The strength of an institution is measured not by the obstacles it encounters, but by the solutions it develops to overcome impediments to success.

Memorial Hospital faced significant challenges in 2008 and in recent years, as have thousands of patients who look to us for medical care. This annual report highlights innovative programs we have created to address important issues and to ensure the good health of our community.
Stroke program
The third leading cause of death in the United States, stroke causes more serious long-term disabilities than any other disease. At Memorial Hospital, one third of patients admitted for rehabilitation have had a stroke.

To enhance Memorial’s program for stroke patients and ensure rapid evaluation and care, experts from a broad range of disciplines joined forces to create a multi-disciplinary stroke program. Written care protocols developed from clinical practice guidelines provide a framework for time-critical assessment and treatment for patients presenting with stroke symptoms. A stroke team responds 24/7 to suspected stroke patients anywhere in the hospital. A collaborative educational initiative with Walgreens has brought important, multilingual stroke education to our community. Both inpatient and outpatient rehabilitation programs assemble a multidisciplinary team to provide comprehensive stroke care. In early 2009 Memorial’s stroke program was accredited as a Stroke Specialty Program by the Commission on Accreditation of Rehabilitation Facilities.

Open access
You can’t predict when you or a family member will be sick. So it’s important to know that your doctor will be available when needed most. Likewise, annual checkups and consistent monitoring of chronic illness are crucial to maintaining your health. The key is to be able to find time, even on short notice, for visits to your doctor.

Memorial’s Family Care Center responded to patients’ need for flexible scheduling of office visits by implementing an open access system. Patients can call for an appointment for a sick visit, for a check-up or follow-up care and be seen on the same day or within five working days. If they prefer, they can still book appointments ahead. In this way, continuity with their family physician and team is maintained. The impact of the patient-oriented scheduling system is evident in less frequent use of the emergency department for health issues that can be addressed in an outpatient setting.

Patient-centered medical home
There’s no place like home, even in healthcare. The comfort and security of coordinated care is integral to the concept of a medical home. Endorsed by the American Academy of Family Physicians, the American College of Physicians and the American Academy of Pediatrics, the medical home concept encompasses principles of coordinated care, which have been implemented in Memorial’s Family Care Center.

Patients have a personal physician, and in keeping with the family medicine philosophy, physicians care for the whole patient throughout his or her lifetime. Care is coordinated and integrated throughout the healthcare system and community, and quality and safety are paramount. There is enhanced access to care through flexible scheduling; major conditions affecting patients in the practice are analyzed, and tracking and follow-up of patients are provided; also an electronic medical record is in place for more than 12,000 patients.

Access to Care

Treated with the clot-busting drug tPA within two hours of the onset of stroke symptoms, Otillia Barros of Pawtucket made a full recovery.

“I credit the stroke team and hospital staff in the emergency department, ICU and rehabilitation center for saving my life,” she states. “Because of them, I am living a normal life now. I thank them every time I see my grandchildren and great-grandchildren.”
Mind and body
Behavioral problems and depression often manifest themselves as physical symptoms such as headache, backache or insomnia. Family physicians often encounter patients with mental health problems. The challenge is how to ensure appropriate care for patients who need mental health services but who are reluctant to seek treatment in a mental health setting due to the implied social stigma.

Physicians at Memorial’s Family Care Center have developed an innovative program to integrate care for the body and mind. Therapists from Gateway Healthcare, a non-profit behavioral healthcare organization, work hand in hand with family physicians and hospital staff and see patients right in their primary care doctor’s office. By incorporating behavioral health as an integral part of primary care, providers can better identify the relationship between physical and mental health. Additionally, patients have access to a number of clinical research studies on anxiety and depression.

Specialized care
Internists treat a wide range of general and chronic health issues. Patients may also visit their internist with a condition that needs more focused care.

To bridge the gap between primary and specialized care, patients in the Internal Medicine Center have access to both. When our internists identify a condition or concern that could benefit from consultation with a specialist, they can call on one of a select group of practitioners to join them at that visit for a discussion. In this way, there is no delay in addressing potential problems. If follow-up care is warranted, the patient makes a smooth transition to the new care provider and can see the specialist in the same offices at the Center. Specialists in cardiovascular medicine, rheumatology, endocrinology, psychiatry and nutrition counseling provide their expertise in this expanded care model.

A community perspective
Residents in internal and family medicine train under the guidance of experienced physicians at Memorial’s Primary Care Center. A number of graduates of both programs who have established their medical practices in the local area come back to the Center each month as preceptors and share their expertise with residents. As community volunteers, they share their time to help shape the next generation of physicians. They are instrumental in introducing physicians-in-training to the joys and challenges of practicing medicine. Initially preceptors work side by side at office visits with residents, providing guidance and clinical knowledge. For residents in later years of training, preceptors serve as a resource for consultation on unusual or complex medical problems.

Patients benefit from this student/mentor relationship through the fresh perspective of training physicians and the experience of their mentors. Community-based physicians also bring a practical knowledge of the unique healthcare concerns and resources in the area.
**Group medical visits**

The Family Care Center was one of the first practices in the region to implement group medical visits to coordinate care for chronic conditions. Now healthcare strategists across the country are recommending initiation of group visits. The goal is to help patients self-manage their health. Patients have shown group visits to be beneficial in managing chronic health issues.

Over the past few years, Family Care Center patients have participated in group medical visits for diabetes, obesity, pain management and prenatal care for teenage mothers. Up to 14 patients meet monthly for a two-hour session with a team consisting of a family physician, pharmacist, dietitian and social worker.

The concept of group medical visits demonstrates a shift from the practice of physicians telling patients what to do to a collaborative effort of patients and families working together with a team of healthcare experts to set and achieve specific goals. Group peer support and education help patients improve knowledge and self-management of their chronic disease. The program also boosts patient motivation.

Among other innovations, the diabetes group has formed a weekly group exercise class called “Get Fit While You Sit.” Exercise plays a major role in controlling weight and lowering blood sugar levels for diabetic patients. But it is also key in lowering the risk of heart disease and increasing overall health. For these reasons, the weekly one-hour exercise classes are free, and held right at the hospital.

The impact of group medical visits is well documented. On a national level, researchers have analyzed results and found that the quality of care and patient outcomes are improved. Blood glucose levels are controlled, better eye and foot monitoring are reported and improved patient satisfaction is demonstrated.

**Patient advisory panel**

Family Care Center patients have also extended their participation in their care by observing the routine operations of the Center and recommending opportunities for improvement. An outgrowth of group medical visits, the panel initially focused on improving diabetes care. Now the program has expanded to encompass the full range of care at the Family Care Center. The Patient Advisory Panel gives patients a voice in the workings of their medical home.

As a result of issues discussed by the panel, changes are being implemented in the Center’s phone systems to improve responsiveness and access, and plans are being initiated to better communicate billing procedures. The patient panel fulfills an important role in bringing the concerns of patients and families to the attention of staff and in helping patients to play an active role in their healthcare.

**Patients have a unique perspective and personal experience in the function of their physician’s office.** The Patient Advisory Panel provides a forum for discussion and patient involvement to address processes and improve patient satisfaction.

Diabetic patient Claudia Moten of Providence takes a sincere interest in the operation of the Family Care Center. “As a member of the Patient Advisory Panel, I feel that I truly have a voice in my healthcare.”

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### Chronic Disease Management

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**Chronic Disease Management**

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The immediate availability of specialists who care for critically ill patients to detect problems and prevent complications has been shown to improve outcomes. Although many hospitals aspire to this model, Memorial is the only hospital in Rhode Island to provide such specialized care around the clock.

“Memorial has made a commitment to ensure the highest level of care at all times for the most vulnerable patients,” notes Director of Critical Care Vera De Palo, M.D.

**Intensive care**
Fighting infection is difficult, even for a healthy individual. But for patients in an intensive care unit (ICU) – those most at risk in the hospital – the struggle can be life threatening.

Medical advancements in treating chronic illnesses have enabled many patients who may not have survived a decade ago to lead productive lives. When these patients do come to the hospital, they are sicker and need more resources than ever before.

Research has shown that patients cared for by intensive care specialists have better outcomes and shorter lengths of stay. Memorial is the only hospital in Rhode Island that offers around-the-clock ICU care with a team of board-certified critical care specialists.

Memorial’s critical care director helps lead a statewide effort - the Rhode Island ICU Collaborative - to improve the quality and safety of care for adult ICU patients. Results statewide have shown dramatic reductions in bloodstream infections and ventilator-associated pneumonia.

**Resistant germs**
A particular strain of bacterium, MRSA, is dangerous because common antibiotics are ineffective in treating it. According to the Centers for Disease Control and Prevention, recent data suggest an increase in the number of Americans who develop MRSA and other resistant germs in their community.

The challenge to the hospital is to identify these patients without the added expense of testing every patient and to prevent the spread of infection to other patients, staff and the community.

At Memorial, every patient admitted to the intensive care unit or to the Center for Rehabilitation is tested. In this way, seriously ill patients who are most vulnerable to infection and those whose recovery is of a longer duration will be protected from communicable or resistant germs.

**Medication safety**
In 2008 Memorial received two National Institutes of Health grants to improve outpatients' adherence to drug regimens and to reduce medication errors. Older adults are at greatest risk for medication errors. To alert physicians to potential problems, information obtained from electronic prescribing records sends triggers to providers about drug usage. Prescription refills requested too soon or too late may indicate that a patient is not taking a medication as prescribed.

Nursing staff have worked with patients and their families to develop medication lists on admission and to update this list each time a patient is transferred to another level of care or provider.

Memorial’s staff have made great strides in infection control. All inpatients are screened and offered the pneumovax vaccine to prevent pneumonia. In 2007 the average administration rate of this vaccine was 73 percent; by the third quarter of 2008, it had improved to 83 percent.
Despite a nationwide decrease in federal funding for medical research, Memorial Hospital remains a national and international leader in primary care research. Investigators at Memorial have tapped diversified sources to continue to carry on important patient-oriented studies. More than $4 million in total funding received in 2008 has enabled researchers to make great strides to improve the health of patients in our area.

**New approach to heart disease**

In November 2008 results of the groundbreaking JUPITER study (Justification for the Use of Statins in Prevention: an Intervention Trial Evaluating Resouvastatin) were published. Researchers at Memorial and local residents participated in this clinical trial of a statin – a cholesterol lowering medication. The study determined that statin therapy should be given to healthy individuals with low levels of LDL-cholesterol (bad cholesterol) but elevated C-reactive protein levels. The findings will transform the way physicians treat heart disease.

**Joint pain**

A chronic degenerative joint disease, osteoarthritis affects more than 16 million Americans, the majority of whom are elderly. This number will only increase with an aging generation of Baby Boomers. Memorial is one of only four clinical centers in the country to lead the effort to discover the causes for the development and progression of this thinning bone disease and to identify new therapeutic treatments.

**Resources**

Funding was received in 2008 to extend RxAssist, a nationally recognized Web-based resource designed to provide information on how to obtain affordable or free prescription medications, medical equipment and supplies. Each month more than three million people in the United States turn to this searchable database for assistance at www.rxassist.org.

**Cancer prevention and treatment**

Colon cancer can be prevented with screening tests and is 90 percent curable when detected early. Yet only 30 to 40 percent of Americans age 50 to 64 have had a colorectal cancer test. Research is underway to evaluate educational methods and materials to inform the public about the risks of colon cancer and the importance of screening tests.

To enhance state-of-the-art treatment, patients at The Center Center at Memorial Hospital have access to more than 25 clinical research studies. These include trials of investigational medications and new therapies for breast cancer, gastrointestinal and hepatic cancer, genitourinary cancer, leukemia and lymphoma, and lung cancer.

**Genomics research**

Finding an effective way to stop smoking by using nicotine replacement therapy in the form of gum, a patch, sprays or medication has long been a matter of trial and error. Research at Memorial is investigating the role of genes in determining the best treatment regimen. Some day a simple DNA test may predict a patient’s success with a particular smoking cessation method.

One of the most common causes of disability in adults, osteoarthritis of the knee is the focus of a national study conducted at Memorial to prevent and treat this disease in an aging population.

“Osteoarthritis of the knee is a major source of pain and disability and the cause of 85 percent of all knee replacement surgery,” reports Director of the Center for Primary Care and Prevention Charles Eaton, M.D.
Faster treatment
Memorial continues to integrate existing systems with newly acquired equipment and software throughout the hospital. Completion of the automated laboratory system in 2008 has enabled physicians to review patients’ test results at computer workstations on all nursing units and in outpatient affiliate sites as soon as they are ready. A key component of the system addresses the efficiency and safety of tracking the blood supply. New software installed in the hospital’s blood bank tracks multiple components of a single unit of whole blood, such as platelets and red cells, with a unique donor number that meets international standards and which can be read by bar code scanners. An automated testing system in the laboratory integrates two high-tech analyzers using this advanced data management software to provide accurate test results faster, so that a patient’s treatment can start sooner.

Maximum efficiency
In recent years, the Picture Archiving and Communication System (PACS) has enabled the transition from film to digital diagnostic imaging, increasing the clarity of images and reducing cost. This digital system allows images such as an MRI, CT scan, ultrasound or x-ray to be viewed, transmitted to other providers for consultation and to be stored electronically for immediate diagnostic comparison. Images are sent from the outpatient Ambulatory Care Center and the operating room as well as the inpatient diagnostic imaging department and are available throughout the hospital for physician access and reference. The advanced 64-slice CT scanner produces precise 3-dimensional color images that can be rotated, enlarged and shared. The EmergisoftED system in the emergency department enhances patient flow, documentation and treatment by making charted information and results immediately available to all ED staff. A new CarePoint system provides electronic transmission of electrocardiogram (EKG) images from rescue units directly to the ED, allowing analysis and development of treatment plans prior to a patient’s arrival.

Ensured safety
Memorial was recognized in 2008 for its efforts to implement electronic prescriptions. In place of handwritten physician orders that could be misunderstood, computer-generated prescriptions are now used. This allows for instant recall of information and safeguards patients by ensuring that they receive the correct medication and dosage.

Expanded information
Phase II of Project Anchor, a personal health record system, was launched in 2008. A pilot group of Family Care Center patients benefit from secured electronic messaging with physicians for e-visits, and these patients can request medication refills and doctors’ appointments online through LifeSensor®. Patients can record their blood pressure readings, diet, exercise regimens and glucose levels in their record, which is integrated with their doctor’s electronic medical record, laboratory results and other medical information through this secure Web-based personal health record.
**The Year in Review 2008**

**January** – Emergency services moved to temporary quarters in the MacColl building, enabling Memorial to continue to provide emergency care while constructing and renovating the new emergency department.

**February** – A total of 134 employees were honored for 10 years or more of service at the 41st annual service awards event.

**April** – Memorial’s information services department was recognized by eScript Messenger for improving patient safety by implementing e-prescribing software.

**April** – More than 150 volunteers were honored at the 41st annual Volunteer Appreciation Day. Total volunteer hours contributed for the year amounted to 32,446.

**May** – The second phase of a personal health record project was launched in the Family Care Center with the opening of an electronic health resource center to assist patients in managing chronic illness.

**June** – Maria Ribiero, R.N., of Memorial Hospital Home Care, was awarded the Heart of Home Care Award from the Rhode Island Partnership for Home Care Inc. for successfully administering cardiopulmonary resuscitation to a home care patient.

**July** – Surgeon-in-Chief Guy Nicastri, M.D., performed the first single-incision laparoscopic surgery (SILS) in the state. Using only one incision, there is less pain, only one barely noticeable scar and a faster recovery. Nationwide less than one percent of patients have had their gall bladder removed using SILS.

**August** – New equipment was installed in the operating room to facilitate urologic surgery.

**October** – Our expanded and completely renovated emergency department opened, offering improved patient privacy, confidentiality and comfort, as well as state-of-the-art computerized tracking, documentation and retrieval of medical information to speed and enhance care.

**November** – Memorial joined with eight other members of the Hospital Association of Rhode Island in establishing a tobacco-free campus at Memorial and all affiliate sites.

**November** - The Center for Rehabilitation was awarded a three-year accreditation and designation as a Stroke Specialty Program from the U.S. Commission on Accreditation of Rehabilitation Facilities (CARF).

**December** – The hospital was surveyed by The Joint Commission and received very few recommendations for improvement. Surveyors were impressed by the strong sense of community and ownership embodied by Memorial employees.
Reflecting the changing health-care landscape nationally, on a statewide level and locally, Memorial has experienced a difficult year. However, in spite of the challenges, the hospital has remained steadfast in its mission to bring quality health-care to the people of the Blackstone Valley. Our new emergency department has been designed to streamline care and ensure that critically ill or injured patients are evaluated in a timely manner. Plans are moving forward for improvements on patient care units. We have initiated and are further developing our Stroke Program. Our rehabilitation unit is one of the best in the state. The internal medicine and family medicine departments continue to expand their academic and research activities. Our diagnostic imaging department has enhanced its Picture Archiving and Communication System (PACS), enabling more rapid access to results of diagnostic tests.

In response to the financial issues facing the hospital, Memorial has made several cost-saving decisions to help ensure fiscal responsibility without compromising patient care. Notre Dame Ambulatory Center will continue to provide a gateway of care to the Memorial Hospital system via its outpatient clinics, diagnostic imaging department and its urgent care service.
Summary of the 98th Annual Financial Report:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net revenue from patient services</td>
<td>$157,287,057</td>
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<tr>
<td>Less: Free care and allowances for bad debt</td>
<td>(16,098,138)</td>
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<tr>
<td>Add: Other operating revenue</td>
<td>3,030,300</td>
</tr>
<tr>
<td>Total: Net revenue</td>
<td>144,209,219</td>
</tr>
<tr>
<td>Less: Operating expenses</td>
<td>(151,372,359)</td>
</tr>
<tr>
<td>Net loss from operations</td>
<td>(7,163,140)</td>
</tr>
</tbody>
</table>

Memorial experienced a significant reduction in the number of patients hospitalized in the second half of fiscal year 2008. This unanticipated 4 percent drop in the number of inpatients had a major impact on operating results for the year.

Competing free-standing facilities contributed to fewer patients, amounting to a 3 percent loss in outpatient surgery in 2008 and a 35 percent loss in endoscopy procedures over the last two years. To limit losses in the new fiscal year, we have closed the operating room at the Notre Dame Ambulatory Center and consolidated services at the hospital in our main operating suite. Additionally, the Center for Pain Management, also formerly housed at Notre Dame, has relocated to The Endoscopy Center on Memorial’s campus. Barrington Urgent Care Center, an affiliate site that was operating at a deficit, has also closed.

Memorial experienced losses due to statewide changes in the Medicaid insurance program. The state’s new program, called Rhody Health Partners, now assigns Medicaid recipients to plans that pay less than Medicaid’s reimbursements. The impact of this change was demonstrated in the fourth quarter, when we had 31 percent fewer Medicaid patients than expected, representing a loss of $1 million annually in reduced reimbursements to the hospital.

Changes in eligibility for Medicaid were also a factor in the loss from operations. As a result, uncompensated care grew by 7 percent (or more than $1 million) in fiscal year 2008. Over the past three years, uncompensated care has grown by 26 percent and has had a significant impact on the operating status of the hospital.

The key to restoring the hospital’s fiscal health is to increase the volume of patients and the kind of services offered. The new emergency department is a vital resource for building the hospital’s inpatient volume.

Report of the Treasurer

Robert P. Andrade

In tough financial times, philanthropy in hospitals takes on an even greater role and value. I am happy to report that, during this past fiscal year, Memorial was the recipient of over $710,000 in generosity from the community.

Our leadership campaign for the emergency department raised more than $106,000 in cash and pledges in August and September and is currently at $425,000. Our annual fund, which last year was for the general purposes fund, garnered $113,100 and $253,900 for the emergency department renovation. Our third biennial event for the Cancer Center, “Reflections of Light,” raised more than $17,000. My thanks to all the hardworking committee members and staff.

Our new annual campaign is currently under way. This year’s fund will help support the new computerized pharmacy system. In the U.S., more than one million serious medication errors occur each year, often with tragic consequences for patients. The overall cost of the pharmacy system is $812,000. The hospital is in a multi-stage plan to implement an inpatient electronic medical record system that begins with the implementation of a new pharmacy system.

Our planned giving program is growing. This year Memorial received two large gifts from the estate of Olive B. Summerscales and the Mabel Moffitt Trust.

Report of the Chairman of the Fund Development Committee

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## Hospital Service Statistics

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>2008</th>
<th>2007</th>
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<tr>
<td>Hospital Beds</td>
<td>294</td>
<td>294</td>
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<tr>
<td>Admissions</td>
<td>6,580</td>
<td>6,850</td>
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<tr>
<td>Total Patient Days</td>
<td>36,316</td>
<td>37,869</td>
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<tr>
<td>Average Daily Census</td>
<td>99</td>
<td>104</td>
</tr>
<tr>
<td>Overall % Occupancy</td>
<td>34%</td>
<td>35%</td>
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<tr>
<td>Number of Births</td>
<td>424</td>
<td>414</td>
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<tr>
<td>Home Care Visits</td>
<td>57,798</td>
<td>59,488</td>
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<tr>
<td>OR Procedures (Inpatient)</td>
<td>1,455</td>
<td>1,647</td>
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<tr>
<td>OR Procedures (Outpatient)</td>
<td>6,152</td>
<td>6,331</td>
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<tr>
<td>Emergency Department Visits</td>
<td>30,864</td>
<td>31,463</td>
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<tr>
<td>Average Length of Hospital Stay (Days)</td>
<td>5.5</td>
<td>5.5</td>
</tr>
<tr>
<td>Laboratory Tests</td>
<td>1,217,453</td>
<td>1,182,955</td>
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<tr>
<td>Diagnostic Imaging Procedures</td>
<td>48,105</td>
<td>48,458</td>
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<tr>
<td>Ultrasound</td>
<td>8,040</td>
<td>8,083</td>
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<tr>
<td>Nuclear Medicine</td>
<td>678</td>
<td>785</td>
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<tr>
<td>MRI</td>
<td>2,799</td>
<td>3,217</td>
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<tr>
<td>CT Scan</td>
<td>15,147</td>
<td>15,060</td>
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<tr>
<td>Physical Medicine</td>
<td>111,882</td>
<td>112,906</td>
</tr>
<tr>
<td>Speech</td>
<td>10,447</td>
<td>10,872</td>
</tr>
<tr>
<td>Clinic Visits</td>
<td>63,154</td>
<td>60,960</td>
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<tr>
<td>EKG</td>
<td>17,438</td>
<td>16,758</td>
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</table>

## EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Routine and Special Services Cost</td>
<td>57%</td>
<td>57%</td>
</tr>
<tr>
<td>Administrative and Support Services</td>
<td>43%</td>
<td>43%</td>
</tr>
<tr>
<td>Operating Income</td>
<td>$138,880,135</td>
<td>$137,811,955</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>$146,107,764</td>
<td>$139,575,319</td>
</tr>
</tbody>
</table>

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We have made every effort to ensure that our annual donor listing is accurate; however, please accept our apologies if we have misspelled or inadvertently omitted a name. Please call the Memorial Hospital Fund Development Office at (401) 729-2319 to alert us if corrections are needed.
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