>$1,139,830</td>
</tr>
<tr>
<td>Non-Patient Care Services</td>
<td>78,665</td>
<td>$1,139,830</td>
</tr>
<tr>
<td>Total Net Services Revenue</td>
<td>$889,770</td>
<td>$889,770</td>
</tr>
</tbody>
</table>

USE OF FUNDS

<table>
<thead>
<tr>
<th>Items</th>
<th>1995</th>
<th>COMBINED TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries, Fees, and Fringe Benefits</td>
<td>$511,503</td>
<td>$511,503</td>
</tr>
<tr>
<td>Supplies</td>
<td>$164,776</td>
<td>$164,776</td>
</tr>
<tr>
<td>New Equipment and Facility Improvements</td>
<td>$132,547</td>
<td>$132,547</td>
</tr>
<tr>
<td>Maintenance, Rental, Insurance, Utilities and Other Business Expenses</td>
<td>$110,448</td>
<td>$110,448</td>
</tr>
<tr>
<td>Interest and Principal on Long-Term Debt</td>
<td>$39,938</td>
<td>$39,938</td>
</tr>
<tr>
<td>Change in Working Capital and Borrowed Funds Expended</td>
<td>$(69,442)</td>
<td>$37,503</td>
</tr>
<tr>
<td>Total Funds Applied</td>
<td>$(69,442)</td>
<td>$889,770</td>
</tr>
</tbody>
</table>

Total Net Services Revenue is net after subtraction of charity care, Medicare, Medicaid and other government allowances. Uncompensated care provided by the Aurora system totaled $353 million in 1995.

Includes St. Luke's Medical Center, Inc.; Sinai Samaritan Medical Center, Inc.; Sheboygan Memorial Medical Center, Inc.; Valley View Medical Center, Inc.; Milwaukee Psychiatric Hospital, Inc.; Hartford Memorial Hospital, Inc.; Two Rivers Community Hospital, Inc.; West Allis Memorial Hospital, Inc.; Aurora Health Care, Inc.; Aurora Health Care Ventures, Inc.; Visiting Nurse Association of Wisconsin, Inc.; Aurora Medical Group, Inc.; Lakeland Medical Center, Inc.; Franklin Medical Center, Inc.; Family Service of Milwaukee, Inc.; and Aurora Foundation, Inc.
January

- Aurora Health Center in Waukesha County opens
- Visiting Nurse Association expands availability of its service, including providing home and hospice care seven days a week and on-call coverage 24-hours a day
- Mitchell Point Family Health Center opens on Milwaukee’s south side at 1225 W. Mitchell Street, as a joint project of Sinai Samaritan and St. Luke’s Medical Centers
- Family Practice Associates of Oshkosh and Deckner Clinic in Green Bay join Aurora Medical Group.

February

- West Allis Memorial Hospital joins the Aurora system
- Lakeland Medical Center signs Letter of Intent to join Aurora Health Care
- Oshkosh Internal Medicine Clinic, Internal Medicine Associates of Oshkosh and Children’s Clinic of Oshkosh join Aurora Medical Group
- Family Service of Milwaukee settles into a new facility at 3200 W. Highland Blvd. in Milwaukee’s central city.

March

- Aurora begins offering employee “Democracy in Action” programs
- Lakeland Medical Center reorganizes its continuous improvement efforts, forming a Clinical, Management and Strategic Performance Improvement Council
- Hartford Memorial Hospital initiates the “Almost Home” adult day care program and the mobile transport service
- Mukwonago Family Physicians join Aurora Medical Group.

April

- Valley View Medical Center named Plymouth area’s 1995 “family-friendly firm” for its efforts to help employees and their families
- Aurora undertakes system-wide employee survey
- Sinai Samaritan opens new $14.5 million Outpatient Health Center, consolidating a number of existing ambulatory care services including the Geriatrics Institute, Geriatric Psychiatry Clinic, Pediatric Clinic, Medical Specialties Clinic, ENT Clinic, Primary Care Clinic, Oncology and Audiology services
- Milwaukee Psychiatric Hospital opens two new outpatient clinics, Lakeshore Counseling Center and Racine Counseling Center, joining the hospital’s other counseling centers in Wauwatosa, Glendale, Franklin, New Berlin and Madison
- Aurora receives Sterling Rose Award for HIV/AIDS community service work
- Hartford Parkview Clinic and Hartford Memorial Hospital sponsor “Breast Cancer Update” educational program.

May

- Aurora receives the American Marketing Association (Milwaukee Chapter) Excellence in Marketing Award for the “It’s all about people” campaign
- Aurora and WTMJ-TV 4 team up on “Life Check 4” breast cancer awareness project
- Two Rivers Community Hospital is recognized as one of the top five corporate teams in the March of Dimes Walk America fundraiser
- Aurora Home Medical Services celebrates its one-year anniversary, providing respiratory, nutrition, IV therapies and medical equipment to more than 7,000 patients in its first year
- Family Service and Aurora host the third in a series of “Community Solutions” forums, highlighting innovative programs making a positive impact in Milwaukee.

June

- Family Service of Milwaukee and Aurora finalize affiliation agreement
- Sinai Samaritan’s Parish Nurse Program expands to support parish nurses in ten congregations and wins an award from the Research and Education Foundation of the Wisconsin Hospital Association and Marshall & Ilsley Trust Company of Madison
- Dr. A-ROAR-A, a costumed character, debuts at Sheboygan Memorial Hospital’s “Baby Days” event, featuring “Happy, Healthy and Wise,” a children’s health education show
- Aurora Health Center in Kenosha sponsors a “Kenoshans against Sexual Assault” Tennis Tournament
- Bellin Health System, Inc., and Aurora Health Care announce a strategic alliance
- Manitowoc Clinic joins Aurora Medical Group
- Fond du Lac physicians join Aurora Medical Group
- Wisconsin’s First Lady, Sue Ann Thompson, serves as keynote speaker at the Healthy Sheboygan County 2000 anniversary event in Kohler.
July

- Employee survey results tabulated and communicated to employees, action-planning phase begins
- Aurora Health Care employees participate in “1995 Wisconsin Hospital Day” at the Capitol
- OB-GYN Clinic of Oshkosh joins Aurora Medical Group
- Lakeland Medical Center kicks off a county-wide “Healthy Communities” project
- Two Rivers Community Hospital and Aurora Health Care co-sponsor the 1995 “Relay for Life” to benefit the American Cancer Society, raising more than $23,000.

August

- United Health Group and Aurora develop health plan partnership
- Milwaukee Psychiatric Hospital completes re-engineering of programs and services to enhance continuum of care
- Aurora Conference Center opens in the Heil Center
- Aurora assumes operation of Kenosha Health Care Partners Family Health Center in Kenosha as a public-private partnership
- Sinai Samaritan Medical Center begins construction on a new front entrance, adding space for a new linear accelerator
- The Hamilton Memorial Home in Two Rivers celebrates its 25th Anniversary
- Physicians in Walworth County join Aurora Medical Group, forming a Walworth Division of Aurora Medical Group
- Aurora Medical Group - Franklin established.

September

- Aurora sponsors Senior Celebration at the Milwaukee County Zoo which attracts record crowd of 7,500
- Aurora Health Center in Waukesha County hosts Open House for 6,000 visitors
- Aurora receives INROADS Corporate Plus Award for its participation in the INROADS minority student training program
- Aurora signs an agreement to develop a new patient-focused clinical information system with Cerner Corporation
- Aurora employees participate in sixth annual Wisconsin AIDS Walk; taking 3rd place as a team and raising more than $7,000
- Sheboygan Memorial Medical Center remodeling project is completed, including new Occupational Health, Emergency Room, and Emergency reception areas
- Occupational Health Services from three Sheboygan County facilities integrated
- Lakeland Medical Center kicks off “Healthy Families Walworth County,” a project designed to test the Healthy Families America home visitation model
- Aurora Health Care and Dean Health Systems sign a Letter of Intent to establish Aurora Dean Medical Group
- The Aurora Health Center in Slinger opens
- Hartford Memorial Hospital opens a satellite unit of Performance Plus Sports Medicine and Rehabilitation at the new Aurora Health Center in Slinger
- Park Crest Medical Clinic in New Berlin joins Aurora Medical Group.

October

- St. Luke's Medical Center assumes ownership of Trinity Memorial Hospital, renaming it St. Luke's South Shore
- Aurora Pharmacy announces plans for 20 retail pharmacies inside Pick 'n Save Stores
- Sheboygan Clinic sponsors “Body Works” event at Memorial Mall
- Sinai Samaritan’s new Breast Health Center opens
- Two Rivers Community Hospital begins offering the Aurora EAP program
- Aurora participates in “Care Fair ’95 - A Day For Families,” offering health education information to more than 2,000 Milwaukee-central city residents.

November

- Aurora Health Network management team formed
- Aurora Behavioral Health Services, a Center of Excellence, announced
- St. Luke's Medical Center breaks ground for expansion of its Franklin facility
- A satellite of the Vince Lombardi Cancer Clinic of St. Luke's Medical Center opens at the Aurora Health Center in Slinger
- The Visiting Nurse Association wraps up a six-week “Shoot the Flu” immunization program, providing more than 50,000 flu shots in Sheboygan, Manitowoc, Fond du Lac, Dodge, Washington, Ozaukee, Milwaukee, Waukesha and Racine Counties
- The Medical-Surgical Clinic in Milwaukee joins Aurora Medical Group.

December

- West Allis Memorial Hospital receives endorsement from the West Allis City Council for a major exterior and interior renovation project, including changing all patient rooms to private rooms
- Aurora sponsors Toy Safety Program with WITI-TV 6
- Sheboygan Memorial Medical Center and Valley View Medical Center merge on December 31
- Aurora partners with Milwaukee Women's Center to offer the first in a series of training sessions for clinicians in identifying and dealing with domestic violence
- United Way Campaign contributions from employees at Milwaukee area affiliates total $206,000, up 39% from 1994.
AURORA HEALTH CARE
Board of Directors
John Dragisic, Chairman
Richard Weiss, Vice Chairman/Elect
Paul B. Oldfield, Vice Chairman
Donald J. Nestor, Secretary/Treasurer
Mark R. Ambrosius, James Barron
Ned Bechhold
Mel H. Blanke
Richard Culbertson, Ph.D.
Thomas L. Dineen
Susan Els*  
Glynn Richardson, M.D.
Kevin Fickenscher, M.D.*
Judy Gordon
Richard Haas, M.D.*
D. Winthrop Hass
Thomas G.A. Herz
Reginald M. Hulst, Jr.
David Hoffman
G. Edwin Howe,*
President
Eliot J. Huxley, M.D.*
Gwen T. Jackson
Thomas C. Jackson, M.D.*
William J. Jenkins*
Rev. Chester L. Johnson
Bonnie Joseph
Stanley Krizik
Jere D. McGaffey
Robert J. Miller
Rev. Mary Ann Nevel
Thomas J. Parker
James E. Peterman
James Plass
James Stowell
Myra Taxman
Patrick J. Trotter
James Urdan
Steven Van Dyk
Kevin Volm
Robert Willis, M.D.
Donald A. Zellmer
Edward J. Zore*
Ex Officio

AURORA HEALTH CARE VENTURES
Board of Directors
Howard Schnoll, Chairman
Donald J. Nestor, Secretary/Treasurer
Mark R. Ambrosius
James R. Barron, M.D.
John W. Bowman, M.D.
William Burns, M.D.
Anthony Caceres, M.D.
Kevin Fickenscher, M.D.
William Gerard, D.O.
John F. Herrmann, M.D.
William J. Jenkins
V.S. Murthy, M.D.
Jeffrey J. Nohl, President

AURORA HEALTH NETWORK
Board of Directors
Frederic G. Wolf, M.D., Chairman
Donald J. Nestor, Secretary/Treasurer
Mark R. Ambrosius
James R. Barron, M.D.
John W. Bowman, M.D.
William Burns, M.D.
Anthony Caceres, M.D.
Kevin Fickenscher, M.D.
William Gerard, D.O.
John F. Herrmann, M.D.
William J. Jenkins
V.S. Murthy, M.D.
Jeffrey J. Nohl, President

AURORA MEDICAL GROUP
Board of Directors
Eliot J. Huxley, M.D., President
Robert Willis, M.D., Vice President
Donald J. Nestor, Secretary/Treasurer
Michael Duffy, M.D.
Liff Erickson, M.D.
Thomas Kochler, M.D.
William Listwan, M.D.
Jere D. McGaffey

FAMILY SERVICE FOUNDATION
Richard Hall, Chairman
David Hoffman, President
John Dragisic, President
Judith Drinka
Marianne Epstein
John Galanas
Gwen Jackson
Mary Ann Renz
Kim Trotel

HARTFORD MEMORIAL HOSPITAL
Board of Directors
Kevin Volm, Chairman
Robert Hoffman, Vice Chairman
Harold Oswald, Treasurer
Dean Kinley, Secretary
Ken Braun
John Gross
Michael J. Mally, M.D.
Ron Marshall
James Molar
Mark Schwartz, President
Ex Officio

HARTFORD MEMORIAL HOSPITAL FOUNDATION, INC.
Board of Trustees
James Algers, M.D., President
Henry Vredeveld, Vice President
James Schwartz, Treasurer
Minnie McClan, Secretary
Denny Barry
Marlene Connon
Iris Hubbert
Dean Kinley
Robert Knockow
Keith Martin, M.D.
Daniel Paradise, D.V.M.
Mark Schwartz
Eric Weber, M.D.
Gene Wendoff
Terrance Gorone, Executive Director
Brad Hahn, VP/Finance, HMH
William C.P. Hoffman, M.D., Emeritus

LAKELAND MEDICAL CENTER
Board of Directors
Henry R. Mol, M.D., Co-Chairman
William J. Morrissey, Co-Chairman
Kevin W. Armstrong, Vice Chairman
William B. Duncan, Ph.D., Secretary/Treasurer
E. Stuart Arnett, Assistant Treasurer
Donald J. Nestor, Assistant Secretary

LAKEVILLE PSYCHIATRIC HOSPITAL
Board of Directors
Richard A. Weiss, Acting Chairman
Norman Paulsen, Assistant Secretary/Treasurer
Braden C. Backer
John Zwaysich
Susan G. Dragas
David Hoffman
Michael Jaeger, M.D.
William J. Jenkins
Anthony Machi, M.D.*, Chief of Staff

LAKELAND COMMUNITY FOUNDATION
Loren Anderson
Mike Black
Lisle Blackbourn
Carolyn Cranley
JoAnn Hobbs
Tom Swiatkowski
Henry Mier, M.D.
Alice Morgan
Bob Rauland
Jeffrey Scherer, M.D.
William Seymour
Thomas Staley
Peach Swope
Diane Cooperman, Foundation Director

MEMORIAL HOSPITAL OF BURLINGTON
Board of Directors
James Stowell, Chairman
Rick Tesner, Vice Chairman
Tom Spiegelhoft, Secretary
Peter Stephenson, Treasurer
David Lynch
Mike Majewski, M.D., President, Medical Staff
John Macalpine
Paul A. Miller, President
Mike Sarton
Rhonda Sullivan
David Taylor, M.D.

MEMORIAL HOSPITAL OF MILWAUKIE FOUNDATION, INC.
Jim Bauman
Greg Dietz
Jerry Hinz
Jim Hopp
Dennis Lynch
Sally Miller
Jim Petersen
Charles Puntillo, M.D.
William Stone, M.D.
Jim Wanasek
Peggy Wiese

AURORA FOUNDATION
Board of Directors
Gary Sredow, Chairman
Donald S. Buzard, Secretary/Treasurer
Robert O'Keefe, Assistant Secretary/Treasurer
Thomas G.A. Herz
Donald J. Nestor,* President
Glenn W. Buzzard
James T. Williams* Ex Officio

FAMILY SERVICE FOUNDATION
Richard Hall, Chair
David Hoffman, President
John Dragisic
Judith Drinka
Marianne Epstein
John Galanas
Gwen Jackson
Mary Ann Renz
Kim Trotel

LAKELAND MEDICAL CENTER FOUNDATION BOARD
Loren Anderson
Mike Black
Lisle Blackbourn
Carolyn Cranley
JoAnn Hobbs
Tom Swiatkowski
Henry Mier, M.D.
Alice Morgan
Bob Rauland
Jeffrey Scherer, M.D.
William Seymour
Thomas Staley
Peach Swope
Diane Cooperman, Foundation Director

MEMORIAL HOSPITAL OF BURLINGTON COMMUNITY FOUNDATION, INC.
Jim Bauman
Greg Dietz
Jerry Hinz
Jim Hopp
Dennis Lynch
Sally Miller
Jim Petersen
Charles Puntillo, M.D.
William Stone, M.D.
Jim Wanasek
Peggy Wiese

AURORA FOUNDATION
Board of Directors
Gary Sredow, Chairman
Donald S. Buzard, Secretary/Treasurer
Robert O'Keefe, Assistant Secretary/Treasurer
Thomas G.A. Herz
Donald J. Nestor,* President
Glenn W. Buzzard
James T. Williams* Ex Officio

FAMILY SERVICE FOUNDATION
Richard Hall, Chair
David Hoffman, President
John Dragisic
Judith Drinka
Marianne Epstein
John Galanas
Gwen Jackson
Mary Ann Renz
Kim Trotel

LAKELAND MEDICAL CENTER FOUNDATION BOARD
Loren Anderson
Mike Black
Lisle Blackbourn
Carolyn Cranley
JoAnn Hobbs
Tom Swiatkowski
Henry Mier, M.D.
Alice Morgan
Bob Rauland
Jeffrey Scherer, M.D.
William Seymour
Thomas Staley
Peach Swope
Diane Cooperman, Foundation Director

MEMORIAL HOSPITAL OF BURLINGTON COMMUNITY FOUNDATION, INC.
Jim Bauman
Greg Dietz
Jerry Hinz
Jim Hopp
Dennis Lynch
Sally Miller
Jim Petersen
Charles Puntillo, M.D.
William Stone, M.D.
Jim Wanasek
Peggy Wiese

AURORA FOUNDATION
Board of Directors
Gary Sredow, Chairman
Donald S. Buzard, Secretary/Treasurer
Robert O'Keefe, Assistant Secretary/Treasurer
Thomas G.A. Herz
Donald J. Nestor,* President
Glenn W. Buzzard
James T. Williams* Ex Officio
ST. LUKE'S MEDICAL CENTER
Board of Directors
Chris Bauer, Chairman
Thomas E. Gori, CLU, Vice Chairman/Secretary/Treasurer
Mark R. Ambrosius, President
James R. Barton, M.D., President
Ned Bechtold
Jo Anne Brandes
Robert Chudnow, M.D.*
Wayne B. Clark
Vicki George, R.N.,* Vice President
Anne Stratton
Gary Strelow
Barry Usoy, M.D., President
Medical/Dental Staff
Kaneen F. Yonz
Donald A. Zeller, * Ex Officio
Advisory Board of Directors
Jack W. Boettcher
William M. Chester, Jr.

ST. LUKE'S PHILANTHROPY
Board of Directors
Robert E. Benz
Norm E. Christman
Alfred U. Eber, Jr.
Henry H. Gale, M.D.
John P. Hanson, M.D.
John E. Kostitzer
John C. Semarz
Joseph Silten, Sr.
Mark Ambrosius,* President
Brad Holmes* Ex Officio

ALURA MEDICAL CENTERS OF SHEBOYGAN COUNTY
SHEBOYGAN MEDICAL CENTER
Valley View Medical Center
Board of Directors
Donald M. Meier, Chairman
Mel H. Blanke, Vice Chairman
Mark S. Nemchoff, Treasurer
Robert T. Willis, M.D., Co-Secretary
Larry Siegert, Co-Secretary
Shannon Barrett
Ron Begalke
John Hermann, M.D.
Jim Krutzkramer
Michael D. Muth
Art A. Pahe
Scott Pescheke, M.D.
John E. Raftery
Robert L. Ruh
Robert J. Scott, M.D.
Mark E. Sharon, M.D.
Sheila R. Simons
Patrick J. Trotter
Suee Straght

SHEBOYGAN MEMORIAL HEALTH FOUNDATION
Board of Directors
John P. Herznagy, M.D., President
Alan S. Rudnick, Vice President
Patricia P. Reiss, Secretary
Kevin J. Jones, Treasurer
Chris A. Ehret
Kermit L. Elleson
Kirk A. Engholt
David O. Gass
James Gularke
Jan C. Keckconen
Rev. Kari J. Nelson
John A. Pfaff
Russell J. Rindt
Jean H.Schott-Wagner, M.D.
Patrick J. Trotter
Rae Ellen Stager* Ex Officio

SHEBOYGAN MEMORIAL HEALTH FOUNDATION
Board of Directors
John P. Herznagy, M.D., President
Alan S. Rudnick, Vice President
Patricia P. Reiss, Secretary
Kevin J. Jones, Treasurer
Chris A. Ehret
Kermit L. Elleson
Kirk A. Engholt
David O. Gass
James Gularke
Jan C. Keckconen
Rev. Kari J. Nelson
John A. Pfaff
Russell J. Rindt
Jean H. Schott-Wagner, M.D.
Patrick J. Trotter
Rae Ellen Stager* Ex Officio

VISITING NURSE ASSOCIATION OF WISCONSIN
Board of Directors
Helen Shelly, Chairman
Peter Coffey, Vice Chairman
Judy Lowan, Secretary
Andrew Drendel, Treasurer
John D. Lewis, Assistant Treasurer
Gary I. Tonne, Mark Donon
Susan Ela* President
L. Patt Franciosi
Maria Gamez
D. Winthrop Hass
Robert L. Harris
George Hinton
Wayman Parker, M.D.
Sara Peter
Maria Tull
Howard Williams
Carl G. Zimmerman* Ex Officio

VISITING NURSE FOUNDATION, INC.
Michael Brophy, President
Nancy Bell, Vice President
Susan Ela, Secretary

VISITING NURSE ASSOCIATION OF SHEBOYGAN, INC.
Ronald Chaikoff
Roberta Flitkey-Peneski
Mary Ann Ketler
Michael Lipert
Jeffrey Mohr
William Porez
Thomas Romnit
Sylvia Weber
Greg Weggenman
Donald Wurthrick
Robert Walters*, Nancy Kapelion* Ex Officio

WESLEY MEMORIAL HOSPITAL
Board of Directors
Reginald H. Hilop, Jr., Chairman
Jeffrey C. Edmich, Vice Chairman
Philip J. Taugg, M.D., Secretary
Joseph F. Kempen, Treasurer
Francis Andres, M.D.
Richard G. Carson
Wayne B. Clark
Lee P. Facchino
Peter Fine,* President
Carl L. Goswehr
Philip Pella, M.D.,* Chief of Staff
Roland A. Scroggins
Mary Towsnkl
Paul M. Zehler* Ex Officio
1. Allouez
2. Brookfield
3. Burlington
4. Cedar Grove
5. Cedarburg
6. Chilton
7. Cudahy
8. Delevan
9. East Troy
10. Elkhorn
11. Fond du Lac
12. Fox Point
13. Franklin
14. Germantown
15. Glendale
16. Green Bay
17. Hartford
18. Howards Grove
19. Hustisford
20. Jackson
21. Kenosha
22. Kiel
23. Lake Geneva
24. Manitowoc
25. Marinette
26. Mequon
27. Milwaukee
28. Mishicot
29. Mukwonago
30. Mt. Pleasant
31. New Berlin
32. Oak Creek
33. Oshkosh
34. Paddock Lake
35. Pewaukee
36. Plymouth
37. Racine
38. Random Lake
39. Sheboygan
40. Sheboygan Falls
41. Slinger
42. Sturgeon Bay
43. Twin Lakes
44. Two Rivers
45. Valders
46. Walworth
47. Waterford
48. Waukesha
49. Wauwatosa
50. West Allis
51. West Bend
52. Whitefish Bay
53. Wind Lake
Aurora HealthCare®

executive leadership 1995

G. Edwin Howe
Mark R. Ambrosius
Loren Anderson
Edward J. Barylak, M.D.
John Brozovich
William E. Byers
Marc Caine, M.D.
A. John Capelli, M.D.
Paul A. Capelli, M.D.
Diane De La Santos
Michael Duffy, M.D.
Susan Ela, R.N.
Lief Erickson, Jr., M.D.
Kevin Fickenscher, M.D.
Pete Fine
Max Goodwin, M.D.

Richard Greene, M.D.
David L. Hoffman
Eliot J. Huxley, M.D.
William I. Jenkins
Thomas P. Koehler, M.D.
Britton Kolar, M.D.
Timothy Lawless
John Lent, M.D.
William Listwan, M.D.
Michael J. Mally, M.D.
Michael Mather, M.D.
Paul A. Miller
Daniel Miota, D.O.
Donald J. Nestor
Jeffrey J. Nohl
Victoria O’Brien

Robert O’Keefe
Richard Palmisano
Dennis Rakowski
Jay Schamberg, M.D.
Mark Schwartz
Janet Schwarz
Thomas Sheehan
Shaila Singh, M.D.
K. Kwang Soo, M.D.
Steven Spencer
John A. Steinman, Jr.
Tony Torres
Patrick J. Trotter
Lorelle Walsh
Robert T. Willis, M.D.
Francis G. Wolf, M.D.